

## Additional File S1: Patients' Opinions Survey

### Patients' Opinions Survey

Are you filling in this questionnaire as a: ☐ Patient ☐ Carer ☐ Parent/guardian

**If you are filling in this survey as a carer/ parent, it is important that the patient's opinions are presented in questions in part 2 and 3.**

**\*\*Please note:** In this survey, the word "*on-site pharmacist*" is used for describing pharmacist that working at the GP-clinic, which is different from pharmacist at your local community pharmacy (also known as a local chemist)

### PART 1 – Basic information

(1) **How old is the patient?** \_\_\_\_\_ years

(2) **Is the patient?** ☐ Male ☐ Female ☐ Other / Prefer not to say

(3) **What is patient's highest level of education?**

- |   |   |
|---|---|
| <input type="checkbox"/> No formal education          | <input type="checkbox"/> Up to Year 6 or equivalent               |
| <input type="checkbox"/> Up to Year 12 or equivalent  | <input type="checkbox"/> Vocational training (e/g. TAFE, Diploma) |
| <input type="checkbox"/> Bachelor degree              | <input type="checkbox"/> Postgraduate degree (e/g. Masters, PhD)  |
| <input type="checkbox"/> Other (please specify) _____ |   |

(4) **How long has the patient been visiting this general practice?**

- |   |  |
|---|--|
| <input type="checkbox"/> This is the first time | <input type="checkbox"/> Up to 6 months      |
| <input type="checkbox"/> Up to 12 months        | <input type="checkbox"/> More than 12 months |

(5) **Which of the following best describes the patient's reason for visiting this general practice today?**

- ☐ Because of a one-off problem/ condition/ illness (e.g. flu, injury)
- ☐ Because of a long-term problem/ condition/ illness (e.g. diabetes, heart disease), where treatment has been started/ changed within the last 12 months
- ☐ Because of a long-term problem/ condition/ illness (e.g. diabetes, heart disease), where treatment has not been changed within the last 12 months
- ☐ For a health check but have not been diagnosed with any disease previously
- ☐ Pregnancy/ family planning
- ☐ Other (please specify) \_\_\_\_\_

(6) **What type of health insurance does patient have?**

- |                                   |                                  |                               |                               |
|-----------------------------------|----------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> Medicare | <input type="checkbox"/> Private | <input type="checkbox"/> Both | <input type="checkbox"/> None |
|-----------------------------------|----------------------------------|-------------------------------|-------------------------------|

## PART 2 – Awareness and Attitudes

(1) This practice has employed an *on-site pharmacist* since the past year. Which of the following best describes your awareness towards the on-site pharmacist?

- ☐ I've never heard about the pharmacist in this general practice
- ☐ I've heard about the pharmacist in this general practice, but I've not visited him/ her
- ☐ I've heard about the pharmacist in this general practice, and I've visited him/her

(2) If you have visited the *on-site pharmacist*, who referred you (or the patient that you care for) to the pharmacist?

- ☐ Doctor                      ☐ Nurse                      ☐ Receptionist                      ☐ Psychologist
- ☐ Self                      ☐ Other (please specify) \_\_\_\_\_

(3) How do you rate the importance of the following activities that could be performed by the *on-site pharmacist*?

Circle the number that best describes your opinion. (0 = Not important, 10 = Extremely important, N/ A = Not applicable)

**Improving the safety of medicines**

0    1    2    3    4    5    6    7    8    9    10                      No opinion or N/A

**Improving the effectiveness of medicines**

0    1    2    3    4    5    6    7    8    9    10                      No opinion or N/A

**Assessing potential or actual adverse effects of medicines**

0    1    2    3    4    5    6    7    8    9    10                      No opinion or N/A

**Developing a plan with doctors to manage a medical condition**

0    1    2    3    4    5    6    7    8    9    10                      No opinion or N/A

**Providing education on medicines**

0    1    2    3    4    5    6    7    8    9    10                      No opinion or N/A

**Providing education to modify lifestyle**

0    1    2    3    4    5    6    7    8    9    10                      No opinion or N/A

**If you have visited the pharmacist in this general practice, please continue to part 3 on next page**

If you have not visited a pharmacist in this general practice, the survey ends here.

### PART 3 – Satisfaction

(1) Which of the following best describes the reason that you (or the patient that you care for) were referred to the *on-site pharmacist*? (Tick all the options that apply for you)

- ☐ For a routine check to verify my medicines are working for me
- ☐ To ask for advice to modify lifestyle      ☐ To check for drug interactions
- ☐ To report adverse effects      ☐ For a health assessment
- ☐ For vaccination
- ☐ Other (please specify) \_\_\_\_\_

(2) How many times have you (or the patient that you care for) seen the *on-site pharmacist* in total?

- ☐ 1      ☐ 2      ☐ 3      ☐ 4      ☐ 5 or more times

(3) At the most recent visit to the *on-site pharmacist*, how would you rate your experience of the following?

Circle the number that best describes your opinion. (0 = Strongly disagree, 10 = Strongly agree, N/A = Not applicable)

**This *on-site pharmacist* was very careful to check all medicines that I (or the patient that I care for) was taking**

0    1    2    3    4    5    6    7    8    9    10    No opinion or N/A

**This *on-site pharmacist* conducted the session with respect to me as a person**

0    1    2    3    4    5    6    7    8    9    10    No opinion or N/A

**This *on-site pharmacist* explained the treatment in a way that I can understand**

0    1    2    3    4    5    6    7    8    9    10    No opinion or N/A

**I will follow the advice of this *on-site pharmacist* because I think he/she is right**

0    1    2    3    4    5    6    7    8    9    10    No opinion or N/A

(4) How would you rate the timing of your consultation with the *on-site pharmacist*?

*Circle the number that best describes your opinion. (0 = Strongly disagree, 10 = Strongly agree, N/A = Not applicable)*

**The time of the consultation with the pharmacist was enough to discuss everything**

0      1      2      3      4      5      6      7      8      9      10      No opinion or N/A

**I (or the patient that I care for) wish it had been possible to spend a little longer with the pharmacist**

0      1      2      3      4      5      6      7      8      9      10      No opinion or N/A

**The time I (or the patient that I care for) was able to spend with the pharmacist was a bit too short**

0      1      2      3      4      5      6      7      8      9      10      No opinion or N/A

(5) How would you rate your relationship towards the *on-site pharmacist*?

*Circle the number that best describes your opinion. (0 = Strongly disagree, 10 = Strongly agree, N/A = Not applicable)*

**There are some facts that this *on-site pharmacist* did not seem to understand about me (or the patient that I care for)**

0      1      2      3      4      5      6      7      8      9      10      No opinion or N/A

**I (or the patient that I care for) felt able to tell this *on-site pharmacist* about personal facts**

0      1      2      3      4      5      6      7      8      9      10      No opinion or N/A

**I felt this *on-site pharmacist* really knew what I (or the patient who I care for) was thinking**

0      1      2      3      4      5      6      7      8      9      10      No opinion or N/A

**I (or the patient that I care for) have a good relationship with this *on-site pharmacist***

0      1      2      3      4      5      6      7      8      9      10      No opinion or N/A

**(6) How would you rate your satisfaction towards the on-site pharmacist?**

*Circle the number that best describes your opinion. (0 = Strongly disagree, 10 = Strongly agree, N/A = Not applicable)*

**The time I (or the patient that I care for) spent with this *on-site pharmacist* was very productive**

0    1    2    3    4    5    6    7    8    9    10    No opinion or N/A

**The consultation with this *on-site pharmacist* could have been better**

0    1    2    3    4    5    6    7    8    9    10    No opinion or N/A

**I (or the patient that I care for) would visit this *on-site pharmacist* in the future**

0    1    2    3    4    5    6    7    8    9    10    No opinion or N/A

**I would recommend the service of an *on-site pharmacist* in general practice to other patients**

0    1    2    3    4    5    6    7    8    9    10    No opinion or N/A

**I (or the patient that I care for) was completely satisfied with the visit to the *on-site pharmacist* in this general practice**

0    1    2    3    4    5    6    7    8    9    10    No opinion or N/A

**(7) If the patient had to pay for a 40-minute consultation with an *on-site pharmacist*, how much would you be willing to pay?    AUD \_\_\_\_\_**

***Thank you for your time and participation. Now please put the survey in the envelope provided and place it in the black box available at the reception desk.***