## Supplementary file 1



Exploring the role of community pharmacists in weight management in Qatar: a mixed method study

Introduction

Dear Pharmacist;

We wish to invite you to participate in a study with the title:[Exploring the role of community pharmacists in weight management in Qatar: a mixed method study].

The objectives of the study are to explore Qatar community pharmacists':

 $\cdot$  experiences about weight management services currently provided in community pharmacies in Qatar, if any.

• attitudes toward pharmacist's role in the provision of weight management services.

 $\cdot$  perceived barriers to the implementation of weight management services in community pharmacies in Qatar.

 $\cdot$  perceived competence and training needs in the provision of weight management services in Qatar.

 $\cdot$  views about effective strategies to overcome the barriers for involvement of pharmacists in weight management.

As a community pharmacist in Qatar, your opinions are important to us.

Should you be interested to provide us with the required information, please spare about 15–20 minutes to complete the questionnaire below. Please submit one survey only.

There are no harms or risks associated with filling the survey. Your participation is voluntary and no information that might identify you (like personal identity or your computer address) will be collected or stored. All survey results will be grouped together and no individual information will be released.

Filling the survey will give you the opportunity to win the Drug Information Handbook 27th edition (2018-2019).

If you proceed to the survey, it means that you consent to participate in this study.

When you receive the THANK YOU message, this means that you have reached the end of the survey.

Thank you very much for your time. If you have any questions or inquiries, do not hesitate to contact the principal investigator as below:

Project Principal Investigator: Dr. Maguy El Hajj, PharmD, BCPS Associate Professor and Chair Clinical Pharmacy and Practice Section College of Pharmacy Qatar University, Doha, Qatar Email: maguyh@qu.edu.qa Phone: 00974 44035577

Note: According to the World Health Organization (WHO), overweight and obesity are defined as abnormal or excessive fat accumulation that presents a risk to health. A person with a Body Mass Index (BMI) of 30 Kg/m2 or more is generally considered obese. A person with a BMI 25 to 29.9 Kg/m2 is considered overweight. (http://www.who.int/topics/obesity/en/)

1. If you would like your name to be entered into the drawing for Drug Information Handbook 27th edition (2018-2019) please provide your name and contact information below

Please indicate your Full name	
Please indicate your email address	
Please indicate your mobile number	



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## Part A: Participant's Characteristics

Let us start with some basic information about you. Please answer the following questions to help us better interpret the survey responses:

2. What is your age in years?

3. What is your gender?

- 🔵 Male
- 🔵 Female

## 4. What is your country of origin?

- Qatar
- Egypt
- 🔵 India
- 🔵 Jordan
- Palestine
- Philippines
- 🔵 Sudan
- 🔵 Syria

Other (please specify)

5. What is your highest pharmacy degree?
B.Pharm/BSc Pharm
PharmD
MPharm
MSc/MPhil
Ph.D.
Other (please specify)
6. From which country did you obtain your highest pharmacy degree?
Qatar
Egypt

- 🔵 India
- 🔵 Jordan
- Palestine
- Philippines
- 🔵 Sudan
- 🔵 Syria
- Other (please specify)

7. For how many years have you practiced as a pharmacist in Qatar?

- Less than 5 years
- 5-10 years
- 🔵 11-15 years
- ) 16-20 years
  - More than 20 years

8. Which of the following best desc	ribes your position in the pharma	cy?
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Pharmacist in training

- Staff pharmacist
- Pharmacy supervisor
- Pharmacy manager
- Pharmacy owner
- Other (please specify)



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Part B: Characteristics of the Participant's Community Pharmacy Setting

We are interested in having more information about your community pharmacy practice setting. Please answer the following questions.

9. Which of the following best describes your pharmacy type?

Independent single pharmacy

Chain pharmacy

Other (please specify)

10. Which of the following best describes your community pharmacy location?

Pharmacy located in a shopping mall or supermarket

> Pharmacy located in a private clinic

> Pharmacy located in a private hospital

Pharmacy located in a gas station

Community pharmacy located in other places

Other (please specify)

11. On average, how many pharmacists work in your community pharmacy during one shift?

) 1

) More than 1

12. On average, how many pharmacy technicians work in your community pharmacy during one shift?

0

1

More than 1

13. On the average, how many prescriptions does your community pharmacy process on a workday?

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Part C: Community Pharmacist's Experiences with the Provision of Weight Management Services
Now we are interested to know more about the weight management services and/or products available in your community outlet. Please answer the questions below.
14. Are weight loss medications (e.g. Xenical® (Orlistat), Saxenda® (Liraglutide), etc) usually available in stock for dispensing in your pharmacy?
Yes
No
○ Not sure
If yes, please list the most commonly dispensed of these products (give 2 to 4 examples).

$\smile$	Yes
$\bigcirc$	No
$\bigcirc$	Not sure
If yes	s, please list the most commonly dispensed of these products (give 2 to 4 examples)
	Which of the following weight loss related supplies are available at your pharmacy? Please choose al apply.
	Fat burning devices
	Step counting devices
	Cellulite massage
	Cellulite massage Diet food (e.g: Canderel ® sugar, Stevia® sugar, etc)
	Cellulite massage
	Cellulite massage Diet food (e.g: Canderel ® sugar, Stevia® sugar, etc)
	Cellulite massage Diet food (e.g: Canderel ® sugar, Stevia® sugar, etc)
	Cellulite massage Diet food (e.g: Canderel ® sugar, Stevia® sugar, etc)
	Cellulite massage Diet food (e.g: Canderel ® sugar, Stevia® sugar, etc)
	Cellulite massage Diet food (e.g: Canderel ® sugar, Stevia® sugar, etc) Other (please specify)
	Cellulite massage Diet food (e.g: Canderel ® sugar, Stevia® sugar, etc) Other (please specify)
	Cellulite massage Diet food (e.g: Canderel ® sugar, Stevia® sugar, etc) Other (please specify)
	Cellulite massage Diet food (e.g: Canderel ® sugar, Stevia® sugar, etc) Other (please specify) On average, how many times <u>per week</u> does your pharmacy dispense weight loss medications, herbs lietary supplements?
	Cellulite massage Diet food (e.g: Canderel ® sugar, Stevia® sugar, etc) Other (please specify)  On average, how many times per week does your pharmacy dispense weight loss medications, herbs lietary supplements? None
	Cellulite massage Diet food (e.g. Canderel ® sugar, Stevia® sugar, etc) Other (please specify)  Other (please specify)  On average, how many times <u>per week</u> does your pharmacy dispense weight loss medications, herbs lietary supplements? None 1-3 times per week

18. On average, how many weight management consultations (consultation is defined as providing expert advice on the use of medications or on the provision of pharmacy services to individual patients, medical practices, and medical institutions) do you offer <u>per week?</u>

None

1-3 times per week

4-6 times per week

- 7-9 times per week
- 10 or more times per week

19. How frequently do you undertake the following weight management activities in your pharmacy? Please use the rating scale of 1-5

1 = Never 2 = Rarely 3 = Sometimes 4 = Often 5 = Always

When considering your response, please use the following definitions of the scale:

Never: I do NOT undertake this activity with my patients Rarely: I undertake this activity less than twice a week Sometimes: I undertake this activity once or twice weekly Often: I undertake this activity once or twice daily Always: I undertake this activity multiple times daily

## Please choose one answer for each question in the table below

	Never/1	Rarely/2	Sometimes/3	Often/4	Always/5
Measure patient's weight	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Measure patient's height	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Measure patient's waist circumference	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Calculate patient's body mass index (BMI)	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Estimate patient's body fat percentage	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Measure patient's blood cholesterol	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Measure patient's blood glucose	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Measure patient's blood pressure	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Identify patient or medication related factors that may contribute to weight gain	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Explain the risks associated with overweight and obesity	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$

Never/1	Rarely/2	Sometimes/3	Often/4	Always/5
$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
	Never/1	Never/1       Rarely/2         .       . <tr< th=""><th>Rarely/2         Sometimes/3           O         O         O</th><th>Never/1         Rarely/2         Sometimes/3         Othen/4           O         <td< th=""></td<></th></tr<>	Rarely/2         Sometimes/3           O         O         O	Never/1         Rarely/2         Sometimes/3         Othen/4           O <td< th=""></td<>

20. Do you provide any other weight management services not listed in question 19 above? If yes, please describe.



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Part D: Perception of Community Pharmacist's Role in the Provision of Weight Management Services

Now we would like to know more information about your attitudes toward pharmacist's role in weight management.

21. What is your extent of agreement (Strongly Agree to Strongly Disagree) with the following statements?

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Pharmacists should provide information and recommendations on weight loss medications, herbs and dietary supplements.	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Pharmacists should collaborate with other healthcare providers (e.g. physicians, dietitians, exercise physiologist or behavioral psychologist, etc) to help overweight/ obese patients in losing weight.	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Pharmacists should offer nutritional/dietary advice to help overweight/obese patients in losing weight.	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Pharmacists should offer physical activity recommendations to help overweight/obese patients in losing weight.	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Pharmacists should offer motivational/behavioral counseling to help overweight or obese patients in losing weight.	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Pharmacists should be involved in setting the optimal weight goal in overweight/obese patients.	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Pharmacists should be involved in monitoring weight related outcomes in overweight/obese patients.	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Pharmacists should use point-of-care devices in the pharmacy (e.g: weighing scale, blood pressure monitors, cholesterol testing etc)	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Pharmacists should assess cardiovascular risk in at risk patients such as obese and overweight patients	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$



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Part E: Perceived Barriers to the Implementation of Weight Management Services in Community Pharmacy

Now we would like to know more information about your perceived barriers to the implementation or provision of weight management services in the community pharmacy.

22. What is your extent of agreement with the below factors being considered as barriers for implementing weight management services in the community pharmacy?

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Lack of pharmacist time for counseling	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Lack of patient demand for weight management services	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Lack of or inadequate reimbursement/ financial compensation for pharmacists in relation to weight management	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Lack of private consultation area in the pharmacy	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Lack of patient's awareness of the pharmacist's expertise in relation to weight management	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Patient's beliefs that obesity is controllable without medications	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Lack of or inadequate pharmacist's knowledge in relation to weight management	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Lack of pharmacist's interest to provide weight management services in the pharmacy	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Pharmacist perceived difficulty in being able to adequately follow-up with the patient	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Lack of management support in relation to provision of weight management services in the pharmacy	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Lack of willingness among patients to work at losing weight	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Patient opinions about obesity not as a disease	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$



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Part F: Perceived Competence and Training Needs in the Provision of Weight Management Services

Now we would like to know more information about your perceived competence and training needs in relation to the provision of weight management services in the community pharmacy.

23. Have you ever completed any weight management related training and/or continuing professional development (e.g. dedicated to weight loss products and supplies, diet, physical activity or weight management related measurements)?

- 🔵 Yes
- 🔵 No

If Yes: please indicate the course(s) you have completed including course name, provider, duration and year completed.

24. Are you interested in receiving any weight management related training and/or continuing professional development in the future (e.g. dedicated to weight loss products and supplies, diet, physical activity or weight management related measurements)?

Yes

- 🔵 No
- Not sure

25. Please rate your self-perceived competence (i.e. how you rate your skills and abilities) in relation to provision of the weight management services below on a 3-point Likert scale (1: Not competent, 2: partially competent, 3: Fully competent).

Please choose one answer for each statement in the table below					
	Not competent/1	Partially competent/2	Fully competent/3		
Measure patient's weight	$\bigcirc$	$\bigcirc$	$\bigcirc$		
Measure patient's height	$\bigcirc$	$\bigcirc$	$\bigcirc$		
Measure patient's waist circumference	$\bigcirc$	$\bigcirc$	$\bigcirc$		
Calculate patient's body mass index (BMI)	$\bigcirc$	$\bigcirc$	$\bigcirc$		
Estimate patient's body fat percentage	$\bigcirc$	$\bigcirc$	$\bigcirc$		
Measure patient's blood cholesterol	$\bigcirc$	$\bigcirc$	$\bigcirc$		
Measure patient's blood glucose	$\bigcirc$	$\bigcirc$	$\bigcirc$		
Measure patient's blood pressure	$\bigcirc$	$\bigcirc$	$\bigcirc$		
Identify patient or medication related factors that may contribute to weight gain	$\bigcirc$	$\bigcirc$	$\bigcirc$		
Explain the risks associated with overweight and obesity	$\bigcirc$	$\bigcirc$	$\bigcirc$		
Evaluate obese/overweight patient readiness to change behavior in relation to weight management	$\bigcirc$	$\bigcirc$	$\bigcirc$		
Establish a target goal for weight range for overweight/obese patients	$\bigcirc$	$\bigcirc$	$\bigcirc$		
Estimate the daily caloric requirements for overweight/obese patients	$\bigcirc$	$\bigcirc$	$\bigcirc$		
Advice on a healthy diet to achieve weight loss	$\bigcirc$	$\bigcirc$	$\bigcirc$		
Review patient physical activity and design a physical activity plan	$\bigcirc$	$\bigcirc$	$\bigcirc$		
Recommend weight loss medications, herbs or dietary supplements	$\bigcirc$	$\bigcirc$	$\bigcirc$		

	Not competent/1	Partially competent/2	Fully competent/3
Counsel about the proper use and/or side effects of weight loss medications, herbs or dietary supplements	$\bigcirc$	$\bigcirc$	$\bigcirc$
Recommend weight loss supplies (e.g., diet foods, fat burning devices, steps counting devices, etc)	$\bigcirc$	$\bigcirc$	$\bigcirc$
Counsel about the proper use of and/or side effects of weight loss supplies (e.g., diet foods, fat burning devices, steps counting devices, etc)	$\bigcirc$	$\bigcirc$	$\bigcirc$
Counsel about weight monitoring for patients who are taking medications that can cause weight gain	$\bigcirc$	$\bigcirc$	$\bigcirc$
Monitor patient adherence to weight loss medications, herbs or dietary supplements	$\bigcirc$	$\bigcirc$	$\bigcirc$
Monitor patient adherence to nutritional/physical activity advice	$\bigcirc$	$\bigcirc$	$\bigcirc$
Review and monitor patient's progress in relation to weight management	$\bigcirc$	$\bigcirc$	$\bigcirc$
Refer overweight/obese patients to other healthcare professionals and specialist services where appropriate (e.g., nutritionist, bariatric specialist, etc) for weight management purposes	$\bigcirc$	$\bigcirc$	$\bigcirc$



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THANK YOU

You have reached the end of the survey. The second phase of the study will include focus group interviews. If you would like to participate in these focus groups, please provide your name, email address and mobile number. Please note that in case you would like to participate in these focus group sessions, your name will enter a draw for wining a free full year Up-To-Date® subscription.

27. Please indicate your full name

28. Please indicate your email address

29. Please indicate your mobile number