

Online Appendix 1. VETERINARY COMPOUNDING SURVEY – FOR PET OWNERS

1. How many pets do you currently have?

- a. 0 c. 2 e. 4**
b. 1 d. 3 f. 5+

Please answer Questions 2-10 individually for each pet you have owned in the past 5 years. If you have owned more than 4 pets, please choose the pets with the most prescription medicines for the remainder of this survey. Please use the comment space at the end of the survey for any write-in answers that do not fit in the space provided.

	Pet 1	Pet 2	Pet 3	Pet 4
2. What type of pet do you have?	_____	_____	_____	_____
3. How old is your pet?	_____	_____	_____	_____
4. What health problems does your pet have? Check all that apply.	<input type="checkbox"/> 1 Diabetes <input type="checkbox"/> 2 Low thyroid <input type="checkbox"/> 3 High thyroid <input type="checkbox"/> 4 Arthritis <input type="checkbox"/> 5 Heart disease <input type="checkbox"/> 6 Other (please list: _____) <input type="checkbox"/> 7 No health problems	<input type="checkbox"/> 1 Diabetes <input type="checkbox"/> 2 Low thyroid <input type="checkbox"/> 3 High thyroid <input type="checkbox"/> 4 Arthritis <input type="checkbox"/> 5 Heart disease <input type="checkbox"/> 6 Other (please list: _____) <input type="checkbox"/> 7 No health problems	<input type="checkbox"/> 1 Diabetes <input type="checkbox"/> 2 Low thyroid <input type="checkbox"/> 3 High thyroid <input type="checkbox"/> 4 Arthritis <input type="checkbox"/> 5 Heart disease <input type="checkbox"/> 6 Other (please list: _____) <input type="checkbox"/> 7 No health problems	<input type="checkbox"/> 1 Diabetes <input type="checkbox"/> 2 Low thyroid <input type="checkbox"/> 3 High thyroid <input type="checkbox"/> 4 Arthritis <input type="checkbox"/> 5 Heart disease <input type="checkbox"/> 6 Other (please list: _____) <input type="checkbox"/> 7 No health problems
5. Was your pet prescribed any medicines in the past 5 years? (If your pets have not taken prescription)	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Unsure	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Unsure	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Unsure	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Unsure
6. Where did you pick up these medicines? Check all that apply.	<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 I didn't pick up the medicine(s) <input type="checkbox"/> 5 Other (please list: _____)	<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 I didn't pick up the medicine(s) <input type="checkbox"/> 5 Other (please list: _____)	<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 I didn't pick up the medicine(s) <input type="checkbox"/> 5 Other (please list: _____)	<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 I didn't pick up the medicine(s) <input type="checkbox"/> 5 Other (please list: _____)
7. Has your pet ever been prescribed a medicine that needed to be compounded (made or flavored specifically for your	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Unsure	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Unsure	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Unsure	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Unsure

8. What dosage form(s) are your pet's medicines? Check all that apply.	<input type="checkbox"/> 1 Tablets <input type="checkbox"/> 2 Capsules <input type="checkbox"/> 3 Chews/treats <input type="checkbox"/> 4 Oral liquid medicine (solutions, suspensions) <input type="checkbox"/> 5 Ear drops <input type="checkbox"/> 6 Eye drops <input type="checkbox"/> 7 Creams/ointments <input type="checkbox"/> 8 Injections <input type="checkbox"/> 9 Other (please list: _____)	<input type="checkbox"/> 1 Tablets <input type="checkbox"/> 2 Capsules <input type="checkbox"/> 3 Chews/treats <input type="checkbox"/> 4 Oral liquid medicine (solutions, suspensions) <input type="checkbox"/> 5 Ear drops <input type="checkbox"/> 6 Eye drops <input type="checkbox"/> 7 Creams/ointments <input type="checkbox"/> 8 Injections <input type="checkbox"/> 9 Other (please list: _____)	<input type="checkbox"/> 1 Tablets <input type="checkbox"/> 2 Capsules <input type="checkbox"/> 3 Chews/treats <input type="checkbox"/> 4 Oral liquid medicine (solutions, suspensions) <input type="checkbox"/> 5 Ear drops <input type="checkbox"/> 6 Eye drops <input type="checkbox"/> 7 Creams/ointments <input type="checkbox"/> 8 Injections <input type="checkbox"/> 9 Other (please list: _____)	<input type="checkbox"/> 1 Tablets <input type="checkbox"/> 2 Capsules <input type="checkbox"/> 3 Chews/treats <input type="checkbox"/> 4 Oral liquid medicine (solutions, suspensions) <input type="checkbox"/> 5 Ear drops <input type="checkbox"/> 6 Eye drops <input type="checkbox"/> 7 Creams/ointments <input type="checkbox"/> 8 Injections <input type="checkbox"/> 9 Other (please list: _____)
9. How difficult was it to give medicines to your pet?	<input type="radio"/> 1: Extremely difficult <input type="radio"/> 2: Difficult <input type="radio"/> 3: Neutral <input type="radio"/> 4: Easy <input type="radio"/> 5: Extremely easy	<input type="radio"/> 1: Extremely difficult <input type="radio"/> 2: Difficult <input type="radio"/> 3: Neutral <input type="radio"/> 4: Easy <input type="radio"/> 5: Extremely easy	<input type="radio"/> 1: Extremely difficult <input type="radio"/> 2: Difficult <input type="radio"/> 3: Neutral <input type="radio"/> 4: Easy <input type="radio"/> 5: Extremely easy	<input type="radio"/> 1: Extremely difficult <input type="radio"/> 2: Difficult <input type="radio"/> 3: Neutral <input type="radio"/> 4: Easy <input type="radio"/> 5: Extremely easy
10. What are the biggest problems you face when trying to give medicine to your pet? Check all that apply.	<input type="checkbox"/> 1 Injured by pet trying to give medicines <input type="checkbox"/> 2 Pet would not eat/swallow medicine <input type="checkbox"/> 3 Medicine was difficult or messy to give <input type="checkbox"/> 4 Medicine smelled bad to you <input type="checkbox"/> 5 Other (please list: _____) <input type="checkbox"/> 6 No problems	<input type="checkbox"/> 1 Injured by pet trying to give medicines <input type="checkbox"/> 2 Pet would not eat/swallow medicine <input type="checkbox"/> 3 Medicine was difficult or messy to give <input type="checkbox"/> 4 Medicine smelled bad to you <input type="checkbox"/> 5 Other (please list: _____) <input type="checkbox"/> 6 No problems	<input type="checkbox"/> 1 Injured by pet trying to give medicines <input type="checkbox"/> 2 Pet would not eat/swallow medicine <input type="checkbox"/> 3 Medicine was difficult or messy to give <input type="checkbox"/> 4 Medicine smelled bad to you <input type="checkbox"/> 5 Other (please list: _____) <input type="checkbox"/> 6 No problems	<input type="checkbox"/> 1 Injured by pet trying to give medicines <input type="checkbox"/> 2 Pet would not eat/swallow medicine <input type="checkbox"/> 3 Medicine was difficult or messy to give <input type="checkbox"/> 4 Medicine smelled bad to you <input type="checkbox"/> 5 Other (please list: _____) <input type="checkbox"/> 6 No problems

For Questions 11-18, please mark the degree with which you agree with the following statements. A “community pharmacist” is a pharmacist who practices in a location open to the public (such as Walgreens, CVS, or other chain or independent pharmacy) and can dispense medicines, give vaccines, and much more.

Veterinary compounds are medicines that are specially made for individual pets. Examples of compounded medicines include personalized strengths of medicine, specially flavored medicines, and different medicine dosage forms, such as making a liquid medicine from tablets.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
11. I am aware that community pharmacists can compound medicines for pets, including individualized dosage forms, strengths, and flavors.	○ 1	○ 2	○ 3	○ 4	○ 5
12. I believe community pharmacists have the knowledge to compound medicines for my pets.	○ 1	○ 2	○ 3	○ 4	○ 5
13. I believe community pharmacists have the skills to compound medicines for my pets.	○ 1	○ 2	○ 3	○ 4	○ 5
14. My pet would benefit from having medicines compounded (made or flavored specifically for my pet) by a community pharmacist.	○ 1	○ 2	○ 3	○ 4	○ 5
15. As a pet owner, I would benefit from having medicines compounded (made or flavored specifically for my pet) by a community pharmacist.	○ 1	○ 2	○ 3	○ 4	○ 5
16. I would appreciate compounded pet medicines from my community pharmacy if they could be made while I shop.	○ 1	○ 2	○ 3	○ 4	○ 5
17. I would appreciate compounded pet medicines from my community pharmacy if they could be made for all types of pets, not just cats and dogs.	○ 1	○ 2	○ 3	○ 4	○ 5



18. How far out of your way would you be willing to travel to pick up compounded pet medicines?

- a. 0-9 miles
- b. 10-19 miles
- c. 20-29 miles
- d. 30-39 miles
- e. 40-49 miles
- f. 50+ miles

19. How much would you be willing to pay (in dollars) beyond the price of the prescription drug itself to have a medicine compounded specifically for your pet?

_____ dollars

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

19. What is your gender?	<input type="radio"/> 1 Male	<input type="radio"/> 2 Female
		<input type="radio"/> 3 Prefer not to answer
20. How old are you?	<input type="radio"/> 1 18-29 years old	<input type="radio"/> 5 60-69 years old
	<input type="radio"/> 2 30-39 years old	<input type="radio"/> 6 70+ years old
	<input type="radio"/> 3 40-49 years old	<input type="radio"/> 7 Prefer not to answer
	<input type="radio"/> 4 50-59 years old	
21. Are you Spanish, Hispanic, or Latino?	<input type="radio"/> 1 Yes	<input type="radio"/> 2 No
		<input type="radio"/> 3 Prefer not to answer
22. Which of the following best describe(s) you?	<input type="radio"/> 1 White	<input type="radio"/> 5 American Indian or Alaska Native
	<input type="radio"/> 2 Black or African American	<input type="radio"/> 6 Asian
	<input type="radio"/> 3 Asian	<input type="radio"/> 7 More than one race
	<input type="radio"/> 4 Native Hawaiian or other Pacific Islander	<input type="radio"/> 8 Prefer not to answer
23. What is the highest level of education you have completed?	<input type="radio"/> 1 Some high school	<input type="radio"/> 4 Undergraduate degree
	<input type="radio"/> 2 High school diploma or GED	<input type="radio"/> 5 Master's degree or higher
	<input type="radio"/> 3 Some college	<input type="radio"/> 6 Prefer not to answer
24. What is your annual household income?	<input type="radio"/> 1 Less than \$25,000 per year	<input type="radio"/> 5 \$100,000 - \$124,999 per year
	<input type="radio"/> 2 \$25,000 - \$49,999 per year	<input type="radio"/> 6 \$125,000 - \$149,999 per year
	<input type="radio"/> 3 \$50,000 - \$74,999 per year	<input type="radio"/> 7 \$150,000 or more per year
	<input type="radio"/> 4 \$75,000 - \$99,000 per year	<input type="radio"/> 8 Prefer not to answer

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