

Online Appendix 2. VETERINARY COMPOUNDING SURVEY – FOR VETERINARIANS

1. How long have you been in practice in the area?		_____ years		
2. What type of animals do you specialize in? Check all that apply.		<input type="checkbox"/> ₁ Small animals <input type="checkbox"/> ₂ Large animals <input type="checkbox"/> ₃ Exotic animals <input type="checkbox"/> ₄ Other (please list: _____)		
	Yes	No	Not anymore	No, but I am considering adding this
3. Do you perform surgical procedures	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
4. Do you dispense prescription	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
5. Do you perform veterinary compounding (flavoring medications, preparing	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
6. If you compound, which of the following services do you offer? Check all that apply.		<input type="checkbox"/> ₁ Medication flavoring <input type="checkbox"/> ₂ Individualized medication strength/dose <input type="checkbox"/> ₃ Individualized dosage forms <input type="checkbox"/> ₄ Combination medications <input type="checkbox"/> ₅ Other (please list: _____) <input type="checkbox"/> ₆ Do not offer compounding		
7. From your experience, what are the biggest problems pet owners face when giving medications to their pets? Check all that apply.		<input type="checkbox"/> ₁ Injured by pet trying to give medications <input type="checkbox"/> ₂ Pet would not eat/swallow medication <input type="checkbox"/> ₃ Medication dosing/ administration was difficult or messy <input type="checkbox"/> ₄ Medication smelled bad to owner <input type="checkbox"/> ₅ Other (please list: _____) <input type="checkbox"/> ₆ No problems		
8. How many compounds do you prescribe for the		_____ compounds		
9. Where do you recommend that pet owners obtain their pets' compounded medications?		<input type="checkbox"/> ₁ Veterinarian's office <input type="checkbox"/> ₂ Pharmacy i. Pharmacy name: _____ ii. Pharmacy location: _____ <input type="checkbox"/> ₃ Through the mail <input type="checkbox"/> ₄ Other (please list: _____)		
10. How far away from your practice do you think pet owners are willing to travel to pick up a pet's compounded medications?		<input type="radio"/> ₁ 0-9 miles <input type="radio"/> ₂ 10-19 miles <input type="radio"/> ₃ 20-29 miles <input type="radio"/> ₄ 30-39 miles <input type="radio"/> ₅ 40-49 miles <input type="radio"/> ₆ 50+ miles		

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
11. I am aware that community pharmacists can compound medications for pets, including individualized dosage forms, strengths, and flavors.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
12. I believe community pharmacists have the knowledge to compound medications for pets.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
13. I believe community pharmacists have the skills to compound medications for pets.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
14. My patients would benefit from having medications compounded (flavored or formulated specifically for them) by a community pharmacist.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
15. My patients' owners would benefit from having medications compounded (flavored or formulated specifically for their pet) by a community pharmacist.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
16. I would prescribe more compounds if I had a trusted compounding resource.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
17. I would consider collaborating with a community pharmacist to provide compounded medications to my patients.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
18. I am concerned that collaborating with a community pharmacist to provide compounded medications to my patients would result in loss of revenue for my practice.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
19. I am concerned that collaborating with a community pharmacist to provide compounded medications to my patients would result in a communication barrier between my patient's owners and myself.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
20. The cost of maintaining an inventory is a barrier to dispensing prescription medications directly from my practice.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
21. Costs associated with unused or expired medications are a barrier to dispensing prescription medications directly from my practice.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
22. The costs associated with supplies and equipment needed to dispense prescription medications are a barrier to dispensing prescription medications directly from my practice.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
23. Having to take time away from other business functions to dispense prescription medications is a barrier to dispensing prescription medications directly from my practice.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

These next four questions ask about your demographics. Your responses will remain anonymous. Please mark only one answer for each question.

24. What is your gender?	<input type="radio"/> ₁ Male	<input type="radio"/> ₂ Female <input type="radio"/> ₃ Prefer not to answer
25. How old are you?	<input type="radio"/> ₁ 18-29 years old <input type="radio"/> ₂ 30-39 years old <input type="radio"/> ₃ 40-49 years old <input type="radio"/> ₄ 50-59 years old	<input type="radio"/> ₅ 60-69 years old <input type="radio"/> ₆ 70+ years old <input type="radio"/> ₇ Prefer not to answer
26. Are you Spanish, Hispanic, or Latino?	<input type="radio"/> ₁ Yes	<input type="radio"/> ₂ No <input type="radio"/> ₃ Prefer not to answer
27. Which of the following best describes you?	<input type="radio"/> ₁ White <input type="radio"/> ₂ Black or African American <input type="radio"/> ₃ Asian <input type="radio"/> ₄ Native Hawaiian or other Pacific Islander	<input type="radio"/> ₅ American Indian or Alaska Native <input type="radio"/> ₆ Asian <input type="radio"/> ₇ More than one race <input type="radio"/> ₈ Prefer not to answer

28 Please feel free to write any additional comments in the space below:
