Appendix 1. Pre-intervention family survey

**Question #1**
How long did you and your baby spend in the neonatal intensive care unit (NICU)?
(Please write in number of days) ______________________________________________________

**Question #2**
Did a pharmacist introduce himself/herself to you?
☐ Yes  ☐ No  ☐ I don't remember

**Question #3**
Did you speak with a pharmacist while your baby was in the NICU?
☐ Yes (answer questions #4 to 7)
☐ No (go to question #8)
☐ I don't remember (go to question #8)

**Question #4**
What did you talk about with the pharmacist? (Please check all that apply)
☐ Name of medication(s)
☐ Reason for medication(s)
☐ How to give medication(s) to your baby
☐ Side effects of medication(s)
☐ Medications that might interfere with medications your baby is taking (also known as drug interactions)
☐ Medication information resources
☐ Medication use in breastfeeding
☐ Other (please specify)

**Question #5**
Was there anything you would have liked to talk to the pharmacist about, but did not get the chance to?
☐ Yes
☐ No
If yes, please list: ______________________________________________________

**Question #6**
How useful did you find your contact with the pharmacist(s)?
☐ Not at all useful  ☐ Not very useful  ☐ Neutral  ☐ Somewhat useful  ☐ Very useful

**Question #7**
Please rate your overall satisfaction with the pharmacist(s) while your baby was in the NICU:
☐ Very Dissatisfied  ☐ Dissatisfied  ☐ Neutral  ☐ Satisfied  ☐ Very Satisfied

**Question #8**
If you could have spoken to a pharmacist, what would you have liked to talk to them about? (Please check all that apply)
☐ Name of medication(s)
☐ Reason for medication(s)
☐ How to give medication(s) to your baby
☐ Side effects of medication(s)
☐ Medications that might interfere with medications your baby is taking (also known as drug interactions)
☐ Medication information resources
☐ Medication use in breastfeeding
☐ Other (please specify) ______________________________________________________
Appendix 2. Post-intervention family survey

Question #1
How long did you and your child spend in the neonatal intensive care unit (NICU)?
(Please write in number of days) ____________________________________________

Question #2
Did a pharmacist introduce himself/herself to you?
☐ Yes  ☐ No  ☐ I don't remember

Question #3
Did a pharmacist give you a pamphlet?
☐ Yes  ☐ No  ☐ I don't remember

Question #4
Did you speak with a pharmacist while your baby was in the NICU?
☐ Yes (answer questions #5 to 9)  ☐ No (go to question #10)  ☐ I don't remember (go to question #10)

Question #5
What did you talk about with the pharmacist? (Please check all that apply)
☐ Name of medication(s)
☐ Reason for medication(s)
☐ How to give medication(s) to your baby
☐ Side effects of medication(s)
☐ Medications that might interfere with medications your baby is taking (also known as drug interactions)
☐ Medication information resources
☐ Medication use in breastfeeding
☐ Other (please specify) __________________________________________________

Question #6
Was there anything you would have liked to talk to the pharmacist about, but did not get the chance to?
☐ Yes  ☐ No
If yes, please list: ________________________________________________________

Question #7
How useful did you find your contact with the pharmacist(s)?
☐ Not at all useful  ☐ Not very useful  ☐ Neutral  ☐ Somewhat useful  ☐ Very useful

Question #8
Please rate your overall satisfaction with the pharmacist(s) while your baby was in the NICU:
☐ Very Dissatisfied  ☐ Dissatisfied  ☐ Neutral  ☐ Satisfied  ☐ Very Satisfied

Question #9
Please rate your overall satisfaction with the pamphlet you received about the pharmacist:
☐ Very Dissatisfied  ☐ Dissatisfied  ☐ Neutral  ☐ Satisfied  ☐ Very Satisfied
☐ Not Applicable

Question #10
If you could have spoken to a pharmacist, what would you have liked to talk to them about? (Please check all that apply)
☐ Name of medication(s)
☐ Reason for medication(s)
☐ How to give medication(s) to your baby
☐ Side effects of medication(s)
☐ Medications that might interfere with medications your baby is taking (also known as drug interactions)
☐ Medication information resources
☐ Medication use in breastfeeding
☐ Other (please specify) __________________________________________________

Appendix 3. Pre-intervention pharmacist survey

Question #1
Approximately how many families did you introduce yourself to in the past month?
(Please write in number of families) ______________________________
Approximately what percentage of families did you introduce yourself to in the past month?
(Please write in the percentage) ______________________________

Question #2
Approximately how many families, not including introduction, did you interact with in the past month?
(Please write in number of families) ______________________________
Approximately what percentage of families, not including introduction, did you interact with in the past month?
(Please write in the percentage) ______________________________

Question #3
What did you discuss with your patients’ families in the past month? (Please check all that apply)
- Name of medication(s)
- Purpose of medication(s)
- How to administer the medication(s)
- Side effects of medication(s)
- Drug interactions
- Available medication resources
- Medication use in breastfeeding
- Adverse drug event
- Other (please specify) __________________________________________

Question #4
Please select an answer with regard to the following statement: “The study intervention will increase my workload”
- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

Question #5
How useful do you think the intervention will be?
- Not at all useful
- Not very useful
- Neutral
- Somewhat useful
- Very useful

Question #6
What comments do you have about the intervention (open-ended)

Question #7
Please state the degree to which you agree with the statement: “patients’ families are available for me to talk to”
- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

Question #8
What would you consider to be barriers for implementing the intervention? (Please check all that apply)
- Families are not available to approach
- Families do not ask any questions
- Families are too emotional to approach
- Unsure of the relationship between visitors and patient
- Patient is transferred/discharged
- Insufficient time to go to each patient’s bedside
- Other (please specify): __________________________________________

Question #9
How many families have directly contacted you while in the hospital and/or after discharge in the past month?
(Please write number) __________________________________________

Question #10
Please rate your overall satisfaction with your patient’s families’ interactions in the past month:
- Very Dissatisfied
- Dissatisfied
- Neutral
- Satisfied
- Very Satisfied

Appendix 4. Post-intervention pharmacist survey

**Question #1**
Approximately how many families did you introduce yourself to in the past two months?
(Please write in number of families) ______________________________________________________

Approximately what percentage of families did you introduce yourself to in the past two months?
(Please write in the percentage) ______________________________________________________

**Question #2**
Approximately how many families, not including introduction, did you interact with in the past two months?
(Please write in number of families) ______________________________________________________

Approximately what percentage of families, not including introduction, did you interact with in the past two months?
(Please write in the percentage) ______________________________________________________

**Question #3**
What did you discuss with your patients’ families in the past two months? (Please check all that apply)
- Name of medication(s)
- Purpose of medication(s)
- How to administer the medication(s)
- Side effects of medication(s)
- Drug interactions
- Available medication resources
- Medication use in breastfeeding
- Adverse drug event
- Other (please specify): ______________________________________________________

**Question #4**
Please select an answer with regard to the following statement: “The study intervention increased my workload”
- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

**Question #5**
How useful do you think the intervention was?
- Not at all useful
- Not very useful
- Neutral
- Somewhat useful
- Very useful

**Question #6**
What comments do you have about the intervention (open-ended)
_____________________________________________________________________________________________________________

**Question #7**
Please state the degree to which you agree with the statement: “patients’ families are available for me to talk to”
- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

**Question #8**
What did you consider to be barriers for implementing the intervention? (Please check all that apply)
- Families were not available to approach
- Families did not ask any questions
- Families were too emotional to approach
- Unsure of the relationship between visitors and patient
- Patient was transferred/discharged
- Insufficient time to go to each patient’s bedside
- Other (please specify) ______________________________________________________

**Question #9**
Please rate your overall satisfaction with the pamphlet:
- Very Dissatisfied
- Dissatisfied
- Neutral
- Satisfied
- Very Satisfied

**Question #10**
How many families have directly contacted you while in the hospital and/or after discharge in the past two months?
(Please write number) ______________________________________________________

**Question #11**
Please rate your overall satisfaction with your patients’ families’ interactions in the past two months:
- Very Dissatisfied
- Dissatisfied
- Neutral
- Satisfied
- Very Satisfied