Q1 Please rate your level of agreement or disagreement with the following statements on a five-point scale with '1' meaning you strongly disagree and '5' meaning you strongly agree. (If you are not aware of an item mentioned in a statement, please indicate by checking N/A.)

	Strongly Disagree 1	2	3	4	Strongly Agree5	N/A
1. XSHP projects an image with which I identify	❍	❍	❍	❍	❍	❍
2. XSHP meets my professional needs.	❍	❍	❍	❍	❍	❍
3. XSHP offers me ample opportunities for involvement.	❍	❍	❍	❍	❍	❍
4. XSHP meets my continuing education needs.	❍	❍	❍	❍	❍	❍
	❍	❍	❍	❍	❍	❍
	❍	❍	❍	❍	❍	❍
5. XSHP is effective in its advocacy efforts with state government.	❍	❍	❍	❍	❍	❍
6. XSHP effectively promotes a public awareness of hospital and health-system pharmacists.	❍	❍	❍	❍	❍	❍
7. XSHP provides networking opportunities that meet my needs.	❍	❍	❍	❍	❍	❍
8. XSHP organizes meetings and educational programs that meet my professional needs and interests.	❍	❍	❍	❍	❍	❍
9. XSHP staff are responsive to my	❍	❍	❍	❍	❍	❍

questions and problems.						
10. XSHP provides a membership publication that provides me with useful information.	○	○	○	○	○	○
11. XSHP sends timely e-mails that keep me up-to-date.	○	○	○	○	○	○
12. XSHP has a Web site with content relevant to my needs.	○	○	○	○	○	○
13. XSHP has effective electronic forums for sharing/discussing with other members.	○	○	○	○	○	○
14. XSHP membership is a good value for the price.	○	○	○	○	○	○

Q2. Which THREE areas are most important to you when deciding to renew membership in any professional organization?
- ❑ 1. Projects an image with which I identify
- ❑ 2. Meets my professional needs.
- ❑ 3. Offers ample opportunities for involvement.
- ❑ 4. Meets my continuing education needs.
- ❑ 5. Effectively advances pharmacy practice.
- ❑ 6. Effectively promotes a public awareness of hospital and health-system pharmacists.
- ❑ 7. Provides networking opportunities that meet my needs.
- ❑ 8. Organizes meetings and educational programs that meet my professional needs and interests.
- ❑ 9. Provides a membership publication with useful information.
- ❑ 10. Sends timely e-mails that keep me up-to-date.
- ❑ 11. Has a website with content relevant to my needs.
- ❑ 12. Membership is a good value for the price.

Q3. To WHICH of the following associations do you belong? Please check all that apply.

- ❑ 1. American Society of Health-System Pharmacists (XSHP) State Affiliate
- ❑ 2. American Society of Health-System Pharmacists (ASHP)
- ❑ 3. American Association of Colleges of Pharmacy (AACP)
- ❑ 4. American College of Clinical Pharmacy (ACCP)
- ❑ 5. American Pharmacists Association (APhA)
- ❑ 6. American Society of Consultant Pharmacists (ASCP)
- ❑ 7. American College of Clinical Pharmacy (ACCP) State Organization
- ❑ 8. Any medical specialty organization (e.g., ACC, APA)
- ❑ 9. Any multidisciplinary specialty organization (e.g., ASPEN, ASCO)
- ❑ 10. Any pharmacy specialty organization (e.g., PPAG, SIDP)
- ❑ 11. Any pharmacy alliance organization (e.g., UHC, CHCA)
- ❑ 12. Other (please specify if the one you perceive as best is not captured above) _____

Q4. OVERALL, how satisfied are you with your XSHP membership?
- ◯ VeryDissatisfied 1
- ◯ 2
- ◯ 3
- ◯ 4
- ◯ VerySatisfied5

Q5. How likely are you to renew your XSHP membership?
- ◯ Definitely Will Not1
- ◯ 2
- ◯ 3
- ◯ 4
- ◯ Definitely Will5

Q6. Would you recommend XSHP to a colleague or friend?
- ◯ Definitely Would Not1
- ◯ 2
- ◯ 3
- ◯ 4
- ◯ DefinitelyWould5

Q7. To how many colleagues (including coworkers, employees, students, friends, etc.) have you recommended XSHP membership in the past year? (Please CLICK arrow to view responses.)
- ❍ None
- ❍ 1
- ❍ 2
- ❍ 3
- ❍ 4
- ❍ 5
- ❍ 6
- ❍ 7
- ❍ 8
- ❍ 9
- ❍ 10
- ❍ 11
- ❍ 12
- ❍ 13
- ❍ 14
- ❍ 15
- ❍ 16
- ❍ 17
- ❍ 18
- ❍ 19
- ❍ 20
- ❍ More than 20

Q8. Does your current employer pay for any professional membership dues?
- ❍ Yes
- ❍ No

Q9. How often do you visit the XSHP Web site?
- ❍ Daily
- ❍ Once or twice a week
- ❍ Monthly
- ❍ Less than monthly/occasionally
- ❍ Never

Q10. In which of the following ways are you involved with XSHP? (Please check all that apply.)
- ❑ XSHP Board Member
- ❑ XSHP Presidential Officer
- ❑ XSHP Past President or Board Member
- ❑ XSHP Committee, Task Force, or Advisory Group
- ❑ State organization Committee Chair or Member
- ❑ Attended an XSHP annual or statewide meeting
- ❑ Been a speaker, Meeting Program Associate, or moderator at an XSHP meeting (ever)
- ❑ Presented a poster or have been a poster reviewer at an XSHP meeting (ever)
- ❑ Exhibited at an XSHP meeting (in past 3 years)
- ❑ Participated in an XSHP webinar.
- ❑ Connected to XSHP via at least one social media site (e.g., XSHP Connect, Facebook, Twitter, LinkedIn)
- ❑ NONE of the above
- ❑ Other (please specify) _____

Q11. Which of the following best describes your work setting?
- ○ Community (not for-profit) hospital
- ○ University hospital
- ○ For-profit hospital
- ○ Government hospital
- ○ Critical access hospital
- ○ Community health clinic
- ○ Health maintenance organization
- ○ Medical office/clinic
- ○ College or university
- ○ Pharmaceutical industry
- ○ Technology-based industry
- ○ Community pharmacy
- ○ Government agency
- ○ Other (please specify) _____

Q12. What is the size of your employing institution?

- ○ does not apply
- ○ 1-24 beds
- ○ 25-49 beds
- ○ 50-99 beds
- ○ 100-199 beds
- ○ 200-299 beds
- ○ 300-399 beds
- ○ 400 or more beds

Q13. What is your primary position?   (Please mark the one that best describes your position.)

- ○ Director of Pharmacy
- ○ Associate or Assistant Director of Pharmacy
- ○ Clinical Coordinator
- ○ Other supervisory position
- ○ Staff pharmacist
- ○ Clinical pharmacist - generalist
- ○ Clinical pharmacist – specialist
- ○ Medication safety coordinator
- ○ Informatics/technology specialist
- ○ Faculty
- ○ Student
- ○ Resident
- ○ Technician
- ○ Other primary position _____

Q14. What level of postgraduate training have you completed?

	Yes	No
Pharmacy practice residency (PGY1)	○	○
Specialized residency (PGY2)	○	○
Research-oriented Fellowship	○	○

Q15. Approximately how many years have you been a member of XSHP?

- ○ 2 years or less
- ○ Between 2 and 5 years
- ○ Between 5 and 10 years
- ○ Between 10 and 20 years
- ○ Between 20 and 30 years
- ○ More than 30 years

Q15. Approximately how long have you been practicing pharmacy?

○ 2 years or less
○ Between 2 and 5 years
○ Between 5 and 10 years
○ Between 10 and 20 years
○ Between 20 and 30 years
○ More than 30 years

Q16. To which age group do you belong?

○ 29 or younger
○ 30-34
○ 35-44
○ 45-54
○ 55-64
○ 65 or over

Q17. What can XSHP do to improve the value of your membership? Limit to 1-2 ideas.

Q18. What ONE thing could XSHP do or provide that would result in renewing your membership?

Q19. Thank you for taking the time to complete this survey! Your answers will be recorded when you click the arrow at the bottom of the screen.