To be completed by licensed prescribers prior to workshop

Date:__________________________  Participant ID No:_____________________________________

1 Which of the following strongly influenced your most RECENT decision to start a new medication? Check all that apply: (i.e., a medication that you are prescribing for the first time ever)

☐ an article in a peer-reviewed journal  ☐ a patient specifically asked for it
☐ an ad in a peer-reviewed journal  ☐ information from a medical letter
☐ a recommendation by a medical colleague  ☐ the availability of the medicine in the drug closet
☐ a recommendation by a drug representative  ☐ other:______________________________

2 Provide each of the following sources of information with a score from 1-10 based on how reliable the information they provide on the efficacy of treatments. Circle your answer for each:

(1 = completely unreliable, 10 = excellent)

UpToDate  1 2 3 4 5 6 7 8 9 10
Cochrane collaborative  1 2 3 4 5 6 7 8 9 10
Harrison’s  1 2 3 4 5 6 7 8 9 10
The Medical Letter  1 2 3 4 5 6 7 8 9 10
Drug representatives  1 2 3 4 5 6 7 8 9 10
Micromedex  1 2 3 4 5 6 7 8 9 10
Clinical evidence  1 2 3 4 5 6 7 8 9 10
Other:______________________________  1 2 3 4 5 6 7 8 9 10

3 How appropriate do you think it is to do any of the following if PAID FOR by the drug industry:

Accept a lunch  ☐ ☐ ☐ ☐ ☐
Attend a dinner lecture at a restaurant  ☐ ☐ ☐ ☐ ☐
Accept medication samples for patient use  ☐ ☐ ☐ ☐ ☐
Accept medication samples for personal use  ☐ ☐ ☐ ☐ ☐
Accept inexpensive, non-educational gifts like pens  ☐ ☐ ☐ ☐ ☐
Accept inexpensive, educational gifts, like text books  ☐ ☐ ☐ ☐ ☐
Accept expensive, non-educational gifts, i.e. game tickets  ☐ ☐ ☐ ☐ ☐
Accept expensive, educational gifts like CME trips  ☐ ☐ ☐ ☐ ☐

4 Is it legal for a drug representative to INITIATE a conversation with clinicians about off label use of medications?

☐ Yes  ☐ Under some conditions  ☐ No

5 Your age:________________________________________

6 Your sex:  ☐ F  ☐ M

7 Practice specialty:_________________________________________________________________

8 Your position:  ☐ MD/DO  ☐ NP/FNP/ANP  ☐ PA  ☐ Other

9 Years in practice:__________________________ or current residency year: PGY____________________

10 Do you have a drug samples closet at your practice that is supplied by drug representatives?  ☐ Yes  ☐ No

Thank you for your time.