

Supplementary Material

Manuscript title: Community pharmacist preferences for providing a dose administration aid service in Australia: a discrete choice experiment

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This supplementary material includes an abridged version of the community pharmacist DCE questionnaire, i.e. only one block of choice questions included.

Discrete choice experiment survey

Research Study: Community pharmacist preferences for a DAA service

Screen 1 – Project Title Screen

An Online survey of

Community pharmacist preferences for a Dose Administration Aid (DAA) service



PARTICIPANT INFORMATION

Invitation

You are invited to participate in a research study that aims to identify the preferences of community pharmacists for a Dose Administration Aid (DAA) service provided by Australian community pharmacies.

Before you decide whether or not you wish to take part in this study, it is important for you to understand why the research is being done and what it will involve. Please take the time to read the following information carefully and discuss it with others if you wish.

What is this study about?

We are conducting an online choice survey to understand your preferences for a Dose Administration Aid (DAA) service provided by Australian community pharmacies. The results of this study could guide the recommendations for future directions of the Australian DAA program. The survey will include choice questions where you will be asked to indicate your preferences for a DAA service. These questions will ask you to compare and choose between different options for the provision of a DAA service or no DAA service. The survey will also ask you for some demographic information such as age, gender, years of experience and qualifications.

Participation in this survey is voluntary. This survey can be **completed online** and will take approximately **20 minutes to complete**. Consent will be implied once you submit the survey. Once the survey is submitted, your responses cannot be changed.

Who is running the study?

The study is being carried out by the following researchers from the University of Sydney:

- Prof Kirsten Howard, Co-Director, Menzies Centre for Health Policy and Economics. Professor of Health Economics, School of Public Health, Faculty of Medicine and Health.
- Prof Parisa Aslani, Deputy Head of School, School of Pharmacy, Faculty of Medicine and Health.
- Prof Timothy Chen, Head of Pharmacy Practice and Health Services Research, School of Pharmacy, Faculty of Medicine and Health.
- A/Prof Sarah Norris, Associate Professor of Practice, Health Technology Assessment, Faculty of Medicine and Health, School of Public Health, Menzies Centre for Health Policy & Economics.
- Dr Rakhee Raghunandan, Research Fellow-Health Economics, School of Public Health, Faculty of Medicine and Health.
- Dr Noriko Sato, Research Fellow, School of Pharmacy, Faculty of Medicine and Health.
- Dr Andrea Torres Robles, Research Fellow, School of Pharmacy, Faculty of Medicine and Health.

This study is being funded by the following grant: Dose Administration Aid Program – Health Technology Assessment, Research Support and Other Services – SON3599169.

Can I withdraw once I've started?

Being in this study is completely voluntary and you do not have to take part. If you decide to take part in the study and then change your mind, you can withdraw anytime by stopping the survey. Whatever your decision, please be assured that it will not affect your current or future relationship with the researchers, or anyone else at The University of Sydney. Once your responses are submitted, we won't be able to tell which one is yours. This means you cannot withdraw after submitting the survey.

Are there any risks or costs?

Participation in this study will not cost you anything. Aside from giving up your time, we do not expect that there will be any risks associated with taking part in this study. If you do not wish to answer a question, you may skip it and go to the next one, or you may stop the survey.

Are there any benefits?

A reimbursement for your time and contribution to the study will be provided to participants who complete the online choice survey. You will need to provide us with email details for the researchers to forward the e-gift card to.

Please be informed that your personal information:

- Will NOT be linked to your survey responses.
- Will be used solely for the purpose of reimbursement.
- Will be stored securely and only accessed by authorised study personnel.
- Will be destroyed securely after the reimbursement process is completed.

What will happen to the information that is collected?

By providing your consent, you are agreeing to us collecting information about you for the purposes of this study. Any information you provide us will be stored securely and we will only disclose identifiable information with your permission unless we are required by law to release information.

Study findings will be presented at scientific conferences, as published articles in peer-reviewed journals or seminars presented by members of the research team. Progress and final reports will also be prepared for the funding body. You will not be individually identifiable in any publications.

Survey data will be stored securely and only accessed by research team members. Upon completion of the study, data will be securely stored for 5 years in accordance with the NHMRC guidelines for "Management of Information and Data in Research". The information collected will be used only for the current study.

What if I would like further information?

If you would like further information about this study you can contact: Professor Kirsten Howard, Co-Director, Menzies Centre for Health Policy and Economics & Professor of Health Economics, School of Public Health, The University of Sydney, Phone (working hours): +61 02 9351 2587, Email: kirsten.howard@sydney.edu.au

What if I have a complaint or any concerns?

The ethical aspects of this study have been approved by the Human Research Ethics Committee (HREC) of The University of Sydney [INSERT HREC Approval No. once obtained] according to the *National Statement on Ethical Conduct in Human Research (2007)*.

If you are concerned about the way this study is being conducted or you wish to make a complaint to someone independent from the study, please contact the University:

Human Ethics Manager

human.ethics@sydney.edu.au

+61 2 8627 8176

Eligibility criteria

We need to ask you the following question to determine your eligibility for our study.

E1. Are you a practising community pharmacist in Australia working in a community pharmacy?

1	☐	Yes..... [go to the consent question]
2	☐	No..... Thank you for taking the time to read the Participant Information Statement. However, you are not eligible to participate in this study.

Screen 3 –

PARTICIPANT CONSENT FORM

I give consent to my participation in the research project

TITLE: Community pharmacist preferences for a Dose Administration Aid (DAA) service

In giving my consent I acknowledge that:

1. I have read and understood the Participant Information Statement.
2. I understand that being in this study is completely voluntary – I am not under any obligation to consent.
3. I understand that my involvement is strictly confidential. I understand that any research data gathered from the results of the study may be published however no information about me will be used in any way that is identifiable.
4. I understand that I can withdraw from the study at any time, without affecting my treatment or my relationship with the researcher(s) or the University of Sydney now or in the future.
5. I understand that I can stop my participation in this study at any time if I do not wish to continue.
6. I understand that by completing the survey I have consented to be part of the study. Once you have submitted your survey anonymously, your responses cannot be withdrawn.

I give my consent

Yes

No [if no is clicked, the participant will not be directed to survey]

New screen –Welcome to the survey

Community pharmacist preferences for a Dose Administration Aid (DAA) service

The purpose of this study is to understand your preferences for providing a Dose Administration Aid (DAA) service in Australian community pharmacies. Understanding these preferences could help support and improve the provision of DAAs via community pharmacies and the results of this study could guide the recommendations for future directions of the Australian DAA program.

The questions in this choice survey will ask you to think about a type of patient and then compare two options for providing a DAA service: each option describes what the DAA service looks like. A third option of “no DAA” is also presented in each question. Please choose your most preferred option in each question.

New Screen – About the survey:

On the following screens you will see questions that present three options: two hypothetical DAA services, and a no DAA option.

In each question we will ask you to consider a type of patient and then pick which option you would prefer to provide, after weighing up the characteristics of the DAA service that are presented. If neither DAA service is preferred, you can choose the “no DAA” option.

There are no right or wrong answers, we just want to know which one you think is the best overall option.

It might feel a little frustrating because the questions may seem very similar, but each question is different, so please try to do your best. Keep in mind what characteristics of the DAA service are most important to you.

The type of patient that you will be asked to consider and the six characteristics that make up the DAA service are explained in more detail on the following screen.

New Screen – About the survey:

Each scenario will ask you to consider a **patient** with one of the following characteristics: older patient (≥ 65 years old); poor medicine adherence; cognitive impairment; polypharmacy (≥ 5 medicines per day)/complex medicine regimen

Each DAA service option is described by the following characteristics.

1. Patient control over their medicines: Patient control means the ability of the patient to manage and understand their medicine and dosage. This is presented as the number of people out of 100 who have a decline in their control over their medicines. Levels range from 0 to 25/100 patients.

2. Impact of DAA on medicine adherence: Adherence for this study is defined as patients taking their medicines appropriately (corresponding with agreed recommendations from a healthcare provider) $\geq 80\%$ of the time. The impact of DAA on adherence is presented as the number of people out of 100 who will improve their adherence i.e. taking their medicines appropriately $\geq 80\%$ of the time. Levels range from 25 to 75/100 patients.

3. Staff time per patient per week to provide a DAA: This characteristic aims to encompass staff time spent on providing the DAA service and would include activities such as assessing appropriate use of DAA, prescription management, clinical checks, preparing the DAA, checking the DAA, patient counselling and monitoring, and DAA delivery or pickup. This is presented as the number of minutes spent per patient per week to provide a DAA service. Levels range from 10 to 40 minutes per patient per week.

4. Patient co-payment per week: Patient co-payment is the additional fee that patients will pay for the DAA service and is independent of the government reimbursement for providing a DAA service. This is presented as a dollar value per week to be paid by the patient. Levels range from \$0 to \$15 per week.

5. Cap on number of DAA service provisions per week: This cap means that there is a restriction on the number of funded weekly DAA service provisions that can be provided by the pharmacy. This is presented as whether there is a cap or not (i.e. yes/no).

6. Average government payment to pharmacy per patient per week: The average government payment is intended to cover the DAA set up costs, DAA provision (e.g. DAA equipment costs, staff costs for prescription management, making up and checking the DAA), and any additional DAA services provided by the pharmacy (e.g. delivery, signing sheets, DAA amendment due to medication changes). This payment is presented as a dollar value per patient per week received by the pharmacy. Levels range from \$6.17 (current) to \$45 per patient per week.

Example choice question:

There are 12 choice questions like this one. Each question asks you to think about a specific type of patient and then pick which DAA service you would prefer to provide, after weighing up the characteristics of the DAA service that are presented in two of the options. If neither DAA service is preferred you can choose the third option that indicates this.

Although the two options for the DAA service may look similar, each one is slightly different. Have a look at the three options below and compare how the characteristics of each option vary.

You do not need to answer the question on this screen as it is only an example.

Thinking about a patient with **poor medicine adherence** which of the following DAA services would you prefer to provide?

If neither DAA service is preferred you can choose the 'No DAA service' option.

	DAA service A	DAA service B	No DAA service
Patient control over their medicines	10/100 patients have a decline in control over their medicines (90/100 have no change)	25/100 patients have a decline in control over their medicines (75/100 have no change)	No change in patient control over medicines
Impact of DAA on medicine adherence	75/100 of patients will have an improvement in medicine adherence (25/100 have no change)	25/100 of patients will have an improvement in medicine adherence (75/100 have no change)	No change in patient adherence
Staff time per patient per week to provide a DAA	20 minutes per patient per week	10 minutes per patient per week	0 minutes
Patient co-payment per week	\$10	\$0	\$0
Cap on number of DAA service provisions per week	No	Yes	N/A
Average government payment to pharmacy per patient per week	\$20	\$6.17	\$0
Choose the option you prefer	☒ I prefer DAA service A	☐ I prefer DAA service B	☐ I prefer no DAA service

In this example, when thinking about a patient with poor medicine adherence, DAA service A was the preferred option.

Block 1 of 6**Question 1 of 12**

Although the options may look similar, each one is different.

Please have a look at the three options below and compare how the **characteristics** of each option vary. There are **no perfect answers**, please compare the two DAA service options and **pick the one you think is the best overall option**. If neither DAA service is preferred you can choose the 'No DAA service' option.

Thinking about a patient who is an **older person (≥ 65 years old)** which of the following DAA services would you prefer to provide?

	DAA service A	DAA service B	No DAA service
Patient control over their medicines	10/100 patients have a decline in control over their medicines (90/100 patients have no change)	25/100 patients have a decline in control over their medicines (75/100 patients have no change)	No change in patient control over their medicines
Impact of DAA on medicine adherence	50/100 of patients will have improved adherence with a DAA	25/100 of patients will have improved adherence with a DAA	No change in patient adherence
Staff time per patient per week to provide a DAA	40 minutes per patient per week	20 minutes per patient per week	0 minutes
Patient co-payment per week	\$5	\$15	\$0
Cap on number of DAA service provisions per week	Yes	No	N/A
Average government payment to pharmacy per patient per week	\$45	\$45	\$0
Choose the option you prefer	☐ I prefer DAA service A	☐ I prefer DAA service B	☐ I prefer no DAA service

Question 2 of 12

Although the options may look similar, each one is different.

Please have a look at the three options below and compare how the **characteristics** of each option vary. There are **no perfect answers**, please compare the two DAA service options and **pick the one you think is the best overall option**. If neither DAA service is preferred you can choose the 'No DAA service' option.

Thinking about a patient who is an **older person (≥ 65 years old)** which of the following DAA services would you prefer to provide?

	DAA service A	DAA service B	No DAA service
Patient control over their medicines	No change in patient control over their medicines	25/100 patients have a decline in control over their medicines (75/100 patients have no change)	No change in patient control over their medicines
Impact of DAA on medicine adherence	75/100 of patients will have improved adherence with a DAA	25/100 of patients will have improved adherence with a DAA	No change in patient adherence
Staff time per patient per week to provide a DAA	40 minutes per patient per week	20 minutes per patient per week	0 minutes
Patient co-payment per week	\$5	\$15	\$0
Cap on number of DAA service provisions per week	Yes	No	N/A
Average government payment to pharmacy per patient per week	\$45	\$45	\$0
Choose the option you prefer	☐ I prefer DAA service A	☐ I prefer DAA service B	☐ I prefer no DAA service

Question 3 of 12

Although the options may look similar, each one is different.

Please have a look at the three options below and compare how the **characteristics** of each option vary. There are **no perfect answers**, please compare the two DAA service options and **pick the one you think is the best overall option**. If neither DAA service is preferred you can choose the 'No DAA service' option.

Thinking about a patient with **polypharmacy (≥5 medicines per day)/complex medicine regimen** which of the following DAA services would you prefer to provide?

	DAA service A	DAA service B	No DAA service
Patient control over their medicines	10/100 patients have a decline in control over their medicines (90/100 patients have no change)	25/100 patients have a decline in control over their medicines (75/100 patients have no change)	No change in patient control over their medicines
Impact of DAA on medicine adherence	75/100 of patients will have improved adherence with a DAA	50/100 of patients will have improved adherence with a DAA	No change in patient adherence
Staff time per patient per week to provide a DAA	20 minutes per patient per week	10 minutes per patient per week	0 minutes
Patient co-payment per week	\$15	\$0	\$0
Cap on number of DAA service provisions per week	No	Yes	N/A
Average government payment to pharmacy per patient per week	\$45	\$20	\$0
Choose the option you prefer	☐ I prefer DAA service A	☐ I prefer DAA service B	☐ I prefer no DAA service

Question 4 of 12

Although the options may look similar, each one is different.

Please have a look at the three options below and compare how the **characteristics** of each option vary. There are **no perfect answers**, please compare the two DAA service options and **pick the one you think is the best overall option**. If neither DAA service is preferred you can choose the 'No DAA service' option.

Thinking about a patient who is an **older person (≥ 65 years old)** which of the following DAA services would you prefer to provide?

	DAA service A	DAA service B	No DAA service
Patient control over their medicines	No change in patient control over their medicines	25/100 patients have a decline in control over their medicines (75/100 patients have no change)	No change in patient control over their medicines
Impact of DAA on medicine adherence	75/100 of patients will have improved adherence with a DAA	50/100 of patients will have improved adherence with a DAA	No change in patient adherence
Staff time per patient per week to provide a DAA	20 minutes per patient per week	20 minutes per patient per week	0 minutes
Patient co-payment per week	\$0	\$15	\$0
Cap on number of DAA service provisions per week	Yes	Yes	N/A
Average government payment to pharmacy per patient per week	\$6.17	\$20	\$0
Choose the option you prefer	☐ I prefer DAA service A	☐ I prefer DAA service B	☐ I prefer no DAA service

Question 5 of 12

Although the options may look similar, each one is different.

Please have a look at the three options below and compare how the **characteristics** of each option vary. There are **no perfect answers**, please compare the two DAA service options and **pick the one you think is the best overall option**. If neither DAA service is preferred you can choose the 'No DAA service' option.

Thinking about a patient who is an **older person (≥ 65 years old)** which of the following DAA services would you prefer to provide?

	DAA service A	DAA service B	No DAA service
Patient control over their medicines	10/100 patients have a decline in control over their medicines (90/100 patients have no change)	No change in patient control over their medicines	No change in patient control over their medicines
Impact of DAA on medicine adherence	75/100 of patients will have improved adherence with a DAA	75/100 of patients will have improved adherence with a DAA	No change in patient adherence
Staff time per patient per week to provide a DAA	40 minutes per patient per week	40 minutes per patient per week	0 minutes
Patient co-payment per week	\$5	\$0	\$0
Cap on number of DAA service provisions per week	Yes	Yes	N/A
Average government payment to pharmacy per patient per week	\$45	\$45	\$0
Choose the option you prefer	☐ I prefer DAA service A	☐ I prefer DAA service B	☐ I prefer no DAA service

Question 6 of 12

Although the options may look similar, each one is different.

Please have a look at the three options below and compare how the **characteristics** of each option vary. There are **no perfect answers**, please compare the two DAA service options and **pick the one you think is the best overall option**. If neither DAA service is preferred you can choose the 'No DAA service' option.

Thinking about a patient with **poor medicine adherence** which of the following DAA services would you prefer to provide?

	DAA service A	DAA service B	No DAA service
Patient control over their medicines	10/100 patients have a decline in control over their medicines (90/100 patients have no change)	No change in patient control over their medicines	No change in patient control over their medicines
Impact of DAA on medicine adherence	50/100 of patients will have improved adherence with a DAA	75/100 of patients will have improved adherence with a DAA	No change in patient adherence
Staff time per patient per week to provide a DAA	20 minutes per patient per week	40 minutes per patient per week	0 minutes
Patient co-payment per week	\$15	\$0	\$0
Cap on number of DAA service provisions per week	No	Yes	N/A
Average government payment to pharmacy per patient per week	\$20	\$45	\$0
Choose the option you prefer	☐ I prefer DAA service A	☐ I prefer DAA service B	☐ I prefer no DAA service

Question 7 of 12

Although the options may look similar, each one is different.

Please have a look at the three options below and compare how the **characteristics** of each option vary. There are **no perfect answers**, please compare the two DAA service options and **pick the one you think is the best overall option**. If neither DAA service is preferred you can choose the 'No DAA service' option.

Thinking about a patient with **polypharmacy (≥5 medicines per day)/complex medicine regimen** which of the following DAA services would you prefer to provide?

	DAA service A	DAA service B	No DAA service
Patient control over their medicines	10/100 patients have a decline in control over their medicines (90/100 patients have no change)	10/100 patients have a decline in control over their medicines (90/100 patients have no change)	No change in patient control over their medicines
Impact of DAA on medicine adherence	75/100 of patients will have improved adherence with a DAA	25/100 of patients will have improved adherence with a DAA	No change in patient adherence
Staff time per patient per week to provide a DAA	20 minutes per patient per week	20 minutes per patient per week	0 minutes
Patient co-payment per week	\$0	\$15	\$0
Cap on number of DAA service provisions per week	Yes	No	N/A
Average government payment to pharmacy per patient per week	\$20	\$45	\$0
Choose the option you prefer	☐ I prefer DAA service A	☐ I prefer DAA service B	☐ I prefer no DAA service

Question 8 of 12

Although the options may look similar, each one is different.

Please have a look at the three options below and compare how the **characteristics** of each option vary. There are **no perfect answers**, please compare the two DAA service options and **pick the one you think is the best overall option**. If neither DAA service is preferred you can choose the 'No DAA service' option.

Thinking about a patient with **cognitive impairment** which of the following DAA services would you prefer to provide?

	DAA service A	DAA service B	No DAA service
Patient control over their medicines	No change in patient control over their medicines	25/100 patients have a decline in control over their medicines (75/100 patients have no change)	No change in patient control over their medicines
Impact of DAA on medicine adherence	25/100 of patients will have improved adherence with a DAA	75/100 of patients will have improved adherence with a DAA	No change in patient adherence
Staff time per patient per week to provide a DAA	10 minutes per patient per week	20 minutes per patient per week	0 minutes
Patient co-payment per week	\$15	\$0	\$0
Cap on number of DAA service provisions per week	Yes	No	N/A
Average government payment to pharmacy per patient per week	\$6.17	\$20	\$0
Choose the option you prefer	☐ I prefer DAA service A	☐ I prefer DAA service B	☐ I prefer no DAA service

Question 9 of 12

Although the options may look similar, each one is different.

Please have a look at the three options below and compare how the **characteristics** of each option vary. There are **no perfect answers**, please compare the two DAA service options and **pick the one you think is the best overall option**. If neither DAA service is preferred you can choose the 'No DAA service' option.

Thinking about a patient with **cognitive impairment** which of the following DAA services would you prefer to provide?

	DAA service A	DAA service B	No DAA service
Patient control over their medicines	25/100 patients have a decline in control over their medicines (75/100 patients have no change)	No change in patient control over their medicines	No change in patient control over their medicines
Impact of DAA on medicine adherence	25/100 of patients will have improved adherence with a DAA	75/100 of patients will have improved adherence with a DAA	No change in patient adherence
Staff time per patient per week to provide a DAA	10 minutes per patient per week	20 minutes per patient per week	0 minutes
Patient co-payment per week	\$0	\$15	\$0
Cap on number of DAA service provisions per week	No	Yes	N/A
Average government payment to pharmacy per patient per week	\$45	\$45	\$0
Choose the option you prefer	☐ I prefer DAA service A	☐ I prefer DAA service B	☐ I prefer no DAA service

Question 10 of 12

Although the options may look similar, each one is different.

Please have a look at the three options below and compare how the **characteristics** of each option vary. There are **no perfect answers**, please compare the two DAA service options and **pick the one you think is the best overall option**. If neither DAA service is preferred you can choose the 'No DAA service' option.

Thinking about a patient with **poor medicine adherence** which of the following DAA services would you prefer to provide?

	DAA service A	DAA service B	No DAA service
Patient control over their medicines	10/100 patients have a decline in control over their medicines (90/100 patients have no change)	No change in patient control over their medicines	No change in patient control over their medicines
Impact of DAA on medicine adherence	50/100 of patients will have improved adherence with a DAA	25/100 of patients will have improved adherence with a DAA	No change in patient adherence
Staff time per patient per week to provide a DAA	40 minutes per patient per week	10 minutes per patient per week	0 minutes
Patient co-payment per week	\$5	\$15	\$0
Cap on number of DAA service provisions per week	No	No	N/A
Average government payment to pharmacy per patient per week	\$6.17	\$6.17	\$0
Choose the option you prefer	☐ I prefer DAA service A	☐ I prefer DAA service B	☐ I prefer no DAA service

Question 11 of 12

Although the options may look similar, each one is different.

Please have a look at the three options below and compare how the **characteristics** of each option vary. There are **no perfect answers**, please compare the two DAA service options and **pick the one you think is the best overall option**. If neither DAA service is preferred you can choose the 'No DAA service' option.

Thinking about a patient with **cognitive impairment** which of the following DAA services would you prefer to provide?

	DAA service A	DAA service B	No DAA service
Patient control over their medicines	25/100 patients have a decline in control over their medicines (75/100 patients have no change)	10/100 patients have a decline in control over their medicines (90/100 patients have no change)	No change in patient control over their medicines
Impact of DAA on medicine adherence	25/100 of patients will have improved adherence with a DAA	25/100 of patients will have improved adherence with a DAA	No change in patient adherence
Staff time per patient per week to provide a DAA	10 minutes per patient per week	40 minutes per patient per week	0 minutes
Patient co-payment per week	\$0	\$5	\$0
Cap on number of DAA service provisions per week	Yes	No	N/A
Average government payment to pharmacy per patient per week	\$6.17	\$6.17	\$0
Choose the option you prefer	☐ I prefer DAA service A	☐ I prefer DAA service B	☐ I prefer no DAA service

Question 12 of 12

Although the options may look similar, each one is different.

Please have a look at the three options below and compare how the **characteristics** of each option vary. There are **no perfect answers**, please compare the two DAA service options and **pick the one you think is the best overall option**. If neither DAA service is preferred you can choose the 'No DAA service' option.

Thinking about a patient with **polypharmacy (≥5 medicines per day)/complex medicine regimen** which of the following DAA services would you prefer to provide?

	DAA service A	DAA service B	No DAA service
Patient control over their medicines	25/100 patients have a decline in control over their medicines (75/100 patients have no change)	No change in patient control over their medicines	No change in patient control over their medicines
Impact of DAA on medicine adherence	75/100 of patients will have improved adherence with a DAA	25/100 of patients will have improved adherence with a DAA	No change in patient adherence
Staff time per patient per week to provide a DAA	10 minutes per patient per week	20 minutes per patient per week	0 minutes
Patient co-payment per week	\$15	\$0	\$0
Cap on number of DAA service provisions per week	No	Yes	N/A
Average government payment to pharmacy per patient per week	\$6.17	\$20	\$0
Choose the option you prefer	☐ I prefer DAA service A	☐ I prefer DAA service B	☐ I prefer No DAA service

Now that you have completed the choice survey, we would like to ask you a few questions about the survey and about the pharmacy that you work at and yourself.

D1. Please tick any potential characteristics that were not relevant to your decision making

1	☐	Patient characteristics
2	☐	Patient control over their medicines
3	☐	Impact of DAA on medicine adherence
4	☐	Staff time per patient per week to provide a DAA
5	☐	Patient co-payment per week
6	☐	Cap on number of DAA service provisions per week
7	☐	Average government payment to pharmacy per patient per week

Some brief questions about the community pharmacy that you work in

If you work in more than one community pharmacy, please respond about the primary community pharmacy where you work.

D2. Please indicate the State or Territory you work in as a community pharmacist.

1	☐	NSW
2	☐	VIC
3	☐	QLD
4	☐	WA
5	☐	SA
6	☐	TAS
7	☐	ACT
8	☐	NT

D3. What is the postcode of the community pharmacy where you work?

D4. What is the location of the community pharmacy?

1	☐	Strip of shops
2	☐	Shopping centre
3	☐	Health centre/Medical centre
4	☐	Stand-alone
5	☐	Other (please specify): _____

D5. How many staff work in the pharmacy?

1	Pharmacists	_____ Full time equivalents
2	Dispensary assistants	_____ Full time equivalents
3	Pharmacy assistants	_____ Full time equivalents
4	Other (please specify) _____	_____ Full time equivalents

D6. Do you provide any DAA services (irrespective of the source of reimbursement)? (Please select all that apply)

1	☐	Yes, to community patients.
2	☐	Yes, to residential aged care facilities.
3	☐	Yes, to other: _____
4	☐	No, I do not provide any DAA services

D7. What types of DAA packing system(s) do you provide in your pharmacy? (Please select all that apply)

1	☐	Blister packs (e.g., Webster-pak) 
2	☐	Sachet systems (e.g., APHS medicine sachets) 
3	☐	Other (please specify): _____
4	☐	I do not provide any DAAs

D8. How many prescriptions are dispensed in the pharmacy per week?

1	☐	≤300,
2	☐	301-800
3	☐	801-1200
4	☐	1201-2000
5	☐	2001-3000
6	☐	>3000

Some brief questions about you

D9. What is your employment status within the pharmacy?

1	☐	Owner/partner
2	☐	Pharmacist-in-charge/manager
3	☐	Employee pharmacist (full-time)
4	☐	Employee pharmacist (part-time)

D10. How old are you (in years)?

D11. How do you describe your gender?

1	☐	Female
2	☐	Male
3	☐	Other (please specify): _____
4	☐	Prefer not to say

D12. What is your highest level of education?

1	☐	Bachelor's degree
2	☐	Master's degree
3	☐	Doctoral degree
4	☐	Other (please specify): _____

D13. What is your level of involvement in preparation of dose administration aids (DAAs) for the customers at the community pharmacy?

(Please select all that apply)

1	☐	Recruitment of new customers to receive DAAs
2	☐	Administrative management of prescriptions for the medicines that are packed in DAAs
3	☐	Review of prescriptions and management of changes in medicines that are packed in DAAs
4	☐	Education of customers and/or their carers about the use of DAAs
5	☐	Costing DAAs for customers
6	☐	Dispensing of medicines to be included in DAAs
7	☐	Preparing the DAAs
8	☐	Checking the prepared DAAs
9	☐	Delivering the DAAs to the customers
10	☐	Completing the requirements to receive government reimbursement for the DAAs prepared
11	☐	Other (please specify): _____
12	☐	No involvement with DAAs

***Reimbursement Details**

Thank you for taking the time to complete the survey.

We would like to offer you a reimbursement of an e-gift card.

Please be informed that your personal information:

- Will NOT be linked to your survey responses.
- Will be used solely for the purpose of reimbursement.
- Will be stored securely and only accessed by authorised personnel.
- Will be destroyed securely after the reimbursement process is completed.

To facilitate this, we need some contact details.

Please provide your -Email address for the e-gift card: _____

-Phone Number (optional, but helpful if there are issues): _____

Please choose only one of the following:

- ☐ I understand and agree that the details I provide here will be used strictly for the purpose of reimbursement and will be treated with the utmost confidentiality.
- ☐ I appreciate the offer, but I'd like to opt-out of the reimbursement.

Thank you for taking the time to complete the survey.

Please click on the FINISH button below to submit the survey.