Appendix 1: ENDPAPER participant pre-study questionnaire

Name of participant: __________________________________________

Eligibility questions

1. Are you a pharmacist registered with the General Pharmaceutical Council or the Pharmaceutical Society of Northern Ireland?
   Yes / No

2. Do you work in the emergency department (ED)? This could be a Type 1 ED (major centre) or Type 3 ED (walk-in centre, urgent care centre or minor injuries unit).
   Yes / No

3. Do you work in both a Type 1 and Type 3 ED? E.g. you work in a major centre and an urgent care centre.
   Yes / No

   If you answered ‘Yes’ here, please answer question 5 onwards for both roles.

4. Have you completed some kind of additional clinical skills training? Examples include, but are not limited to:
   a. An Independent Prescriber qualification
   b. Clinical examination skills training
   c. Short courses such as phlebotomy or venepuncture training which may have been provided by your hospital employer
   Yes / No

   If you have answered ‘Yes’ to questions 1, 2 and 4, please continue to question 5 below. Unfortunately, if you have answered ‘No’ to any of questions 1, 2 or 4 you are not eligible to join the ENDPAPER study. If you are still unsure of your eligibility, please contact Daniel Greenwood.
Background questions

5. In which year did you register as a pharmacist in the United Kingdom?
_________________________________________________________________

6. Where do you work? E.g. the name of the hospital, walk-in centre, urgent care centre or minor injuries unit, and the associated Trust
_________________________________________________________________

7. In which year and month did you first start working in the ED?
   Year: ____________________________________________________________
   Month: _________________________________________________________

8. What is your job title?
_________________________________________________________________

9. In the average week, I work in the ED… (please mark all which apply):

<table>
<thead>
<tr>
<th>Day of the week</th>
<th>Morning</th>
<th>Afternoon</th>
<th>Evening</th>
<th>Overnight/on-call</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
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<tr>
<td>Tuesday</td>
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<td>Saturday</td>
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<tr>
<td>Sunday</td>
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</tbody>
</table>

Do you have any further comments about when you work in the ED?
_________________________________________________________________
10. **Since registering as a pharmacist, what further training and/or qualifications have you completed?** Please list any comprehensive qualifications e.g. clinical pharmacy diploma or clinical diagnostics, as well as any shorter courses e.g. phlebotomy training. If you are unsure about whether to include something, please list this anyway.

_________________________________________________________________
_________________________________________________________________
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_________________________________________________________________

11. **Are you currently undertaking any training or working towards a qualification?** Please list any comprehensive qualifications e.g. clinical pharmacy diploma or clinical diagnostics, as well as any shorter courses e.g. phlebotomy training. If you are unsure about whether to include something, please list this anyway.

_________________________________________________________________
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Study logistics

12. Due to limited iPad availability and variation in the time taken for us to gain local governance approval from employers, data collection periods for participants are being carefully planned for between August and December 2017.

Using the following table, please can you indicate which of these months would not be suitable for you to collect data e.g. due to a long period of annual leave (greater than 1 week) or where your workload would make data collection difficult. The 10 days of data collection required do not need to be consecutive, so please do not exclude a month due to plans to take a few days off.

Treat the table as a rough estimate of your availability. We appreciate that this will not be a perfect representation and should your availability change we will of course accommodate this.

It would not be suitable for me to collect data in… (please mark all which apply):

<table>
<thead>
<tr>
<th>August</th>
<th>September</th>
<th>October</th>
<th>November</th>
<th>December</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOT suitable</td>
<td></td>
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</table>

13. Similar to the above question, we would like to know when you would prefer to collect data. Whilst it may not be possible to accommodate your preference, we will aim to do so.

I would prefer to collect data in… (please mark all which apply):

<table>
<thead>
<tr>
<th>August</th>
<th>September</th>
<th>October</th>
<th>November</th>
<th>December</th>
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<tr>
<td>PREFERRED</td>
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14. For us to post the iPad – and for you to successfully receive this – what is the best work address for us to use?

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_________________________________________________________________
_________________________________________________________________
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