



# HIV Pharmacy Marketing Success Plan Questionnaire

**CONFIDENTIAL**

Date

Your Name

Name of Pharmacy

How many Pharmacies  
do you own?

Name of Company

Pharmacy Owner/s

Pharmacy Address

Pharmacy Phone Number

Your Mobile Number

E-Mail

Website URL

What are your two most  
important business goals  
you have in the next 2  
years?

What are your two most important business goals you have in the next 5 years?

Why do you want to have an HIV Specialty at your pharmacy?

Do you currently service HIV Patients?      Yes  
No

If you answered yes, how many HIV patients do you currently serve?

Do you currently serve Hepatitis C patients?      Yes  
No

If you answered yes, how many Hep C patients do you currently serve?

Do you currently have any specialties at your pharmacy?      Yes  
No

If you answered yes, list the specialties

How many pharmacists do you employ including yourself?

How many pharmacists are full time?

How many pharmacists are part time?

How many technicians do you employ?

How many technicians are full time?

How many technicians are part time?

How many clerks do you employ?

How many clerks are full time?

How many clerks are part time?

How many delivery drivers do you employ?

Do you use a courier service for deliveries?

If you use a courier service for deliveries, which one do you use?

When you mail prescriptions what mail carrier do you use?

Do you employ marketing and sales people

Yes

No

If yes, how many?

Are you or any of your pharmacists certified in any specialty & if so what are they?

What other special services do you offer if any?

Do you provide MTM services to your patients?

If yes, describe what you do

Has your staff been trained in HIV?

Yes

No

If yes, describe the training?

What is your current monthly prescription volume?

What is your current monthly prescription revenue?

What is your current gross margin in \$ ?

What is your current gross margin % ?

Who is your primary wholesaler?

List any secondary wholesalers?

Are you satisfied with your wholesaler contract terms?

Yes  
No  
Not sure

Do you plan on selling your pharmacy?

Yes  
No  
Not sure

If yes, when do you plan on selling your pharmacy?

Do you have a Facebook Page for your Pharmacy?      Yes  
No

If yes, What is it?

Do you have a Twitter Page?      Yes  
No

If yes, what is the name of your Twitter Page?

Do you have a YouTube Channel?      Yes  
No

If yes, Name of channel

Are you on LinkedIn      Yes  
No

Do you have a business page on LinkedIn?      Yes  
No

Do you know what your Unique Value Proposition (UVP) is?      Yes  
No

If Yes, what is your UVP?

Who is your Target  
Market?

Where do you find your  
Target Market?

Do you know what makes  
your business special or  
why your market should  
choose you for their  
pharmacy services?



What kind of advertising  
have you done in the  
past?

Was it successful?  
Explain

How much do you spend  
on advertising per month?

Do you have a logo?            Yes  
    No

Do you have a tag line?        Yes  
    No

If yes, what is it?

Do you have a database        Yes  
of patients?                        No  
(besides your dispensing  
system)

If yes, how many people  
do you have on your list?

Do you collect patient's  
email addresses?  
(besides your dispensing  
system)

Yes

No

If yes, how many do you  
have on your list?

What outcome do you  
want from your  
marketing?

How much time do you  
have to dedicate to  
marketing each month?

Why is your pharmacy the  
BEST choice in your  
market?

Why would someone  
choose your pharmacy  
and services over a  
competitor?

How do you show that  
YOUR pharmacy is the  
BEST?

How is your pharmacy  
different than that of your  
competitors?

Who are your biggest competitors?  
(offline & online)

List 5 benefits that you provide to your customers

What problems does your product or service solve?

What offline marketing do you currently do?

Do you do any workshops, events or seminars for your customers?

Yes

No

If YES, Please list them

What online marketing do you currently do?

Current marketing budget  
(\$\$ you currently spend)

Available marketing  
budget  
(\$\$ you can apply to new  
marketing)

How often do you send  
out emails to your  
customers?

Do you have an online  
newsletter?

Yes

No

If YES, how often do you  
send it out?

Is there anything else you  
would like us to know  
before we start your

***Customized HIV  
Pharmacy Marketing  
Success Plan***