

# Survey Please use FREEPOST envelope

## Abortifacients / contraception in pharmacies

On behalf of the supporters of Human Life International (Ireland)

Does your community pharmacy:

Please circle

- |   |     |    |
|---|-----|----|
| 1) Supply 'emergency contraception'?  | YES | NO |
| 2) Supply oral contraceptive drugs?   | YES | NO |
| 3) Supply intra- uterine devices?   | YES | NO |
| 4) Supply injectable depot contraceptive products?                          | YES | NO |
| 5) Supply Condoms / Barrier methods?  | YES | NO |
| 6) Provide information on natural family planning?                          | YES | NO |
| <br>  |     |    |
| • We are open to enquiries about mail order pharmacy of permitted products. | YES | NO |
| • Would your pharmacy consider altering its policy on these matters?        | YES | NO |

<Pharmacy Name>

<First street address>

I am interested in finding out more about a Catholic Professional Association to explore these matters further YES NO

**Personal information will be treated as confidential.**

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

You can fill in your responses online at [www.positivepharmacy.org](http://www.positivepharmacy.org)

Thank you.