

PLEASE FAX TO: (818) 990-2903 OR EMAIL TO: eric@kingsleykingsley.com

### QUESTIONNAIRE

PLEASE COMPLETE TO THE BEST OF YOUR KNOWLEDGE:

1. Your Name: \_\_\_\_\_
2. Your Address: \_\_\_\_\_
3. Your Telephone No.: \_\_\_\_\_
4. Employer Name: \_\_\_\_\_
5. List all Job Titles: \_\_\_\_\_
6. Region/District worked in? \_\_\_\_\_ Drugs detailed: \_\_\_\_\_
7. Dates of Employment: Began: \_\_\_\_\_ End: \_\_\_\_\_
8. Salary: \_\_\_\_\_ Bonus: \_\_\_\_\_
9. Average hours worked: Daily: \_\_\_\_\_ Weekly: \_\_\_\_\_  
Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_  
Time in Field per day: \_\_\_\_\_ Details per day: \_\_\_\_\_
10. How often worked: Saturday \_\_\_\_\_ Sunday \_\_\_\_\_ per month
11. Were you expected to work a certain number of hours per day?
12. Did you have a meal or rest break? \_\_\_ YES \_\_\_ NO If so, how often? \_\_\_\_\_
13. Did you ever have to actually sell a drug or medical device to physicians (as opposed to giving information about a drug to encourage the physician to prescribe)?
14. Was the doctor bound or committed to purchase or prescribe a drug as a result of your detail?
15. Did the doctor ever sign a contract to order drug/pharmaceutical products? \_\_\_\_\_
16. Did your employer train you what to say to the doctors? \_\_\_\_\_
17. Did you use visual aids? \_\_\_\_\_ Did they have to be approved by your employer? \_\_\_\_\_
18. How long did a meeting (detail) with a doctor last? \_\_\_\_\_
19. Who chooses doctors you meet with and when? \_\_\_\_\_
20. Were you given a list of doctors to meet with? \_\_\_\_\_

Attorney-client work product privilege.