

APPENDIX 1 Survey Instrument

Our research team at the University of Waterloo School of Pharmacy is exploring **pharmacists' awareness and understanding of frailty** in various pharmacy practice settings across Canada. We aim to use this information to guide the development of clinical tools that will improve pharmacy-based services for patients living with frailty. We have prepared a short survey to gather your feedback. Participation is voluntary and anonymous. Your perspective, as a Canadian pharmacist, is an essential component of our research and will be of great value.

Q1 Are you currently a licensed practicing pharmacist?

☐ Yes (1)

☐ No (2)

Thank you for taking part in this survey. Unfortunately, we are only assessing licensed practicing pharmacists at this time. If you have any comments or feedback, feel free to leave them below.

Q2 Are you currently practicing in a Canadian community pharmacy?

☐ Yes (1)

☐ No (2)

Q3 Other than **community pharmacy**, do you work in any other Canadian pharmacy practice settings (e.g. hospital)?

☐ Yes (1)

☐ No (2)

Q4 Please select all other area(s) of pharmacy practice that most relate your workplace(s)
(select all that apply)

☐

Hospital pharmacy (1)

☐

Long term care (2)

☐

Other (please indicate): (3) _____

Q5 What is your current age? (full range not shown)

▼ 24 or younger (1) ... 75 or older (7)

Q6 What is the highest level of **health-related education** you have completed?

- ☐ Bachelor's of Pharmacy (1)
- ☐ PharmD (2)
- ☐ Pharmacy Residency (3)
- ☐ Other (please enter below) (4) _____

Q7 In what country did you complete your undergraduate pharmacy degree?

- ☐ Canada (1)
- ☐ United States (2)
- ☐ Other (please indicate) (3) _____

Q8 Please indicate the number of **continuous** years you have been practicing **pharmacy** in a **Canadian** jurisdiction (*i.e. no gaps of ≥ 2 years*)

- ☐ Less than 1 year (1)
- ☐ 1-5 years (2)
- ☐ 6-10 years (3)
- ☐ 11-15 years (4)
- ☐ 16-20 years (5)
- ☐ 21-40 years (6)
- ☐ More than 40 years (7)

Q9 What gender do identify with?

- ☐ Male (1)
- ☐ Female (2)
- ☐ Other (3)
- ☐ Prefer not to answer (4)

Q10 What Canadian province/territory do you currently **practice community pharmacy** in?

- ☐ Alberta (1)
- ☐ British Columbia (2)
- ☐ Manitoba (3)
- ☐ New Brunswick (4)
- ☐ Newfoundland and Labrador (5)
- ☐ Northwest Territories (6)
- ☐ Nova Scotia (7)
- ☐ Nunavut (8)
- ☐ Ontario (9)
- ☐ Prince Edward Island (10)
- ☐ Quebec (11)
- ☐ Saskatchewan (12)
- ☐ Yukon (13)

Q11 Thinking about the location of the community pharmacy you work in, which term below best describes the **geographical area of your practice**?

- ☐ Large urban population centre (population of 100,000 or more) (1)
- ☐ Medium population centre (population between 30,000 - 99,999) (2)
- ☐ Small population centre (population between 1,000 - 29,999) (3)
- ☐ Rural area (population of less than 1,000) (4)

Q12 On average, how many days/week do you practice in community pharmacy?

- ☐ 1 day/week (1)
- ☐ 2 days/week (2)
- ☐ 3 days/week (3)
- ☐ 4 days/week (4)
- ☐ 5 days/week (5)
- ☐ 6 days/week (6)
- ☐ 7 days/week (7)

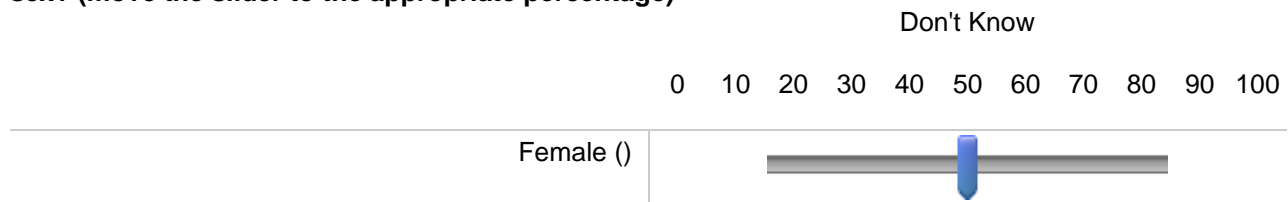
Q13 How would you describe your **primary contact method** with physicians?

- ☐ Fax (1)
- ☐ Phone (2)
- ☐ Face-to-face (3)
- ☐ None (4)
- ☐ Other (please indicate) (5) _____

Q14 Please select any certifications you've completed from the list below:
(select all that apply)

- ☐ Certified Geriatric Pharmacist (CGP) (1)
 - ☐ Certified Diabetes Educator (CDE) (2)
 - ☐ Certified Tobacco Educator (CTE) (3)
 - ☐ Certified Respiratory Educator (CRE) (4)
 - ☐ Additional Prescribing Authorization (5)
 - ☒ No additional certifications completed (6)
 - ☐ Other (please indicate): (7) _____
-

Q15 Considering **all** your patient interactions: On average **what proportion of your patients are of female sex?** (move the slider to the appropriate percentage)



Q16 Considering **all** your patient interactions: On average, **what is the age distribution of your patients?**

- _____ Younger than 50 years old (1)
- _____ 51 - 60 years old (2)
- _____ 61-70 years old (3)
- _____ 71-80 years old (4)
- _____ More than 80 years old (5)

Q17 On average how many **of your patients ≥ 65 years old have some physical impairment that may limit their activities of daily living?**

	All (1)	Majority (2)	Some (3)	Minority (4)	None (5)	Don't Know (6)
Proportion of patients with physical impairment (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q18 Please describe the most common type(s) of physical impairment you encounter:

Q19 On average how many **of your patients ≥ 65 years old have some cognitive impairment that may limit their activities of daily living?**

	All (1)	Majority (2)	Some (3)	Minority (4)	None (5)	Don't Know (6)
Proportion of patients with cognitive impairment (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q20 Please describe the most common type(s) of **cognitive** impairment you encounter:

Q21 How would you define **frailty**?

Q22 On average how many **of your patients ≥65 years old do you consider to live with frailty?**

	All (1)	Majority (2)	Some (3)	Minority (4)	None (5)	Don't Know (6)
Proportion of patients living with frailty (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q23 Please indicate your level of agreement with this statement:

It is important for a pharmacist to know a patient's frailty status.

	Strongly agree	Agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Disagree	Strongly disagree	Don't Know
Knowing frailty status is important	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q24 Please indicate **why** you chose the above answer:

Q25 Please indicate your level of agreement with this statement:

It is important for a pharmacist to assess a patient's frailty status.

	Strongly agree	Agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Disagree	Strongly disagree	Don't Know
Importance of Pharmacists' Assessment of Frailty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q26 Please indicate **why** you chose the answer above:

Q27 Considering the list below, please **select item(s)** that you believe is/are **related to frailty**:
(select all that apply)

- ☐ Accumulation of health deficits (1)
- ☐ Approaching end of life (2)
- ☐ Cognitive impairment (3)
- ☐ Decline in functional independence (4)
- ☐ Declining physical performance (e.g. walking speed, grip strength) (5)
- ☐ Falls (6)
- ☐ Hospitalization (7)
- ☐ Multi-morbidity (8)
- ☐ Old age (9)
- ☐ Polypharmacy (10)
- ☐ Social isolation (11)
- ☐ Unintended weight loss (12)
- ☐ Weakness (13)
- ☐ ☒ Don't Know (14)
- ☐ ☒ None of the above (15)

Q28 Do you **assess for frailty** in your pharmacy practice?

- ☐ Yes (1)
- ☐ No (2)
- ☐ Don't Know (3)

Q29 When care planning for your more complex or vulnerable patients, how often do you assess the following areas?

	Always (1)	Most of the time (2)	About half the time (3)	Sometimes (4)	Never (5)	Don't Know (59)
Their Overall Appearance (using subjective or personal judgment)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weakness (e.g. reduced muscle strength)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gait Speed (i.e. patients walking speed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unintentional Weight loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exhaustion or Fatigue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Deficits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cognitive Deficits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional changes (e.g. presence of depression)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Factors (e.g. lives alone)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q30 Please indicate any **assessment methods** you are aware of, including any **assessment tools** you use, when care planning for your more complex or vulnerable patients.

Q31 Do you have any comments/feedback?

- ☐ No
- ☐ Yes (please specify below)