

Appendix 1:

Survey Questions

1. Select your gender

- Female
- Male

2. What is your primary work setting? (select one)

- Community Pharmacy
- Hospital Pharmacy
- Primary Care Network
- Academia/University Affiliation
- Industry
- Retired
- Other

3. What is the population of the area where you currently practice?

- Rural (population < 1,000)
- Small population centre (population between 1,000 and 29,999)
- Medium population centre (population between 30,000 and 99,999)
- Large urban population (population ≥ 100,000)

4. On average, how many hours do you work per week?

- Full-time (≥ 30 hours per week)
- Part-time (< 30 hours per week)
- Casual

5. Which age group do you belong to?

- 20 to 29 years old
- 30 to 39 years old
- 40 to 49 years old
- 50 to 59 years old
- 60 to 69 years old
- ≥ 70 years old

6. What is your current level of education? (click all that apply)

- Bachelor of Science in Pharmacy
- Pharmacy Practice Residency (Hospital or Community)
- Masters
- PharmD
- PhD
- Fellowship

7. What additional authorizations do you currently have? (Click all that apply. Please click other if you have no additional authorizations)

- Additional Prescribing Authorizations (APA)
- Administer Drugs by Injection
- Ability to Order Labs (PRAC ID)
- Other (CDE, CGP, CAE, etc.)

8. How many years have you been in practice?

- 0 to 5 years
- 6 to 10 years
- 11 to 15 years
- 16 to 20 years
- 21 to 25 years
- 26 to 30 years
- 31 to 35 years
- ≥ 36 years

9. Have you completed the Take Home Naloxone (THN) program training requirements?

- Yes
- No
- Was not aware there was a THN training program

10. Did you feel the Take Home Naloxone (THN) training program was sufficient?

- Yes
- No
- Have no completed the THN training program

11. Pharmacists should be screening patients to identify those at risk of opioid overdose.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

12. Pharmacists should be recommending and/or prescribing Take Home Naloxone (THN) kits for patients at high risk for opioid overdose.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

13. How confident are you in your ability to provide education/counsel on the Take Home Naloxone (THN) kit?

- Not at all confident
- Not very confident
- Somewhat confident
- Confident
- Very confident

14. How willing are you to participate in the Take Home Naloxone (THN) program?

- Not at all willing
- A little willing
- Moderately willing
- Very willing
- Extremely willing

15. How comfortable are you engaging in conversation on the Take Home Naloxone (THN) program with a patient?

- Not at all comfortable
- Slightly comfortable
- Somewhat comfortable
- Comfortable
- Very Comfortable

16. Are you already participating in the Take Home Naloxone (THN) program?

- Yes
- No

17. What do you perceive as the THREE most important barriers to implementing the Take Home Naloxone (THN) program in your area?

- Lack of education about the program
- Lack of time in current work environment
- Lack of support from management or organization
- Fear of legal liability
- Belief that the THN is enabling drug abuse
- Fear of attracting drug seeking clientele
- You do not see patients with opioid drug use in your practice setting
- Insufficient financial compensation for service
- No perceived barriers to the THN program
- Other (Free Text Option)

18. Do you or your pharmacy currently participate in other harm reduction initiatives? (Examples include needle exchange, opioid substitution program such as methadone, smoking cessation counselling, etc.)

- Yes
- No
- Not applicable

19. Optional: Please provide any additional comments regarding your perception of the Take Home Naloxone program that you feel is pertinent (Free Text Option)