

Pharmacy Food Environment: Promoting Sugary Snacks at the Point of Prescription Drug Purchase

Date: _____	Start Time: _____
Location: (name, address) _____ _____ _____	Finish Time: _____
	Surveyor: <input type="checkbox"/> ₁ AW <input type="checkbox"/> ₂ AS
Type of Pharmacy: <input type="checkbox"/> ₁ Commercial <input type="checkbox"/> ₂ Primary Care Clinic <input type="checkbox"/> ₃ Hospital	Food in Pharmacy Area: ≤10 ft. >10 ft. None <input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃

Policy Questions

Position of Person Reporting Policy:

- ₁ Store Manager
- ₂ Head Pharmacist
- ₃ District Manager
- ₄ Clinic Director/Administrator
- ₅ Info from Website
- ₆ Other: _____

1) Are there any restrictions on what foods and beverages are allowed to be sold in the pharmacy?

- ₁ Don't know
- ₂ Any foods and beverages are allowed
- ₃ Only some foods and beverages are allowed

Please indicate which foods/beverages are NOT allowed to be sold:

2) Can food be displayed for sale within 1 foot of the pharmacy register(s)?

- ₁ Yes
- ₂ No

3) Are there other restrictions on where foods can be placed in the pharmacy?

- ₁ Yes
- ₂ No



1a) What are these restrictions?

- 4) Who receives the revenues from the food/beverages sales?
- ₁ Don't know
 - ₂ Pharmacy
 - ₃ Hospital/Clinic
 - ₄ Food Vendor/Supplier
 - ₅ Other _____
- 5) Is there a formal policy about what types of foods and beverages can be sold in the pharmacy?
- ₁ Don't know
 - ₂ Yes
 - ₃ No → Go to **Opinion Questions (#9)**
- 6) Who makes the food and beverage sales policies for the pharmacy?
- ₁ Don't know
 - ₂ Store Manager
 - ₃ District Manager
 - ₄ Clinic Director/Administrator
 - ₅ Pharmacist/staff
 - ₆ Clinic System Director/Corporate Director
 - ₇ Other: _____
- 7) Is the policy a local or central policy?
- ₁ Don't know
 - ₂ Local policy
 - ₃ Central policy
- 8) Is this a written policy? (get copy if available)
- ₁ Don't know
 - ₂ Yes
 - ₃ No

Opinion Questions

Thank you for your responses. The following two questions are about your opinion on the sale of food in the pharmacy. I'll read a statement and a list of choices. Please tell me the answer that best describes your opinion.

9) "Pharmacies should make food and beverages available for sale for their customers."

- ₁ Strongly agree
- ₂ Agree somewhat
- ₃ Neither agree/disagree
- ₄ Disagree somewhat
- ₅ Strongly disagree

10) "Pharmacies should NOT make high-calorie/high-fat chips, candy and sugar-sweetened beverages available for sale for their customers"

- ₁ Strongly agree
- ₂ Agree somewhat
- ₃ Neither agree/disagree
- ₄ Disagree somewhat
- ₅ Strongly disagree

Thank you for taking time to answer our questions about food policies and the availability of foods and beverages in pharmacies. I will now conduct measurements in the pharmacy area. Please let me know if you have any questions or concerns.

Total Shelf Space Measurements (of displays > 3 ft from register)

<u>Shelf Space</u>	<u>Measurement (length in inches X number of shelves)</u>	<u>Total</u>
Food	____ X ____ + ____ X ____ + ____ X ____	_____
Beverages	____ X ____ + ____ X ____ + ____ X ____	_____

Notes