

Appendix 1 (part 1 of 2): Postcourse survey, administered immediately after completion of the physical assessment course

1. What is your unique identifier number? (Free text)

Please answer the following questions based on your opinion before the course.

2. Prior to the course, I used physical assessment (PA) in my practice.
a. Yes b. No

If no, please proceed to question 3. If yes, please provide an example(s). (Free text)

3. What was/were the barrier(s) to performing PA in your practice prior to the course? Please select all that apply in rank order (start ranking with 1 as the most significant barrier).
a. Lack of formal PA training/education
b. Lack of comfort with performing PA
c. Perception that patients would feel uncomfortable with a pharmacist performing PA
d. I do not need to perform PA because I have access to this information from other health care professionals
e. I feel as though I would be “treading on the turf” of other health care professionals
f. I do not have time to perform PA
g. Other (please specify) (Free text)

4. What was your primary objective for taking the course? Please select all that apply in rank order (start ranking with 1 as the primary objective).
a. To improve knowledge of PA
b. To improve skills/ability with performing PA
c. To increase confidence in performing PA
d. Other (please specify) (Free text)

5. I have performed PA on a real patient in my practice.
a. Yes b. No

Please answer questions 6–16 using the provided Likert-scale (strongly disagree, disagree, neither agree nor disagree, agree, strongly agree).

6. The course improved my knowledge of PA.
7. The course improved my skills and ability with performing PA.
8. I feel confident with performing PA in my practice.
9. I would intervene on a patient’s drug therapy based on my PA findings.

10. The course improved my ability to care for my patients.
11. The course fulfilled my personal objective(s) for taking the course.
12. The course provided a good connection between PA and pharmacotherapy.
13. The length of the course was appropriate.
14. The didactic content of the course was at an appropriate level.
15. The amount of didactic instruction during the course was just right.
16. The amount of hands-on practice time during the course was just right.
17. What was the primary strength of the course? (Free text)
18. How could the course be improved? (Free text)
19. Please provide any general comments about the course. (Free text)
20. Please provide one or more de-identified example(s), if applicable, where you have used PA in your practice. What assessment did you perform? What was the benefit to the patient? (Free text)
21. What is your age?
a. 20–29 years
b. 30–39 years
c. 40–49 years
d. 50–59 years
e. ≥ 60 years
22. What is your gender identity?
a. Female
b. Male
23. How many years have you practised as a pharmacist?
a. ≤ 5 years
b. 6–10 years
c. 11–15 years
d. 16–20 years
e. > 20 years

Appendix 1 (part 2 of 2): Postcourse survey, administered immediately after completion of the physical assessment course

24. What is your highest pharmacy-related education?
 - a. Entry-to-practice degree (Bachelor's degree, entry-to-practice Doctor of Pharmacy, or equivalent)
 - b. Accredited residency
 - c. Master of Pharmacy
 - d. Post-baccalaureate Doctor of Pharmacy
 - e. Other (please specify) (Free text)
25. What is your primary practice setting?
 - a. Academia
 - b. Ambulatory clinic
 - c. Community pharmacy
 - d. Family medicine/primary care
 - e. Hospital inpatient
 - f. Other (please specify) (Free text)

Appendix 2: Follow-up survey, administered 6 months after completion of the physical assessment course

1. What is your unique identifier number? (Free text)
 2. I have performed physical assessment (PA) on a real patient in my practice.
 - a. Yes
 - b. No
 3. Are there any barrier(s) to performing PA in your practice? Please select all that apply in rank order (start ranking with 1 as the most significant barrier).
 - a. Lack of personal comfort with performing PA
 - b. Belief that patients feel uncomfortable with a pharmacist performing PA
 - c. I do not need to perform PA because I have access to this information from other health care professionals
 - d. I feel as though I would be "treading on the turf" of other health care professionals
 - e. I do not have time to perform PA
 - f. Other (please specify) (Free text)
- Please answer questions 4 and 5 using the provided Likert-scale (strongly disagree, disagree, neither agree nor disagree, agree, strongly agree).
4. I feel confident with performing PA in my practice.
 5. I would intervene on a patient's drug therapy based on my PA findings.
 6. Please provide one or more de-identified example(s), if applicable, where you have used PA in your practice. What assessment did you perform? What was the benefit to the patient? (Free text)
 7. What has been the most beneficial aspect of using PA in your practice? (Free text)