SUPPLEMENTARY MATERIAL 1. CHIF QUESTIONNAIRE (ENGLISH VERSION)

(Counselling Habits in Individualized Photoprotection – CHIF)

Purpose of the questionnaire

The purpose of this questionnaire is to assess the habits of community pharmacists regarding personalized medical photoprotection and the detection of skin cancer risk factors within the FarmaSoludable Research Project. All data collected are anonymous, following current data protection regulations. By completing the questionnaire, you consent to participate.

CHIF – Counselling Habits in Individualized Photoprotection

SOCIODEMOGRAPHIC DATA

Date (dd/mm/yyyy)

Date of birth (dd/mm/yyyy)

Gender

- Male
- Female
- Non-binary / Other

Nationality

Year you completed the Pharmacy degree (BSc or MSc)

Years working in Community Pharmacy

Professional category

- Staff pharmacist
- Substitute pharmacist
- Pharmacy owner
- Pharmacy student

PHARMACY CHARACTERISTICS

Location of the community pharmacy

- Seville (city)
- Seville (province)

PROFESSIONAL PRACTICE: FREQUENCY OF PHARMACEUTICAL COUNSELLING

When assisting a patient/user in the pharmacy, how often do you perform the following actions? *(Never / Almost never / Often / Always)*

- Asking for whom the medication/medical device is intended
- Asking what condition/pathology the medication/medical device is for
- Detecting drug-related problems
- Detecting skin cancer risk factors (phototype, photosensitizing medications)
- Evaluating the necessity, effectiveness and safety of the patient's medication
- Recommending personalized topical photoprotection
- Recommending oral photoprotection
- Providing ocular photoprotection advice
- Preparing a referral report for the physician for sun-related pathology
- Promoting skin self-examination and dermatology referral
- Providing nutritional advice for patients with skin cancer risk factors
- Adapting photoprotection counselling to the patient's occupation or activity

FREQUENCY OF PHOTOPROTECTION ADVICE

When providing photoprotection counselling, how often do you recommend the following measures? *(Never / Almost never / Often / Always)*

- Avoiding tanning lamps or tanning beds
- Avoiding recreational outdoor activities at midday (12:00–16:00)
- Using an umbrella or seeking shade
- Wearing a T-shirt when outdoors
- Wearing a hat or cap when outdoors
- Wearing sunglasses on sunny days
- Applying topical sunscreen with SPF > 30
- Reapplying topical sunscreen frequently
- Using photoprotection on cloudy days
- Checking the UV index/time to make photoprotection decisions
- Using UPF 50 sun-protective textiles for patients who require them

PERCEIVED EFFECTIVENESS OF MEDICAL-PERSONALIZED PHOTOPROTECTION COUNSELLING

Through your counselling, how likely do you consider that you help reduce the following outcomes? *(Very unlikely / Unlikely / Neutral / Likely / Very likely)*

- Appearance of actinic keratoses in the future
- Appearance of basal-cell and squamous-cell carcinomas in the future
- Appearance of melanoma in the future
- Number of sunburns in the patient's future

CHARACTERISTICS OF COUNSELLING / PHARMACEUTICAL INDICATION

Is photoprotection counselling part of your dispensing or preventive counselling protocol?

- No
- Yes

Which methods do you use in your photoprotection counselling?

- I do not use any method
- Verbal information only
- Verbal information with leaflets
- Other (specify)

Do you consider it your responsibility to provide photoprotection counselling?

- No
- Yes
- Don't know / No answer

Have you previously received training in personalized medical photoprotection and primary or secondary skin cancer prevention?

- No
- Yes

If you answered yes, through which modality?

- Professional journals
- Continuing education (course, master's degree)
- Professional conferences or congresses
- Other (specify)

END OF QUESTIONNAIRE

Thank you for your collaboration.