A survey to evaluate the optimisation of asthma therapy in community pharmacy

**Number of MURs conducted**

1. How many respiratory MURs do you conduct in a year?
   - 0-20
   - 21-40
   - 41-60
   - 60+
   - Other

2. On average, how long do you spend conducting an MUR?
   - <10 mins
   - 10-20 mins
   - 21-30 mins
   - >30 mins
   - Other

**Training provided to conduct respiratory MURs**

3. Have you received any further training, which may help you conduct an asthma MUR?
   - Yes
   - No

4. Do you feel more training needs to be provided?
   - Yes
   - No

5. What in your opinion could improve the quality of asthma MURs? (Select as many as appropriate)
   - Structured checklist
   - Training
   - Clinical guidelines
   - Other, please specify below

**Interventions conducted in asthma-targeted MURs and pharmacist’s confidence**

6. What are the main interventions that you make as a result of an asthma MUR? (Select as many as appropriate)
   - Inhaler technique
   - Smoking cessation
   - Relevant vaccinations (Flu and Pneumococcal vaccination)
   - Stepping up/down therapy
   - Other, please specify below
7. How confident are you in making the following recommendations as a result of an asthma MUR?

<table>
<thead>
<tr>
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<th>Very unconfident</th>
<th>unconfident</th>
<th>Neither confident, nor unconfident</th>
<th>Confident</th>
<th>Very confident</th>
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</thead>
<tbody>
<tr>
<td>Inhaler technique</td>
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<td>Smoking cessation</td>
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<td>Relevant vaccinations</td>
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<td>(e.g.: flu)</td>
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<td>Stepping up/down therapy</td>
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</table>

**Demographics**

8. What is your gender?

- Male [ ]
- Female [ ]

9. How old are you?

- Under 25 [ ]
- 25-35 [ ]
- 36-45 [ ]
- 46-55 [ ]
- Over 55 [ ]

10. How many years of experience as a community pharmacist do you have?

- 0-5 years [ ]
- 6-10 years [ ]
- 11-15 years [ ]
- 16-20 years [ ]
- > 20 years [ ]

11. What type of pharmacy do you work in?

- Independent [ ]
- Small chain pharmacy (20 pharmacies or less) [ ]
- Large chain pharmacy (more than 20 pharmacies) [ ]
12. What position do you hold in the pharmacy?

- [ ] Owner
- [ ] Superintendent
- [ ] Pharmacy manager
- [ ] Pharmacist
- [ ] Locum

13. Any additional comments

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You have reached the end of the survey. Thank you for taking time to complete.