

PRESCRIBING INFORMATION

For each of the therapeutic categories below, please indicate in the appropriate column how many times in an average week you prescribe, recommend or administer a product in that category.

(Please check one box for each category)

| <u>Drug Categories</u> | NUMBER PER WEEK | | | | | |
|----------------------------------|-----------------|-----|-----|------|-------|-----|
| | 0 | 1-2 | 3-5 | 6-10 | 11-19 | 20+ |
| Alzheimer's Therapy | | | | | | |
| Analgesics - Narcotic (Rx) | | | | | | |
| - Non Narcotic (Rx) | | | | | | |
| Antianginals | | | | | | |
| Antiasthmatics - Inhaled Steroid | | | | | | |
| - Bronchodilators | | | | | | |

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|-----------------|--|--|--|--|--|--|
| Antiarthritics | | | | | | |
| Antibiotics | | | | | | |
| Anticholesterol | | | | | | |
| Antidepressants | | | | | | |
| Antidiabetics | | | | | | |

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|------------------------------------|--|--|--|--|--|--|
| Antifungals | | | | | | |
| Antihistamines/Antiallergy | | | | | | |
| Antihypertensives - Ace Inhibitors | | | | | | |
| - Calcium Channel Blockers | | | | | | |
| - Angiotensin II Antagonist | | | | | | |

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|-----------------------|--|--|--|--|--|--|
| Antimigraine Therapy | | | | | | |
| Antiobesity Therapy | | | | | | |
| AntiParkinson Therapy | | | | | | |
| Antipsychotics | | | | | | |
| Antistroke Therapy | | | | | | |
| Antivirals | | | | | | |

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|---------------------------|--|--|--|--|--|--|
| Contraceptives | | | | | | |
| Dermatologicals | | | | | | |
| Erectile Difficulties | | | | | | |
| Gastro Therapy | | | | | | |
| Hormonal Therapy | | | | | | |
| Oncology Therapy | | | | | | |
| Smoking Cessation Therapy | | | | | | |

| <u>OTC Recommendations</u> | 0 | 1-2 | 3-5 | 6-10 | 11-19 | 20+ |
|----------------------------|---|-----|-----|------|-------|-----|
| Analgesics | | | | | | |
| Cough/Cold Preparations | | | | | | |
| Nutritional | | | | | | |
| Vitamins | | | | | | |

Please complete and return with your questionnaire.

«BARCODE»