

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

Supplementary material for Bajwa R, Kendrick JG, Carr R. The invisible white coat: awareness of pharmacists in a neonatal intensive care unit. *Can J Hosp Pharm.* 2014;67(4):292-7.

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)

- | | |
|--|---|
| <input type="checkbox"/> Name of medication(s) | <input type="checkbox"/> Purpose of medication(s) |
| <input type="checkbox"/> How to administer the medication(s) | <input type="checkbox"/> Side effects of medication(s) |
| <input type="checkbox"/> Drug interactions | <input type="checkbox"/> Available medication resources |
| <input type="checkbox"/> Medication use in breastfeeding | <input type="checkbox"/> Adverse drug event |
| <input type="checkbox"/> 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)

- | | |
|--|--|
| <input type="checkbox"/> Families were not available to approach | <input type="checkbox"/> Families did not ask any questions |
| <input type="checkbox"/> Families were too emotional to approach | <input type="checkbox"/> Unsure of the relationship between visitors and patient |
| <input type="checkbox"/> Patient was transferred/discharged | <input type="checkbox"/> Insufficient time to go to each patient's bedside |
| <input type="checkbox"/> 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