POST-SURVEY

Thank you for participating in a National Day of Service event! This Post-Survey is to be filled out by one student for each pharmacy site at which a Day of Service event was held. It is available at www.actforpharmacy.com or at this link: https://pitt.co1.qualtrics.com/jfe/form/SV_9pN7ZtnbdE2JUHj. Questions? Email actforpharmacy@pitt.edu.

1. Date of the event (MM/DD/YY)
2. Location of the event (City, State)
3. Name of pharmacy
4. Is the pharmacy a member of a CPESN network?
5. Which network is the pharmacy a member of?
6. School/college of pharmacy for students participating
7. School/college of pharmacy primary faculty/staff contact person
8. Primary pharmacy contact person
9. Number of students in attendance at the event
10. Number of patients who participated in any Day of Service activities
11. Which of these services does the pharmacy currently offer? Select all that apply.
    a. Medication synchronization
    b. Immunizations
    c. Blood pressure screenings
    d. Comprehensive medication management (CMM)
    e. Diabetes education
    f. Naloxone education
12. Which of these services did the pharmacy students assist with/provide during the event? Select all that apply.
    a. Medication synchronization
    b. Immunizations
    c. Blood pressure screenings
    d. Comprehensive medication management (CMM)
    e. Diabetes education
    f. Naloxone education
    g. Other [enter free text here]

Depending on responses to question 12:

13. Number of patients referred to the medication synchronization program by students during the event
14. Number of immunizations administered during the event
15. Number of blood pressure screenings completed by students during the event
16. Number of comprehensive medication reviews completed by students during the event
17. Number of patients to whom students provided diabetes education
18. Number of patients to whom students provided naloxone education

19. Number of eCare plans documented during the event
20. Number of medication adherence interventions provided by students during the event
21. Number of patients educated by students during the event
22. Number of patients who enrolled in a service offered by the pharmacy as a result of Day of Service activities. Examples of services in which patient could enroll: med sync program, diabetes education classes
23. What "Other" patient care activities did students assist with/provide during the event? Please list each additional patient care activity and in parentheses, the number of each activity completed by students. Example: point of care testing (5)
24. Describe your best patient encounter from the Day of Service event
25. Describe your most impactful experience from participating in the National Day of Service
26. Describe your most significant learning point from working with a CPESN or other advanced community pharmacy