

Supplementary Table S1. Survey tool

Pre-survey question

Are you a pharmacist that currently practices in the community setting?

☐ Yes ☐ No

- *If no, survey ends, and participant is prompted with response that they are not qualified to participate in this survey.*

Baseline demographics

1. Which state do you currently practice in? (Drop down menu of 50 states)
2. What community pharmacy setting do you currently practice in?
☐ Chain ☐ Independent ☐ Compounding ☐ Specialty
☐ Retail pharmacy with walk-in medical clinic
3. How long have you been in pharmacy practice?
☐ 1-5 years ☐ 6-10 years ☐ 11-15 years ☐ 16-20 years ☐ >20 years
4. What is your current role?
☐ Staff pharmacist ☐ Clinical pharmacist ☐ Manager/ Supervising pharmacist
☐ Store owner
5. Are you residency trained?
☐ Yes ☐ No
6. Have you completed an antimicrobial stewardship certification program?
☐ Yes ☐ No

Antimicrobial Stewardship Practices

Commitment

7. Can your pharmacy demonstrate dedication to and accountability for optimizing antibiotic use and patient safety related to antibiotics?
☐ Yes ☐ No

If yes, please indicate which of the following are in place. Select all that apply.

- ☐ Display of posters, fliers, or other forms of information about antibiotic stewardship
- ☐ A single leader is assigned to direct antibiotic stewardship activities within your pharmacy
- ☐ Antibiotic stewardship-related duties are included in job descriptions or evaluations
- ☐ Staff use consistent messages when communicating with the public about the indications for and use of antibiotics
- ☐ Collaboration with local prescribers and/or other healthcare professionals in the community to improve antibiotic use
- ☐ Other, please indicate.

Action

8. Has your pharmacy implemented at least one policy or practice to improve antibiotic use?
☐ Yes ☐ No
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If yes, please indicate which of the following are in place. Select all that apply.

- ☐ Verification of indications and/or durations of antibiotic prescriptions
- ☐ Follow-up phone calls for patients on antibiotics
- ☐ Encourage prescribers to include diagnosis codes in antibiotic prescriptions
- ☐ Antibiotic allergy assessments (e.g., referral to penicillin-skin testing)
- ☐ Point of care testing within pharmacy (e.g., rapid influenza testing)
- ☐ Other, please indicate.

Tracking & Reporting

9. Has your pharmacy implemented at least one policy or practice to improve antibiotic use?

- ☐ Yes ☐ No

If yes, please indicate which of the following are being tracked. Select all that apply.

- ☐ Track volume of antibiotic prescriptions dispensed
- ☐ Track top dispensed antibiotics (e.g., fast moving antibiotics)
- ☐ Track antibiotics prescribed based on indications (e.g., respiratory infections, UTI, etc.)
- ☐ Track duration of antibiotic therapy
- ☐ Track top antibiotic prescribers
- ☐ Track frequency of same patients on antibiotics
- ☐ Track number of phone calls made to prescribers regarding antibiotic issues
- ☐ Track number of interventions made on antibiotics
- ☐ Other, please indicate.

Education & Expertise

10. Does your pharmacy provide resources to the pharmacy staff on evidence-based antibiotic use? ☐ Yes ☐ No

If yes, please indicate how your pharmacy provides antibiotic stewardship education to the pharmacy staff. Select all that apply:

- ☐ Provide face-to-face educational training
- ☐ Provide continuing education activities
- ☐ Provide timely access to clinical support
- ☐ Reimbursement of antibiotic stewardship certification program
- ☐ Other, please indicate.

11. Does your pharmacy provide resources to patients on evidence-based antibiotic use?

- ☐ Yes ☐ No

If yes, please indicate how your pharmacy provides antibiotic stewardship education to patients. Select all that apply.

- ☐ Provide patient education on when antibiotics are and are not needed
- ☐ Provide patient education on the potential harms of antibiotic use
- ☐ Follow-up phone calls for patients on antibiotics
- ☐ Other, please indicate.

Perceptions on Antimicrobial Stewardship in the Community

12. How important is antibiotic stewardship in the community?

- ☐ Not important at all ☐ Low importance ☐ No opinion ☐ Important ☐ Very important
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13. If provided the opportunity, how likely are you to participate in antimicrobial stewardship activities in your pharmacy?

☐ Very unlikely ☐ Unlikely ☐ Undecided ☐ Likely ☐ Very likely

14. Does your pharmacy have anticipated plans for the implementation of antibiotic stewardship within the next 2 years?

☐ Yes ☐ No ☐ I'm not sure

15. What challenge(s) do you face or foresee in implementing antimicrobial stewardship in community pharmacy? Select all that apply.

- ☐ Lack of pharmacist's interest
 - ☐ Lack of time/staff
 - ☐ Lack of pharmacist's knowledge/training
 - ☐ Lack of financial incentives (e.g., reimbursement)
 - ☐ Lack of funding/financial support
 - ☐ Lack of legal requirement
 - ☐ Lack of information technology (IT) support
 - ☐ Lack of leadership (e.g., priority not set by upper management, pressure to meet other quotas such as #Rxs filled)
 - ☐ Pushback from patients (e.g., patients not willing to have pharmacist intervene)
 - ☐ Pushback from prescribers (e.g., prescribers not willing to collaborate)
 - ☐ Other, please indicate.
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