

## **A national mailed survey exploring weight management services across Australian community pharmacies**

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## Community Pharmacy Weight Management Services (A)

### PHARMACISTS

*Please tick the appropriate box(es) and/or write in the spaces provided.*

#### Section A

- In which Australian State or Territory is your pharmacy located?  
<sub>1</sub> New South Wales      <sub>2</sub> Victoria      <sub>3</sub> Queensland  
<sub>4</sub> Western Australia      <sub>5</sub> South Australia      <sub>6</sub> Tasmania  
<sub>5</sub> Northern Territory      <sub>6</sub> Australian Capital Territory
- In which area is the pharmacy located (based on PhARIA classifications)?  
<sub>1</sub> Highly accessible      <sub>2</sub> Accessible      <sub>3</sub> Moderately accessible  
<sub>4</sub> Remote      <sub>5</sub> Very Remote
- Is the pharmacy...?  
<sub>1</sub> Independently owned      <sub>2</sub> Part of a group
- Are you the...?  
<sub>1</sub> Pharmacy owner      <sub>2</sub> Pharmacy manager      <sub>3</sub> Employee pharmacist
- Which age group (in years) do you belong to?  
<sub>1</sub> 20-24      <sub>2</sub> 25-30      <sub>3</sub> 31-40  
<sub>4</sub> 41-50      <sub>5</sub> 51-60      <sub>6</sub> Over 60
- Are you...?  
<sub>1</sub> Male      <sub>2</sub> Female

#### Section B

- Do you feel pharmacists have a role to play in tackling the overweight and obesity problem in Australia?  
<sub>1</sub> Yes      <sub>2</sub> No      <sub>3</sub> Not sure
- Does the pharmacy currently provide literature (information leaflets etc.) to customers on healthy eating and exercise?  
<sub>1</sub> Yes      <sub>2</sub> No
- Does the pharmacy display posters on weight loss or weight loss products?  
<sub>1</sub> Yes      <sub>2</sub> No
- In the last five years have you had any training/education about giving advice on weight management?  
<sub>1</sub> Yes      <sub>2</sub> No  
If **“YES”**, who did you receive this training from?  
<sub>1</sub> University      <sub>2</sub> Pharmaceutical industry      <sub>3</sub> Pharmacy groups e.g. PSA
- What weight classification measure do you use to classify a customer's weight?  
<sub>1</sub> None      <sub>2</sub> Weight (kg)      <sub>3</sub> Waist Circumference (WC)  
<sub>3</sub> Body Mass Index (BMI)      <sub>4</sub> BMI and WC      <sub>3</sub> Other (please specify).....

12. What equation is used to calculate BMI? (W= weight and H= height)  
<sub>1</sub> BMI= W(kg)/H (m<sup>2</sup>)      <sub>2</sub> W (kg) X H (m<sup>2</sup>)      <sub>3</sub> BMI= W(kg)/H (m)
13. Who is the main consumer group for weight loss products/programs at your pharmacy?  
<sub>1</sub> Men      <sub>2</sub> Women      <sub>3</sub> Both men and women

14. Does your pharmacy currently stock weight loss products?  
<sub>1</sub> Yes      <sub>2</sub> No

If “**NO**”, please specify why.

.....  
 .....

If “**YES**”, where do you display these products?

- <sub>1</sub> Behind the counter      <sub>2</sub> In self-selection areas      <sub>3</sub> Other (please specify).....

15. Does your pharmacy have a weight management program for customers?  
<sub>1</sub> Yes      <sub>2</sub> No

If “**NO**”, is it due to (Tick all that apply):

- <sub>1</sub> Lack of time      <sub>2</sub> Cost      <sub>3</sub> Lack of knowledge/training  
<sub>4</sub> Lack of public interest      <sub>5</sub> Other (please specify).....

If “**YES**”, please provide the name(s) of the program(s) your pharmacy provides?

.....

16. Have you found this/these program(s) to be successful in terms of pharmacy intervention in the treatment of overweight/obesity?  
<sub>1</sub> Yes      <sub>2</sub> No      <sub>3</sub> Not applicable

**Section C**

17. Do you feel comfortable approaching a customer to discuss weight loss?  
<sub>1</sub> Yes      <sub>2</sub> No      <sub>3</sub> Unsure

18. When counselling on medications to treat overweight and obesity related conditions such as hypertension, hyperlipidaemia, type 2 diabetes, etc. how often do you counsel on weight loss/maintenance?  
<sub>1</sub> Unsure      <sub>2</sub> Never      <sub>3</sub> Only when asked by the customer  
<sub>4</sub> Sometimes      <sub>5</sub> Most of the time      <sub>6</sub> Always

19. If a patient approaches you regarding weight loss, do you ask...? (Tick all that apply)

- <sub>1</sub> Their reasons for wanting to lose weight  
<sub>2</sub> How much weight they would like to lose  
<sub>3</sub> If they have tried to lose weight before  
<sub>4</sub> About dietary habits  
<sub>5</sub> About exercise habits  
<sub>6</sub> About any existing medical conditions/diseases  
<sub>7</sub> If they take any medication  
<sub>8</sub> To check their weight/Body Mass Index (BMI)  
<sub>9</sub> Other (please specify).....  
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20. On average, how long would a typical pharmacist-customer consultation take following a request for information on weight loss?
- <sub>1</sub> less than 5 minutes      <sub>2</sub> 5-9 minutes      <sub>3</sub> 10-14 minutes  
<sub>4</sub> 15-19 minutes      <sub>5</sub> 20-29 minutes      <sub>6</sub> Over 30 minutes

21. Do you usually take customers to a private consultation area?
- <sub>1</sub> Yes      <sub>2</sub> No

If “NO”, please specify why.

.....  
 .....

22. When responding to a request for a weight loss product, do you...? (Tick all that apply)

- <sub>1</sub> Recommend a product  
<sub>2</sub> Advice against purchasing a weight loss product  
<sub>3</sub> Offer advice on healthy eating  
<sub>4</sub> Offer advice on increased physical activity  
<sub>5</sub> Offer advice on appropriate physical activity  
<sub>6</sub> Refer the customer to their GP  
<sub>7</sub> Discuss available support networks  
<sub>8</sub> Offer a leaflet on weight loss products/ weight loss advice  
<sub>9</sub> Other (please specify).....  
 .....  
 .....

23. At which BMI would it be appropriate to recommend a weight loss product? (Tick all that apply)

- <sub>1</sub> Less than 27      <sub>2</sub> 27-29 with no associated medical conditions  
<sub>3</sub> Over 27 with associated medical conditions      <sub>4</sub> Over 30 with/without medical conditions

24. When recommending a weight loss product, which product(s) do you usually recommend? (Tick all that apply)

- <sub>1</sub> Not applicable - I would never recommend a weight loss product  
<sub>2</sub> Orlistat (*Xenical*®)  
<sub>3</sub> Vitamin/herbal product (please specify).....  
<sub>4</sub> Meal replacement product (please specify).....  
<sub>5</sub> Other (please specify).....

25. If a customer purchases a weight loss product, do you follow up on their progress?

- <sub>1</sub> Always      <sub>2</sub> Sometimes      <sub>3</sub> Never

26. When making weight management recommendations to customers do you refer to any guideline(s)?

- <sub>1</sub> Yes      <sub>2</sub> No

If “YES”, please specify the name(s) of the guideline(s).

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**Section D**

27. Which factors do you feel may improve the ability of the community pharmacist to tackle the overweight and obesity problem in Australia? (Tick all that apply)

- <sub>1</sub> Extra staff to provide appropriate counselling, advice and support to assist customers
- <sub>2</sub> Private counselling areas in pharmacies
- <sub>3</sub> Evidence-based weight management clinics in pharmacies
- <sub>4</sub> Healthy eating and increased exercise campaigns in pharmacies
- <sub>5</sub> Pharmacy specific weight management guidelines, information and educational resources
- <sub>6</sub> Further training for pharmacists
- <sub>7</sub> Further training for pharmacy assistants
- <sub>8</sub> Payment for services
- <sub>9</sub> Other (please specify).....  
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28. What further training would help you assist patients in weight management? (Tick all that apply)

- <sub>1</sub> No training required
- <sub>2</sub> Measurement of weight
- <sub>3</sub> Measurement of height
- <sub>4</sub> Measurement of waist circumference
- <sub>5</sub> Calculation of BMI
- <sub>6</sub> Measurement of blood pressure
- <sub>7</sub> Measurement of blood glucose
- <sub>8</sub> Estimation of body fat
- <sub>9</sub> Measurement of blood cholesterol
- <sub>10</sub> Advice on healthy eating to achieve weight loss or weight maintenance
- <sub>11</sub> Advice on physical activity to achieve weight loss or weight maintenance
- <sub>12</sub> Advice on weight loss products
- <sub>13</sub> Advice on weight loss drugs
- <sub>14</sub> Providing a one-to-one weight management consultation
- <sub>15</sub> Advice on appropriate counselling skills
- <sub>16</sub> Other (please specify).....  
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29. If weight management educational resources were developed for pharmacy staff how would you like them to be formatted and distributed? (Tick all that apply)

- <sub>1</sub> In a booklet
- <sub>2</sub> In a pamphlet
- <sub>3</sub> Online (webpage)
- <sub>4</sub> On a CD
- <sub>5</sub> On a USB
- <sub>6</sub> In a monthly newsletter/magazine
- <sub>7</sub> Other (please specify).....

30. Do you have any comments regarding weight management services in community pharmacies?

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**Section E**

Questions 31-34 relate to the following case study:

**Shereen, a 36 year old woman, presents to the pharmacy seeking weight loss advice. She tells you that she weighs about 73 kg and is 165 cm tall (BMI=26.8kg/m<sup>2</sup>). It's her brother's wedding in two months time and she desperately needs something to help her lose a few kilos. Her friends have told her about a 'wonder' medication called Xenical® that is supposed to stop all fat entering the body! She wants to buy a box and see if it actually works.**

31. Is there any other information you would like to know?

- <sub>1</sub> Yes                      <sub>2</sub> No

If "YES", what other information do you need?

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32. Based on the information given to you in this case scenario, would you sell Shereen a box of Xenical®?

- <sub>1</sub> Yes                      <sub>2</sub> No                      <sub>3</sub> Not sure

If "YES", please specify why?

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If "NO", please specify why not?

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33. Would you recommend any other weight loss product/program for her?

- <sub>1</sub> Yes                      <sub>2</sub> No                      <sub>3</sub> Not sure

If "YES", which one?

.....

34. Would you recommend any lifestyle changes to assist her lose weight?

- <sub>1</sub> Yes                      <sub>2</sub> No

If "YES" what recommendations would you make? (Tick all that apply)

- <sub>1</sub> Decrease fat intake  
<sub>2</sub> Decrease carbohydrate intake  
<sub>3</sub> Increase protein intake  
<sub>4</sub> Increase exercise (15 minutes, 3 days a week)  
<sub>5</sub> Increase exercise (30 minutes, 5 or more days)  
<sub>6</sub> Increase water intake (aim for 8 cups a day)  
<sub>7</sub> Keep a food diary

**THANK YOU FOR YOUR TIME**

**Please place pharmacy stamp here if you do not wish to receive a reminder letter. Your response will remain anonymous.**

## Community Pharmacy Weight Management Services (B)

### PHARMACISTS

***Please tick the appropriate box(es) and/or write in the spaces provided.***

#### Section A

1. In which Australian State or Territory is your pharmacy located?
 

<input type="checkbox"/> <sub>1</sub> New South Wales	<input type="checkbox"/> <sub>2</sub> Victoria	<input type="checkbox"/> <sub>3</sub> Queensland
<input type="checkbox"/> <sub>4</sub> Western Australia	<input type="checkbox"/> <sub>5</sub> South Australia	<input type="checkbox"/> <sub>6</sub> Tasmania
<input type="checkbox"/> <sub>5</sub> Northern Territory	<input type="checkbox"/> <sub>6</sub> Australian Capital Territory	
  
2. In which area is the pharmacy located (based on PhARIA classifications)?
 

<input type="checkbox"/> <sub>1</sub> Highly accessible	<input type="checkbox"/> <sub>2</sub> Accessible	<input type="checkbox"/> <sub>3</sub> Moderately accessible
<input type="checkbox"/> <sub>4</sub> Remote	<input type="checkbox"/> <sub>5</sub> Very Remote	
  
3. Is the pharmacy...?
 

<input type="checkbox"/> <sub>1</sub> Independently owned	<input type="checkbox"/> <sub>2</sub> Part of a group
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4. Are you the...?
 

<input type="checkbox"/> <sub>1</sub> Pharmacy owner	<input type="checkbox"/> <sub>2</sub> Pharmacy manager	<input type="checkbox"/> <sub>3</sub> Employee pharmacist
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5. Which age group (in years) do you belong to?
 

<input type="checkbox"/> <sub>1</sub> 20-24	<input type="checkbox"/> <sub>2</sub> 25-30	<input type="checkbox"/> <sub>3</sub> 31-40
<input type="checkbox"/> <sub>4</sub> 41-50	<input type="checkbox"/> <sub>5</sub> 51-60	<input type="checkbox"/> <sub>6</sub> Over 60
  
6. Are you...?
 

<input type="checkbox"/> <sub>1</sub> Male	<input type="checkbox"/> <sub>2</sub> Female
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#### Section B

7. Do you feel pharmacists have a role to play in tackling the overweight and obesity problem in Australia?
 

<input type="checkbox"/> <sub>1</sub> Yes	<input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>3</sub> Not sure
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8. Does the pharmacy currently provide literature (information leaflets etc.) to customers on healthy eating and exercise?
 

<input type="checkbox"/> <sub>1</sub> Yes	<input type="checkbox"/> <sub>2</sub> No
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9. Does the pharmacy display posters on weight loss or weight loss products?
 

<input type="checkbox"/> <sub>1</sub> Yes	<input type="checkbox"/> <sub>2</sub> No
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10. In the last five years have you had any training/education about giving advice on weight management?
 

<input type="checkbox"/> <sub>1</sub> Yes	<input type="checkbox"/> <sub>2</sub> No
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If **“YES”**, who did you receive this training from?

<input type="checkbox"/> <sub>1</sub> University	<input type="checkbox"/> <sub>2</sub> Pharmaceutical industry	<input type="checkbox"/> <sub>3</sub> Pharmacy groups e.g. PSA
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11. What weight classification measure do you use to classify a customer’s weight?
 

<input type="checkbox"/> <sub>1</sub> None	<input type="checkbox"/> <sub>2</sub> Weight (kg)	<input type="checkbox"/> <sub>3</sub> Waist Circumference (WC)
<input type="checkbox"/> <sub>3</sub> Body Mass Index (BMI)	<input type="checkbox"/> <sub>4</sub> BMI and WC	<input type="checkbox"/> <sub>3</sub> Other (please specify).....

12. What equation is used to calculate BMI? (W= weight and H= height)  
<sub>1</sub> BMI= W(kg)/H (m<sup>2</sup>)      <sub>2</sub> W (kg) X H (m<sup>2</sup>)      <sub>3</sub> BMI= W(kg)/H (m)
13. Who is the main consumer group for weight loss products/programs at your pharmacy?  
<sub>1</sub> Men      <sub>2</sub> Women      <sub>3</sub> Both men and women

14. Does your pharmacy currently stock weight loss products?  
<sub>1</sub> Yes      <sub>2</sub> No

If “NO”, please specify why.

.....  
 .....

If “YES”, where do you display these products?

- <sub>1</sub> Behind the counter      <sub>2</sub> In self-selection areas      <sub>3</sub> Other (please specify).....

15. Does your pharmacy have a weight management program for customers?  
<sub>1</sub> Yes      <sub>2</sub> No

If “NO”, is it due to (Tick all that apply):

- <sub>1</sub> Lack of time      <sub>2</sub> Cost      <sub>3</sub> Lack of knowledge/training  
<sub>4</sub> Lack of public interest      <sub>5</sub> Other (please specify).....

If “YES”, please provide the name(s) of the program(s) your pharmacy provides?

.....

16. Have you found this/these program(s) to be successful in terms of pharmacy intervention in the treatment of overweight/obesity?  
<sub>1</sub> Yes      <sub>2</sub> No      <sub>3</sub> Not applicable

**Section C**

17. Do you feel comfortable approaching a customer to discuss weight loss?  
<sub>1</sub> Yes      <sub>2</sub> No      <sub>3</sub> Unsure

18. When counselling on medications to treat overweight and obesity related conditions such as hypertension, hyperlipidaemia, type 2 diabetes, etc. how often do you counsel on weight loss/maintenance?  
<sub>1</sub> Unsure      <sub>2</sub> Never      <sub>3</sub> Only when asked by the customer  
<sub>4</sub> Sometimes      <sub>5</sub> Most of the time      <sub>6</sub> Always

19. If a patient approaches you regarding weight loss, do you ask...? (Tick all that apply)

- <sub>1</sub> Their reasons for wanting to lose weight  
<sub>2</sub> How much weight they would like to lose  
<sub>3</sub> If they have tried to lose weight before  
<sub>4</sub> About dietary habits  
<sub>5</sub> About exercise habits  
<sub>6</sub> About any existing medical conditions/diseases  
<sub>7</sub> If they take any medication  
<sub>8</sub> To check their weight/Body Mass Index (BMI)  
<sub>9</sub> Other (please specify).....  
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20. On average, how long would a typical pharmacist-customer consultation take following a request for information on weight loss?
- <sub>1</sub> less than 5 minutes      <sub>2</sub> 5-9 minutes      <sub>3</sub> 10-14 minutes  
<sub>4</sub> 15-19 minutes      <sub>5</sub> 20-29 minutes      <sub>6</sub> Over 30 minutes

21. Do you usually take customers to a private consultation area?
- <sub>1</sub> Yes      <sub>2</sub> No

If “NO”, please specify why.

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 .....

22. When responding to a request for a weight loss product, do you...? (Tick all that apply)

- <sub>1</sub> Recommend a product  
<sub>2</sub> Advice against purchasing a weight loss product  
<sub>3</sub> Offer advice on healthy eating  
<sub>4</sub> Offer advice on increased physical activity  
<sub>5</sub> Offer advice on appropriate physical activity  
<sub>6</sub> Refer the customer to their GP  
<sub>7</sub> Discuss available support networks  
<sub>8</sub> Offer a leaflet on weight loss products/ weight loss advice  
<sub>9</sub> Other (please specify).....  
 .....  
 .....

23. At which BMI would it be appropriate to recommend a weight loss product? (Tick all that apply)

- <sub>1</sub> Less than 27      <sub>2</sub> 27-29 with no associated medical conditions  
<sub>3</sub> Over 27 with associated medical conditions      <sub>4</sub> Over 30 with/without medical conditions

24. When recommending a weight loss product, which product(s) do you usually recommend? (Tick all that apply)

- <sub>1</sub> Not applicable - I would never recommend a weight loss product  
<sub>2</sub> Orlistat (*Xenical*®)  
<sub>3</sub> Vitamin/herbal product (please specify).....  
<sub>4</sub> Meal replacement product (please specify).....  
<sub>5</sub> Other (please specify).....

25. If a customer purchases a weight loss product, do you follow up on their progress?

- <sub>1</sub> Always      <sub>2</sub> Sometimes      <sub>3</sub> Never

26. When making weight management recommendations to customers do you refer to any guideline(s)?

- <sub>1</sub> Yes      <sub>2</sub> No

If “YES”, please specify the name(s) of the guideline(s).

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**Section D**

27. Which factors do you feel may improve the ability of the community pharmacist to tackle the overweight and obesity problem in Australia? (Tick all that apply)

- <sub>1</sub> Extra staff to provide appropriate counselling, advice and support to assist customers
- <sub>2</sub> Private counselling areas in pharmacies
- <sub>3</sub> Evidence-based weight management clinics in pharmacies
- <sub>4</sub> Healthy eating and increased exercise campaigns in pharmacies
- <sub>5</sub> Pharmacy specific weight management guidelines, information and educational resources
- <sub>6</sub> Further training for pharmacists
- <sub>7</sub> Further training for pharmacy assistants
- <sub>8</sub> Payment for services
- <sub>9</sub> Other (please specify).....

28. What further training would help you assist patients in weight management? (Tick all that apply)

- <sub>1</sub> No training required
- <sub>2</sub> Measurement of weight
- <sub>3</sub> Measurement of height
- <sub>4</sub> Measurement of waist circumference
- <sub>5</sub> Calculation of BMI
- <sub>6</sub> Measurement of blood pressure
- <sub>7</sub> Measurement of blood glucose
- <sub>8</sub> Estimation of body fat
- <sub>9</sub> Measurement of blood cholesterol
- <sub>10</sub> Advice on healthy eating to achieve weight loss or weight maintenance
- <sub>11</sub> Advice on physical activity to achieve weight loss or weight maintenance
- <sub>12</sub> Advice on weight loss products
- <sub>13</sub> Advice on weight loss drugs
- <sub>14</sub> Providing a one-to-one weight management consultation
- <sub>15</sub> Advice on appropriate counselling skills
- <sub>16</sub> Other (please specify).....

29. If weight management educational resources were developed for pharmacy staff how would you like them to be formatted and distributed? (Tick all that apply)

- <sub>1</sub> In a booklet
- <sub>2</sub> In a pamphlet
- <sub>3</sub> Online (webpage)
- <sub>4</sub> On a CD
- <sub>5</sub> On a USB
- <sub>6</sub> In a monthly newsletter/magazine
- <sub>7</sub> Other (please specify).....

30. Do you have any comments regarding weight management services in community pharmacies?

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**Section D:**

Questions 31-32 relate to the following case study:

**Effie, a 26 year old woman, comes into the pharmacy asking about folic acid tablets. She and her husband are currently trying to have a baby and she's heard folic acid is recommended prior to conceiving. While talking to her, she tells you she's worried about her weight as she's been told that being overweight can cause problems with fertility. She is currently 85 kg and 160 cm tall (BMI=33kg/m<sup>2</sup>). She doesn't know what she can do to lose weight and she's wondering if you could recommend anything.**

31. What BMI category is Effie in?

- <sub>1</sub> Underweight                      <sub>2</sub> Normal                      <sub>3</sub> Overweight  
<sub>4</sub> Obese                                      <sub>5</sub> Severely obese

32. What would you recommend to help Effie lose weight? (Tick all that apply)

- <sub>1</sub> Nothing, she doesn't need to lose weight  
<sub>2</sub> Nothing, as she's trying to fall pregnant it's not good to lose weight  
<sub>3</sub> Decrease calorie intake  
<sub>4</sub> Increase exercise  
<sub>5</sub> Take Orlistat (Xenical®)  
<sub>6</sub> Take a vitamin/herbal product (please specify).....  
<sub>7</sub> Take a meal replacement product (please specify).....  
<sub>8</sub> Join a pharmacy based weight loss clinic (please specify).....  
<sub>9</sub> Join a weight loss group e.g. Weight Watchers™  
<sub>10</sub> Refer her to a GP

**THANK YOU FOR YOUR TIME**

**Please place pharmacy stamp  
here if you do not wish to  
receive a reminder letter. Your  
response will remain  
anonymous.**

## Community Pharmacy Weight Management Services (C)

### PHARMACISTS

***Please tick the appropriate box(es) and/or write in the spaces provided.***

#### Section A

1. In which Australian State or Territory is your pharmacy located?
 

<input type="checkbox"/> <sub>1</sub> New South Wales	<input type="checkbox"/> <sub>2</sub> Victoria	<input type="checkbox"/> <sub>3</sub> Queensland
<input type="checkbox"/> <sub>4</sub> Western Australia	<input type="checkbox"/> <sub>5</sub> South Australia	<input type="checkbox"/> <sub>6</sub> Tasmania
<input type="checkbox"/> <sub>5</sub> Northern Territory	<input type="checkbox"/> <sub>6</sub> Australian Capital Territory	
  
2. In which area is the pharmacy located (based on PhARIA classifications)?
 

<input type="checkbox"/> <sub>1</sub> Highly accessible	<input type="checkbox"/> <sub>2</sub> Accessible	<input type="checkbox"/> <sub>3</sub> Moderately accessible
<input type="checkbox"/> <sub>4</sub> Remote	<input type="checkbox"/> <sub>5</sub> Very Remote	
  
3. Is the pharmacy...?
 

<input type="checkbox"/> <sub>1</sub> Independently owned	<input type="checkbox"/> <sub>2</sub> Part of a group
---	---
  
4. Are you the...?
 

<input type="checkbox"/> <sub>1</sub> Pharmacy owner	<input type="checkbox"/> <sub>2</sub> Pharmacy manager	<input type="checkbox"/> <sub>3</sub> Employee pharmacist
--	--	---
  
5. Which age group (in years) do you belong to?
 

<input type="checkbox"/> <sub>1</sub> 20-24	<input type="checkbox"/> <sub>2</sub> 25-30	<input type="checkbox"/> <sub>3</sub> 31-40
<input type="checkbox"/> <sub>4</sub> 41-50	<input type="checkbox"/> <sub>5</sub> 51-60	<input type="checkbox"/> <sub>6</sub> Over 60
  
6. Are you...?
 

<input type="checkbox"/> <sub>1</sub> Male	<input type="checkbox"/> <sub>2</sub> Female
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#### Section B

7. Do you feel pharmacists have a role to play in tackling the overweight and obesity problem in Australia?
 

<input type="checkbox"/> <sub>1</sub> Yes	<input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>3</sub> Not sure
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8. Does the pharmacy currently provide literature (information leaflets etc.) to customers on healthy eating and exercise?
 

<input type="checkbox"/> <sub>1</sub> Yes	<input type="checkbox"/> <sub>2</sub> No
---	--
  
9. Does the pharmacy display posters on weight loss or weight loss products?
 

<input type="checkbox"/> <sub>1</sub> Yes	<input type="checkbox"/> <sub>2</sub> No
---	--
  
10. In the last five years have you had any training/education about giving advice on weight management?
 

<input type="checkbox"/> <sub>1</sub> Yes	<input type="checkbox"/> <sub>2</sub> No
---	--

If **“YES”**, who did you receive this training from?

<input type="checkbox"/> <sub>1</sub> University	<input type="checkbox"/> <sub>2</sub> Pharmaceutical industry	<input type="checkbox"/> <sub>3</sub> Pharmacy groups e.g. PSA
--	---	--
  
11. What weight classification measure do you use to classify a customer’s weight?
 

<input type="checkbox"/> <sub>1</sub> None	<input type="checkbox"/> <sub>2</sub> Weight (kg)	<input type="checkbox"/> <sub>3</sub> Waist Circumference (WC)
<input type="checkbox"/> <sub>3</sub> Body Mass Index (BMI)	<input type="checkbox"/> <sub>4</sub> BMI and WC	<input type="checkbox"/> <sub>3</sub> Other (please specify).....

12. What equation is used to calculate BMI? (W= weight and H= height)  
<sub>1</sub> BMI= W(kg)/H (m<sup>2</sup>)      <sub>2</sub> W (kg) X H (m<sup>2</sup>)      <sub>3</sub> BMI= W(kg)/H (m)
13. Who is the main consumer group for weight loss products/programs at your pharmacy?  
<sub>1</sub> Men      <sub>2</sub> Women      <sub>3</sub> Both men and women

14. Does your pharmacy currently stock weight loss products?  
<sub>1</sub> Yes      <sub>2</sub> No

If “NO”, please specify why.

.....  
 .....

If “YES”, where do you display these products?

- <sub>1</sub> Behind the counter      <sub>2</sub> In self-selection areas      <sub>3</sub> Other (please specify).....

15. Does your pharmacy have a weight management program for customers?  
<sub>1</sub> Yes      <sub>2</sub> No

If “NO”, is it due to (Tick all that apply):

- <sub>1</sub> Lack of time      <sub>2</sub> Cost      <sub>3</sub> Lack of knowledge/training  
<sub>4</sub> Lack of public interest      <sub>5</sub> Other (please specify).....

If “YES”, please provide the name(s) of the program(s) your pharmacy provides?

.....

16. Have you found this/these program(s) to be successful in terms of pharmacy intervention in the treatment of overweight/obesity?  
<sub>1</sub> Yes      <sub>2</sub> No      <sub>3</sub> Not applicable

**Section C**

17. Do you feel comfortable approaching a customer to discuss weight loss?  
<sub>1</sub> Yes      <sub>2</sub> No      <sub>3</sub> Unsure
18. When counselling on medications to treat overweight and obesity related conditions such as hypertension, hyperlipidaemia, type 2 diabetes, etc. how often do you counsel on weight loss/maintenance?  
<sub>1</sub> Unsure      <sub>2</sub> Never      <sub>3</sub> Only when asked by the customer  
<sub>4</sub> Sometimes      <sub>5</sub> Most of the time      <sub>6</sub> Always
19. If a patient approaches you regarding weight loss, do you ask...? (Tick all that apply)  
<sub>1</sub> Their reasons for wanting to lose weight  
<sub>2</sub> How much weight they would like to lose  
<sub>3</sub> If they have tried to lose weight before  
<sub>4</sub> About dietary habits  
<sub>5</sub> About exercise habits  
<sub>6</sub> About any existing medical conditions/diseases  
<sub>7</sub> If they take any medication  
<sub>8</sub> To check their weight/Body Mass Index (BMI)  
<sub>9</sub> Other (please specify).....  
 .....  
 .....

20. On average, how long would a typical pharmacist-customer consultation take following a request for information on weight loss?
- <sub>1</sub> less than 5 minutes      <sub>2</sub> 5-9 minutes      <sub>3</sub> 10-14 minutes  
<sub>4</sub> 15-19 minutes      <sub>5</sub> 20-29 minutes      <sub>6</sub> Over 30 minutes

21. Do you usually take customers to a private consultation area?
- <sub>1</sub> Yes      <sub>2</sub> No

If “NO”, please specify why.

.....  
 .....

22. When responding to a request for a weight loss product, do you...? (Tick all that apply)

- <sub>1</sub> Recommend a product  
<sub>2</sub> Advice against purchasing a weight loss product  
<sub>3</sub> Offer advice on healthy eating  
<sub>4</sub> Offer advice on increased physical activity  
<sub>5</sub> Offer advice on appropriate physical activity  
<sub>6</sub> Refer the customer to their GP  
<sub>7</sub> Discuss available support networks  
<sub>8</sub> Offer a leaflet on weight loss products/ weight loss advice  
<sub>9</sub> Other (please specify).....  
 .....  
 .....

23. At which BMI would it be appropriate to recommend a weight loss product? (Tick all that apply)

- <sub>1</sub> Less than 27      <sub>2</sub> 27-29 with no associated medical conditions  
<sub>3</sub> Over 27 with associated medical conditions      <sub>4</sub> Over 30 with/without medical conditions

24. When recommending a weight loss product, which product(s) do you usually recommend? (Tick all that apply)

- <sub>1</sub> Not applicable - I would never recommend a weight loss product  
<sub>2</sub> Orlistat (*Xenical*®)  
<sub>3</sub> Vitamin/herbal product (please specify).....  
<sub>4</sub> Meal replacement product (please specify).....  
<sub>5</sub> Other (please specify).....

25. If a customer purchases a weight loss product, do you follow up on their progress?

- <sub>1</sub> Always      <sub>2</sub> Sometimes      <sub>3</sub> Never

26. When making weight management recommendations to customers do you refer to any guideline(s)?

- <sub>1</sub> Yes      <sub>2</sub> No

If “YES”, please specify the name(s) of the guideline(s).

.....  
 .....

**Section D**

27. Which factors do you feel may improve the ability of the community pharmacist to tackle the overweight and obesity problem in Australia? (Tick all that apply)

- <sub>1</sub> Extra staff to provide appropriate counselling, advice and support to assist customers
- <sub>2</sub> Private counselling areas in pharmacies
- <sub>3</sub> Evidence-based weight management clinics in pharmacies
- <sub>4</sub> Healthy eating and increased exercise campaigns in pharmacies
- <sub>5</sub> Pharmacy specific weight management guidelines, information and educational resources
- <sub>6</sub> Further training for pharmacists
- <sub>7</sub> Further training for pharmacy assistants
- <sub>8</sub> Payment for services
- <sub>9</sub> Other (please specify).....

28. What further training would help you assist patients in weight management? (Tick all that apply)

- <sub>1</sub> No training required
- <sub>2</sub> Measurement of weight
- <sub>3</sub> Measurement of height
- <sub>4</sub> Measurement of waist circumference
- <sub>5</sub> Calculation of BMI
- <sub>6</sub> Measurement of blood pressure
- <sub>7</sub> Measurement of blood glucose
- <sub>8</sub> Estimation of body fat
- <sub>9</sub> Measurement of blood cholesterol
- <sub>10</sub> Advice on healthy eating to achieve weight loss or weight maintenance
- <sub>11</sub> Advice on physical activity to achieve weight loss or weight maintenance
- <sub>12</sub> Advice on weight loss products
- <sub>13</sub> Advice on weight loss drugs
- <sub>14</sub> Providing a one-to-one weight management consultation
- <sub>15</sub> Advice on appropriate counselling skills
- <sub>16</sub> Other (please specify).....

29. If weight management educational resources were developed for pharmacy staff how would you like them to be formatted and distributed? (Tick all that apply)

- <sub>1</sub> In a booklet
- <sub>2</sub> In a pamphlet
- <sub>3</sub> Online (webpage)
- <sub>4</sub> On a CD
- <sub>5</sub> On a USB
- <sub>6</sub> In a monthly newsletter/magazine
- <sub>7</sub> Other (please specify).....

30. Do you have any comments regarding weight management services in community pharmacies?

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**Section D:**

Questions 31-35 relate to the following case study:

**Teresa, a 32 year old woman, comes into the pharmacy enquiring about “Blooms Svelte” tablets (a herbal product available over-the-counter that’s marketed for weight loss). Upon questioning, you discover that Teresa is three months pregnant with her first child. She weighs 70 kg and is 155 cm tall (BMI=29.1kg/m<sup>2</sup>). She’s heard that being overweight in pregnancy can cause problems so she thinks these herbal tablets will help her stop gaining excess weight. They’re herbal, so she thinks they’ll be safe in pregnancy. She just wants you to tell her how many tablets she needs to take and whether she needs to have them with or without food.**

31. What are the health risks of being overweight or obese while pregnant? (Tick all that apply)

- <sub>1</sub> There are no health risks
- <sub>2</sub> Increased risk of gestational diabetes
- <sub>3</sub> Increased risk of delivery complications
- <sub>4</sub> Increased risk of hypertension
- <sub>5</sub> Increased risk of pre-eclampsia
- <sub>6</sub> Increased risk of obesity in the child

32. For a healthy-weight pregnant woman, how much gestational weight gain is recommended?

- <sub>1</sub> 0-4 kg
- <sub>2</sub> 5-9 kg
- <sub>3</sub> 10-14 kg
- <sub>4</sub> 15-20 kg
- <sub>5</sub> > 20 kg

33. For an overweight or obese pregnant woman, how do the gestational weight gain recommendations differ compared to a healthy-weight pregnant woman?

- <sub>1</sub> No difference
- <sub>2</sub> More weight gain is recommended
- <sub>3</sub> Less weight gain is recommended
- <sub>4</sub> No weight gain is recommended

34. Based on the information given to you in this case scenario, would you sell Teresa the “Blooms Svelte” tablets?

- <sub>1</sub> Yes
- <sub>2</sub> No
- <sub>3</sub> Not sure

If “NO”, why not?

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35. What would you recommend to help Teresa stop gaining excess weight in her pregnancy? (Tick all that apply)

- <sub>1</sub> Nothing, she doesn’t need to lose weight
- <sub>2</sub> Nothing, as she’s pregnant it’s not to try and stop gaining weight
- <sub>3</sub> Decrease calorie intake
- <sub>4</sub> Increase exercise
- <sub>5</sub> Take Orlistat (Xenical®)
- <sub>6</sub> Take a vitamin/herbal product (please specify).....
- <sub>7</sub> Take a meal replacement product (please specify).....
- <sub>8</sub> Join a pharmacy based weight loss clinic (please specify).....
- <sub>9</sub> Join a weight loss group e.g. Weight Watchers™
- <sub>10</sub> Refer her to a GP

**THANK YOU FOR YOUR TIME**

**Please place pharmacy stamp here if you do not wish to receive a reminder letter. Your response will remain anonymous.**



## Community Pharmacy Weight Management Services (D)

### PHARMACISTS

***Please tick the appropriate box(es) and/or write in the spaces provided.***

#### Section A

1. In which Australian State or Territory is your pharmacy located?
 

<input type="checkbox"/> <sub>1</sub> New South Wales	<input type="checkbox"/> <sub>2</sub> Victoria	<input type="checkbox"/> <sub>3</sub> Queensland
<input type="checkbox"/> <sub>4</sub> Western Australia	<input type="checkbox"/> <sub>5</sub> South Australia	<input type="checkbox"/> <sub>6</sub> Tasmania
<input type="checkbox"/> <sub>5</sub> Northern Territory	<input type="checkbox"/> <sub>6</sub> Australian Capital Territory	
  
2. In which area is the pharmacy located (based on PhARIA classifications)?
 

<input type="checkbox"/> <sub>1</sub> Highly accessible	<input type="checkbox"/> <sub>2</sub> Accessible	<input type="checkbox"/> <sub>3</sub> Moderately accessible
<input type="checkbox"/> <sub>4</sub> Remote	<input type="checkbox"/> <sub>5</sub> Very Remote	
  
3. Is the pharmacy...?
 

<input type="checkbox"/> <sub>1</sub> Independently owned	<input type="checkbox"/> <sub>2</sub> Part of a group
---	---
  
4. Are you the...?
 

<input type="checkbox"/> <sub>1</sub> Pharmacy owner	<input type="checkbox"/> <sub>2</sub> Pharmacy manager	<input type="checkbox"/> <sub>3</sub> Employee pharmacist
--	--	---
  
5. Which age group (in years) do you belong to?
 

<input type="checkbox"/> <sub>1</sub> 20-24	<input type="checkbox"/> <sub>2</sub> 25-30	<input type="checkbox"/> <sub>3</sub> 31-40
<input type="checkbox"/> <sub>4</sub> 41-50	<input type="checkbox"/> <sub>5</sub> 51-60	<input type="checkbox"/> <sub>6</sub> Over 60
  
6. Are you...?
 

<input type="checkbox"/> <sub>1</sub> Male	<input type="checkbox"/> <sub>2</sub> Female
--	--

#### Section B

7. Do you feel pharmacists have a role to play in tackling the overweight and obesity problem in Australia?
 

<input type="checkbox"/> <sub>1</sub> Yes	<input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>3</sub> Not sure
---	--	--
  
8. Does the pharmacy currently provide literature (information leaflets etc.) to customers on healthy eating and exercise?
 

<input type="checkbox"/> <sub>1</sub> Yes	<input type="checkbox"/> <sub>2</sub> No
---	--
  
9. Does the pharmacy display posters on weight loss or weight loss products?
 

<input type="checkbox"/> <sub>1</sub> Yes	<input type="checkbox"/> <sub>2</sub> No
---	--
  
10. In the last five years have you had any training/education about giving advice on weight management?
 

<input type="checkbox"/> <sub>1</sub> Yes	<input type="checkbox"/> <sub>2</sub> No
---	--

If **“YES”**, who did you receive this training from?

<input type="checkbox"/> <sub>1</sub> University	<input type="checkbox"/> <sub>2</sub> Pharmaceutical industry	<input type="checkbox"/> <sub>3</sub> Pharmacy groups e.g. PSA
--	---	--
  
11. What weight classification measure do you use to classify a customer’s weight?
 

<input type="checkbox"/> <sub>1</sub> None	<input type="checkbox"/> <sub>2</sub> Weight (kg)	<input type="checkbox"/> <sub>3</sub> Waist Circumference (WC)
<input type="checkbox"/> <sub>3</sub> Body Mass Index (BMI)	<input type="checkbox"/> <sub>4</sub> BMI and WC	<input type="checkbox"/> <sub>3</sub> Other (please specify).....

12. What equation is used to calculate BMI? (W= weight and H= height)

- <sub>1</sub> BMI= W(kg)/H (m<sup>2</sup>)      <sub>2</sub> W (kg) X H (m<sup>2</sup>)      <sub>3</sub> BMI= W(kg)/H (m)

13. Who is the main consumer group for weight loss products/programs at your pharmacy?

- <sub>1</sub> Men      <sub>2</sub> Women      <sub>3</sub> Both men and women

14. Does your pharmacy currently stock weight loss products?

- <sub>1</sub> Yes      <sub>2</sub> No

If “NO”, please specify why.

.....

.....

If “YES”, where do you display these products?

- <sub>1</sub> Behind the counter      <sub>2</sub> In self-selection areas      <sub>3</sub> Other (please specify).....

15. Does your pharmacy have a weight management program for customers?

- <sub>1</sub> Yes      <sub>2</sub> No

If “NO”, is it due to (Tick all that apply):

- <sub>1</sub> Lack of time      <sub>2</sub> Cost      <sub>3</sub> Lack of knowledge/training
- <sub>4</sub> Lack of public interest      <sub>5</sub> Other (please specify).....

If “YES”, please provide the name(s) of the program(s) your pharmacy provides?

.....

16. Have you found this/these program(s) to be successful in terms of pharmacy intervention in the treatment of overweight/obesity?

- <sub>1</sub> Yes      <sub>2</sub> No      <sub>3</sub> Not applicable

**Section C**

17. Do you feel comfortable approaching a customer to discuss weight loss?

- <sub>1</sub> Yes      <sub>2</sub> No      <sub>3</sub> Unsure

18. When counselling on medications to treat overweight and obesity related conditions such as hypertension, hyperlipidaemia, type 2 diabetes, etc. how often do you counsel on weight loss/maintenance?

- <sub>1</sub> Unsure      <sub>2</sub> Never      <sub>3</sub> Only when asked by the customer
- <sub>4</sub> Sometimes      <sub>5</sub> Most of the time      <sub>6</sub> Always

19. If a patient approaches you regarding weight loss, do you ask...? (Tick all that apply)

- <sub>1</sub> Their reasons for wanting to lose weight
- <sub>2</sub> How much weight they would like to lose
- <sub>3</sub> If they have tried to lose weight before
- <sub>4</sub> About dietary habits
- <sub>5</sub> About exercise habits
- <sub>6</sub> About any existing medical conditions/diseases
- <sub>7</sub> If they take any medication
- <sub>8</sub> To check their weight/Body Mass Index (BMI)
- <sub>9</sub> Other (please specify).....

.....

.....

20. On average, how long would a typical pharmacist-customer consultation take following a request for information on weight loss?
- <sub>1</sub> less than 5 minutes      <sub>2</sub> 5-9 minutes      <sub>3</sub> 10-14 minutes  
<sub>4</sub> 15-19 minutes      <sub>5</sub> 20-29 minutes      <sub>6</sub> Over 30 minutes

21. Do you usually take customers to a private consultation area?
- <sub>1</sub> Yes      <sub>2</sub> No

If “NO”, please specify why.

.....  
 .....

22. When responding to a request for a weight loss product, do you...? (Tick all that apply)

- <sub>1</sub> Recommend a product  
<sub>2</sub> Advice against purchasing a weight loss product  
<sub>3</sub> Offer advice on healthy eating  
<sub>4</sub> Offer advice on increased physical activity  
<sub>5</sub> Offer advice on appropriate physical activity  
<sub>6</sub> Refer the customer to their GP  
<sub>7</sub> Discuss available support networks  
<sub>8</sub> Offer a leaflet on weight loss products/ weight loss advice  
<sub>9</sub> Other (please specify).....  
 .....  
 .....

23. At which BMI would it be appropriate to recommend a weight loss product? (Tick all that apply)

- <sub>1</sub> Less than 27      <sub>2</sub> 27-29 with no associated medical conditions  
<sub>3</sub> Over 27 with associated medical conditions      <sub>4</sub> Over 30 with/without medical conditions

24. When recommending a weight loss product, which product(s) do you usually recommend? (Tick all that apply)

- <sub>1</sub> Not applicable - I would never recommend a weight loss product  
<sub>2</sub> Orlistat (*Xenical*®)  
<sub>3</sub> Vitamin/herbal product (please specify).....  
<sub>4</sub> Meal replacement product (please specify).....  
<sub>5</sub> Other (please specify).....

25. If a customer purchases a weight loss product, do you follow up on their progress?

- <sub>1</sub> Always      <sub>2</sub> Sometimes      <sub>3</sub> Never

26. When making weight management recommendations to customers do you refer to any guideline(s)?

- <sub>1</sub> Yes      <sub>2</sub> No

If “YES”, please specify the name(s) of the guideline(s).

.....  
 .....

**Section D**

27. Which factors do you feel may improve the ability of the community pharmacist to tackle the overweight and obesity problem in Australia? (Tick all that apply)

- <sub>1</sub> Extra staff to provide appropriate counselling, advice and support to assist customers
- <sub>2</sub> Private counselling areas in pharmacies
- <sub>3</sub> Evidence-based weight management clinics in pharmacies
- <sub>4</sub> Healthy eating and increased exercise campaigns in pharmacies
- <sub>5</sub> Pharmacy specific weight management guidelines, information and educational resources
- <sub>6</sub> Further training for pharmacists
- <sub>7</sub> Further training for pharmacy assistants
- <sub>8</sub> Payment for services
- <sub>9</sub> Other (please specify).....

28. What further training would help you assist patients in weight management? (Tick all that apply)

- <sub>1</sub> No training required
- <sub>2</sub> Measurement of weight
- <sub>3</sub> Measurement of height
- <sub>4</sub> Measurement of waist circumference
- <sub>5</sub> Calculation of BMI
- <sub>6</sub> Measurement of blood pressure
- <sub>7</sub> Measurement of blood glucose
- <sub>8</sub> Estimation of body fat
- <sub>9</sub> Measurement of blood cholesterol
- <sub>10</sub> Advice on healthy eating to achieve weight loss or weight maintenance
- <sub>11</sub> Advice on physical activity to achieve weight loss or weight maintenance
- <sub>12</sub> Advice on weight loss products
- <sub>13</sub> Advice on weight loss drugs
- <sub>14</sub> Providing a one-to-one weight management consultation
- <sub>15</sub> Advice on appropriate counselling skills
- <sub>16</sub> Other (please specify).....

29. If weight management educational resources were developed for pharmacy staff how would you like them to be formatted and distributed? (Tick all that apply)

- <sub>1</sub> In a booklet
- <sub>2</sub> In a pamphlet
- <sub>3</sub> Online (webpage)
- <sub>4</sub> On a CD
- <sub>5</sub> On a USB
- <sub>6</sub> In a monthly newsletter/magazine
- <sub>7</sub> Other (please specify).....

30. Do you have any comments regarding weight management services in community pharmacies?

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**Section D:**

Questions 31-34 relate to the following case study:

**Madoline, a 28 year old woman, comes into the pharmacy wanting to purchase a box of Optifast®. She has never used Optifast® before but she has heard that it produces fantastic weight loss results. She tells you that she currently weighs 103 kg and is 170 cm tall (BMI=35.6kg/m<sup>2</sup>). Madoline gave birth eight months ago to a gorgeous baby girl. Since pre-pregnancy she has gained 15 kg. She feels self-conscious about her weight and really wants to try Optifast®. She is no longer breastfeeding and does not take any medications.**

31. Does Madoline need to lose weight?  
<sub>1</sub> Yes                      <sub>2</sub> No                      <sub>3</sub> Not sure

32. Based on the information given to you in this case scenario, would you sell Optifast® to Madoline?  
<sub>1</sub> Yes                      <sub>2</sub> No                      <sub>3</sub> Not sure

If “YES”, what counselling would you provide on Optifast®?

.....  
.....  
.....  
.....

33. What else could you recommend to help Madoline lose weight? (Tick all that apply)

- <sub>1</sub> Nothing, she doesn't need to lose weight
- <sub>2</sub> Nothing, as she's recently had a baby it's not good to lose weight
- <sub>3</sub> Decrease calorie intake
- <sub>4</sub> Increase exercise
- <sub>5</sub> Take Orlistat (Xenical®)
- <sub>6</sub> Take a vitamin/herbal product (please specify).....
- <sub>7</sub> Take a meal replacement product (please specify).....
- <sub>8</sub> Join a pharmacy based weight loss clinic (please specify).....
- <sub>9</sub> Join a weight loss group e.g. Weight Watchers™
- <sub>10</sub> Refer her to a GP

34. Would you recommend any lifestyle changes to assist Madoline lose weight?

<sub>1</sub> Yes                      <sub>2</sub> No

If “YES” what recommendations would you make? (Tick all that apply)

- <sub>1</sub> Decrease fat intake
- <sub>2</sub> Decrease carbohydrate intake
- <sub>3</sub> Increase protein intake
- <sub>4</sub> Increase exercise (15 minutes, 3 days a week)
- <sub>5</sub> Increase exercise (30 minutes, 5 or more days a week)
- <sub>6</sub> Increase water intake (aim for 8 cups a day)
- <sub>7</sub> Keep a food diary

**THANK YOU FOR YOUR TIME**

**Please place pharmacy stamp  
here if you do not wish to  
receive a reminder letter. Your  
response will remain  
anonymous.**

## Community Pharmacy Weight Management Services (E)

### PHARMACISTS

*Please tick the appropriate box(es) and/or write in the spaces provided.*

#### Section A

1. In which Australian State or Territory is your pharmacy located?
 

<input type="checkbox"/> <sub>1</sub> New South Wales	<input type="checkbox"/> <sub>2</sub> Victoria	<input type="checkbox"/> <sub>3</sub> Queensland
<input type="checkbox"/> <sub>4</sub> Western Australia	<input type="checkbox"/> <sub>5</sub> South Australia	<input type="checkbox"/> <sub>6</sub> Tasmania
<input type="checkbox"/> <sub>5</sub> Northern Territory	<input type="checkbox"/> <sub>6</sub> Australian Capital Territory	
  
2. In which area is the pharmacy located (based on PhARIA classifications)?
 

<input type="checkbox"/> <sub>1</sub> Highly accessible	<input type="checkbox"/> <sub>2</sub> Accessible	<input type="checkbox"/> <sub>3</sub> Moderately accessible
<input type="checkbox"/> <sub>4</sub> Remote	<input type="checkbox"/> <sub>5</sub> Very Remote	
  
3. Is the pharmacy...?
 

<input type="checkbox"/> <sub>1</sub> Independently owned	<input type="checkbox"/> <sub>2</sub> Part of a group
---	---
  
4. Are you the...?
 

<input type="checkbox"/> <sub>1</sub> Pharmacy owner	<input type="checkbox"/> <sub>2</sub> Pharmacy manager	<input type="checkbox"/> <sub>3</sub> Employee pharmacist
--	--	---
  
5. Which age group (in years) do you belong to?
 

<input type="checkbox"/> <sub>1</sub> 20-24	<input type="checkbox"/> <sub>2</sub> 25-30	<input type="checkbox"/> <sub>3</sub> 31-40
<input type="checkbox"/> <sub>4</sub> 41-50	<input type="checkbox"/> <sub>5</sub> 51-60	<input type="checkbox"/> <sub>6</sub> Over 60
  
6. Are you...?
 

<input type="checkbox"/> <sub>1</sub> Male	<input type="checkbox"/> <sub>2</sub> Female
--	--

#### Section B

7. Do you feel pharmacists have a role to play in tackling the overweight and obesity problem in Australia?
 

<input type="checkbox"/> <sub>1</sub> Yes	<input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>3</sub> Not sure
---	--	--
  
8. Does the pharmacy currently provide literature (information leaflets etc.) to customers on healthy eating and exercise?
 

<input type="checkbox"/> <sub>1</sub> Yes	<input type="checkbox"/> <sub>2</sub> No
---	--
  
9. Does the pharmacy display posters on weight loss or weight loss products?
 

<input type="checkbox"/> <sub>1</sub> Yes	<input type="checkbox"/> <sub>2</sub> No
---	--
  
10. In the last five years have you had any training/education about giving advice on weight management?
 

<input type="checkbox"/> <sub>1</sub> Yes	<input type="checkbox"/> <sub>2</sub> No
---	--

If **“YES”**, who did you receive this training from?

<input type="checkbox"/> <sub>1</sub> University	<input type="checkbox"/> <sub>2</sub> Pharmaceutical industry	<input type="checkbox"/> <sub>3</sub> Pharmacy groups e.g. PSA
--	---	--
  
11. What weight classification measure do you use to classify a customer’s weight?
 

<input type="checkbox"/> <sub>1</sub> None	<input type="checkbox"/> <sub>2</sub> Weight (kg)	<input type="checkbox"/> <sub>3</sub> Waist Circumference (WC)
<input type="checkbox"/> <sub>3</sub> Body Mass Index (BMI)	<input type="checkbox"/> <sub>4</sub> BMI and WC	<input type="checkbox"/> <sub>3</sub> Other (please specify).....

12. What equation is used to calculate BMI? (W= weight and H= height)  
<sub>1</sub> BMI= W(kg)/H (m<sup>2</sup>)      <sub>2</sub> W (kg) X H (m<sup>2</sup>)      <sub>3</sub> BMI= W(kg)/H (m)

13. Who is the main consumer group for weight loss products/programs at your pharmacy?  
<sub>1</sub> Men      <sub>2</sub> Women      <sub>3</sub> Both men and women

14. Does your pharmacy currently stock weight loss products?  
<sub>1</sub> Yes      <sub>2</sub> No

If “NO”, please specify why.

.....  
.....

If “YES”, where do you display these products?

<sub>1</sub> Behind the counter      <sub>2</sub> In self-selection areas      <sub>3</sub> Other (please specify).....

15. Does your pharmacy have a weight management program for customers?  
<sub>1</sub> Yes      <sub>2</sub> No

If “NO”, is it due to (Tick all that apply):

<sub>1</sub> Lack of time      <sub>2</sub> Cost      <sub>3</sub> Lack of knowledge/training  
<sub>4</sub> Lack of public interest      <sub>5</sub> Other (please specify).....

If “YES”, please provide the name(s) of the program(s) your pharmacy provides?

.....

16. Have you found this/these program(s) to be successful in terms of pharmacy intervention in the treatment of overweight/obesity?  
<sub>1</sub> Yes      <sub>2</sub> No      <sub>3</sub> Not applicable

### Section C

17. Do you feel comfortable approaching a customer to discuss weight loss?  
<sub>1</sub> Yes      <sub>2</sub> No      <sub>3</sub> Unsure

18. When counselling on medications to treat overweight and obesity related conditions such as hypertension, hyperlipidaemia, type 2 diabetes, etc. how often do you counsel on weight loss/maintenance?  
<sub>1</sub> Unsure      <sub>2</sub> Never      <sub>3</sub> Only when asked by the customer  
<sub>4</sub> Sometimes      <sub>5</sub> Most of the time      <sub>6</sub> Always

19. If a patient approaches you regarding weight loss, do you ask...? (Tick all that apply)

- <sub>1</sub> Their reasons for wanting to lose weight
- <sub>2</sub> How much weight they would like to lose
- <sub>3</sub> If they have tried to lose weight before
- <sub>4</sub> About dietary habits
- <sub>5</sub> About exercise habits
- <sub>6</sub> About any existing medical conditions/diseases
- <sub>7</sub> If they take any medication
- <sub>8</sub> To check their weight/Body Mass Index (BMI)
- <sub>9</sub> Other (please specify).....

.....  
.....  
20. On average, how long would a typical pharmacist-customer consultation take following a request for information on weight loss?

- <sub>1</sub> less than 5 minutes      <sub>2</sub> 5-9 minutes      <sub>3</sub> 10-14 minutes  
<sub>4</sub> 15-19 minutes      <sub>5</sub> 20-29 minutes      <sub>6</sub> Over 30 minutes

21. Do you usually take customers to a private consultation area?

- <sub>1</sub> Yes      <sub>2</sub> No

If “NO”, please specify why.  
.....  
.....

22. When responding to a request for a weight loss product, do you...? (Tick all that apply)

- <sub>1</sub> Recommend a product  
<sub>2</sub> Advice against purchasing a weight loss product  
<sub>3</sub> Offer advice on healthy eating  
<sub>4</sub> Offer advice on increased physical activity  
<sub>5</sub> Offer advice on appropriate physical activity  
<sub>6</sub> Refer the customer to their GP  
<sub>7</sub> Discuss available support networks  
<sub>8</sub> Offer a leaflet on weight loss products/ weight loss advice  
<sub>9</sub> Other (please specify).....  
.....  
.....

23. At which BMI would it be appropriate to recommend a weight loss product? (Tick all that apply)

- <sub>1</sub> Less than 27      <sub>2</sub> 27-29 with no associated medical conditions  
<sub>3</sub> Over 27 with associated medical conditions      <sub>4</sub> Over 30 with/without medical conditions

24. When recommending a weight loss product, which product(s) do you usually recommend? (Tick all that apply)

- <sub>1</sub> Not applicable - I would never recommend a weight loss product  
<sub>2</sub> Orlistat (*Xenical*®)  
<sub>3</sub> Vitamin/herbal product (please specify).....  
<sub>4</sub> Meal replacement product (please specify).....  
<sub>5</sub> Other (please specify).....

25. If a customer purchases a weight loss product, do you follow up on their progress?

- <sub>1</sub> Always      <sub>2</sub> Sometimes      <sub>3</sub> Never

26. When making weight management recommendations to customers do you refer to any guideline(s)?

- <sub>1</sub> Yes      <sub>2</sub> No

If “YES”, please specify the name(s) of the guideline(s).  
.....  
.....



**Section D**

27. Which factors do you feel may improve the ability of the community pharmacist to tackle the overweight and obesity problem in Australia? (Tick all that apply)

- <sub>1</sub> Extra staff to provide appropriate counselling, advice and support to assist customers
- <sub>2</sub> Private counselling areas in pharmacies
- <sub>3</sub> Evidence-based weight management clinics in pharmacies
- <sub>4</sub> Healthy eating and increased exercise campaigns in pharmacies
- <sub>5</sub> Pharmacy specific weight management guidelines, information and educational resources
- <sub>6</sub> Further training for pharmacists
- <sub>7</sub> Further training for pharmacy assistants
- <sub>8</sub> Payment for services
- <sub>9</sub> Other (please specify).....  
.....  
.....

28. What further training would help you assist patients in weight management? (Tick all that apply)

- <sub>1</sub> No training required
- <sub>2</sub> Measurement of weight
- <sub>3</sub> Measurement of height
- <sub>4</sub> Measurement of waist circumference
- <sub>5</sub> Calculation of BMI
- <sub>6</sub> Measurement of blood pressure
- <sub>7</sub> Measurement of blood glucose
- <sub>8</sub> Estimation of body fat
- <sub>9</sub> Measurement of blood cholesterol
- <sub>10</sub> Advice on healthy eating to achieve weight loss or weight maintenance
- <sub>11</sub> Advice on physical activity to achieve weight loss or weight maintenance
- <sub>12</sub> Advice on weight loss products
- <sub>13</sub> Advice on weight loss drugs
- <sub>14</sub> Providing a one-to-one weight management consultation
- <sub>15</sub> Advice on appropriate counselling skills
- <sub>16</sub> Other (please specify).....  
.....  
.....

29. If weight management educational resources were developed for pharmacy staff how would you like them to be formatted and distributed? (Tick all that apply)

- <sub>1</sub> In a booklet
- <sub>2</sub> In a pamphlet
- <sub>3</sub> Online (webpage)
- <sub>4</sub> On a CD
- <sub>5</sub> On a USB
- <sub>6</sub> In a monthly newsletter/magazine
- <sub>7</sub> Other (please specify).....

30. Do you have any comments regarding weight management services in community pharmacies?

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**Section D:**

Questions 31-35 relate to the following case study:

**Sarah, a 48 year old woman, comes into the pharmacy enquiring about your new weight management program that involves two meal replacements a day and a protein meal. She tells you that ever since her doctor told her that she has reached menopause (four years ago), she's gained about 20 kg. She's always been on the 'heavy side' but now she's getting really concerned. She weighs about 110 kg and is 160 cm tall (BMI=43kg/m<sup>2</sup>). She's tried everything to lose weight and this program is her last option.**

31. What BMI category is Sarah in?

- <sub>1</sub> Underweight                      <sub>2</sub> Normal                      <sub>3</sub> Overweight  
<sub>4</sub> Obese                      <sub>5</sub> Severely obese

32. What health conditions is Sarah at an increased risk of (tick all that apply)?

- <sub>1</sub> Nothing                      <sub>2</sub> Type 2 diabetes                      <sub>3</sub> Gastro-oesophageal reflux disease  
<sub>4</sub> Cardiovascular disease                      <sub>5</sub> Osteoarthritis                      <sub>6</sub> Depression  
<sub>7</sub> Gallstones                      <sub>8</sub> Certain cancers                      <sub>9</sub> Sleep apnoea  
<sub>10</sub> Others (please specify).....

33. Based on the information given to you in this case scenario, would you refer Sarah to her GP?

- <sub>1</sub> Yes                      <sub>2</sub> No                      <sub>3</sub> Unsure

If "YES", why? If "NO", why not?

.....  
.....  
.....

34. Would the new pharmacy weight management program be appropriate for her?

- <sub>1</sub> Yes                      <sub>2</sub> No                      <sub>3</sub> Unsure

If "YES" or "NO", please specify why.

.....  
.....  
.....

35. What else could you recommend to help Sarah lose weight? (Tick all that apply)

- <sub>1</sub> Nothing, she doesn't need to lose weight  
<sub>2</sub> Nothing, she's already tried everything  
<sub>3</sub> Decrease calorie intake  
<sub>4</sub> Increase exercise  
<sub>5</sub> Take Orlistat (Xenical®)  
<sub>6</sub> Take a vitamin/herbal product (please specify).....  
<sub>7</sub> Take a meal replacement product (please specify).....  
<sub>8</sub> Join a weight loss group e.g. Weight Watchers™

**THANK YOU FOR YOUR TIME**

**Please place pharmacy stamp here if you do not wish to receive a reminder letter. Your response will remain anonymous.**

## Community Pharmacy Weight Management Services (A)

### PHARMACY ASSISTANTS

Please tick the appropriate box(es) and/or write in the spaces provided.

#### Section A

- In which Australian State or Territory is your pharmacy located?  
<sub>1</sub> New South Wales      <sub>2</sub> Victoria      <sub>3</sub> Queensland  
<sub>4</sub> Western Australia      <sub>5</sub> South Australia      <sub>6</sub> Tasmania  
<sub>5</sub> Northern Territory      <sub>6</sub> Australian Capital Territory
- In which area is the pharmacy located (based on PhARIA classifications)?  
<sub>1</sub> Highly accessible      <sub>2</sub> Accessible      <sub>3</sub> Moderately accessible  
<sub>4</sub> Remote      <sub>5</sub> Very Remote
- Is the pharmacy...?      <sub>1</sub> Independently owned      <sub>2</sub> Part of a group
- What is your main role as a pharmacy assistant?  
<sub>1</sub> Weight loss consultant      <sub>2</sub> Vitamin consultant      <sub>3</sub> Retail manager  
<sub>4</sub> Other (please specify).....
- How long have you been a pharmacy assistant for?  
<sub>1</sub> Less than 6 months      <sub>2</sub> 6-11 months      <sub>3</sub> 1-4 years  
<sub>4</sub> 5-9 years      <sub>5</sub> 10-19 years      <sub>6</sub> Over 20 years
- To which age group do you belong to?  
<sub>1</sub> 20-24      <sub>2</sub> 25-30      <sub>3</sub> 31-40  
<sub>4</sub> 41-50      <sub>5</sub> 51-60      <sub>6</sub> Over 60
- Are you...?      <sub>1</sub> Male      <sub>2</sub> Female

#### Section B

- Do you feel pharmacies have a role to play in tackling the overweight and obesity problem in Australia?  
<sub>1</sub> Yes      <sub>2</sub> No      <sub>3</sub> Not sure
- Does the pharmacy currently provide literature (information leaflets etc.) to customers on healthy eating and exercise?  
<sub>1</sub> Yes      <sub>2</sub> No
- Does the pharmacy display posters on weight loss or weight loss products?  
<sub>1</sub> Yes      <sub>2</sub> No
- In the last five years have you had any training/education about giving advice on weight management?  
<sub>1</sub> Yes      <sub>2</sub> No  
If **“YES”**, who did you receive this training from?  
<sub>1</sub> Pharmacist      <sub>2</sub> Pharmacy magazines      <sub>3</sub> Pharmacy groups e.g. PSA, Guild

12. What weight classification measure do you use to classify a customer's weight?  
<sub>1</sub> None                      <sub>2</sub> Weight (kg)                      <sub>3</sub> Waist Circumference (WC)  
<sub>3</sub> Body Mass Index (BMI)    <sub>4</sub> BMI and WC                      <sub>3</sub> Other (please specify).....
13. What equation is used to calculate BMI? (W= weight and H= height)  
<sub>1</sub> BMI= W(kg)/H (m<sup>2</sup>)                      <sub>2</sub> W (kg) X H (m<sup>2</sup>)                      <sub>3</sub> BMI= W(kg)/H (m)
14. Who is the main consumer group for weight loss products/programs at your pharmacy?  
<sub>1</sub> Men                      <sub>2</sub> Women                      <sub>3</sub> Both men and women
15. Does your pharmacy currently stock weight loss products?  
<sub>1</sub> Yes                      <sub>2</sub> No
- If **"NO"**, please specify why.  
 .....  
 .....
- If **"YES"**, where do you display these products?  
<sub>1</sub> Behind the counter                      <sub>2</sub> In self-selection areas                      <sub>3</sub> Other (please specify).....
16. Does your pharmacy have a weight management program for customers?  
<sub>1</sub> Yes                      <sub>2</sub> No
- If **"NO"**, is it due to (Tick all that apply):  
<sub>1</sub> Lack of time                      <sub>2</sub> Cost                      <sub>3</sub> Lack of knowledge/training  
<sub>4</sub> Lack of public interest                      <sub>5</sub> Other (please specify).....
- If **"YES"**, please provide the name(s) of the program(s) your pharmacy provides?  
 .....
17. Have you found this/these program(s) to be successful in terms of pharmacy intervention in the treatment of overweight/obesity?  
<sub>1</sub> Yes                      <sub>2</sub> No                      <sub>3</sub> Not applicable

**Section C**

18. Do you feel comfortable approaching a customer to discuss weight loss?  
<sub>1</sub> Yes                      <sub>2</sub> No                      <sub>3</sub> Unsure
19. If a patient approaches you regarding weight loss, do you ask...? (Tick all that apply)  
<sub>1</sub> Their reasons for wanting to lose weight  
<sub>2</sub> How much weight they would like to lose  
<sub>3</sub> If they have tried to lose weight before  
<sub>4</sub> About dietary habits  
<sub>5</sub> About exercise habits  
<sub>6</sub> About any existing medical conditions/diseases  
<sub>7</sub> If they take any medication  
<sub>8</sub> To check their weight/Body Mass Index (BMI)  
<sub>9</sub> Other (please specify).....  
 .....  
 .....

20. On average, how long would a typical pharmacist-customer consultation take following a request for information on weight loss?
- <sub>1</sub> less than 5 minutes      <sub>2</sub> 5-9 minutes      <sub>3</sub> 10-14 minutes  
<sub>4</sub> 15-19 minutes      <sub>5</sub> 20-29 minutes      <sub>6</sub> Over 30 minutes

21. Do you usually take customers to a private consultation area?
- <sub>1</sub> Yes      <sub>2</sub> No

If “NO”, please specify why.

.....  
 .....

22. When responding to a request for a weight loss product, do you...? (Tick all that apply)

- <sub>1</sub> Recommend a product  
<sub>2</sub> Advice against purchasing a weight loss product  
<sub>3</sub> Offer advice on healthy eating  
<sub>4</sub> Offer advice on increased physical activity  
<sub>5</sub> Offer advice on appropriate physical activity  
<sub>6</sub> Refer the customer to the pharmacist  
<sub>7</sub> Discuss available support networks  
<sub>8</sub> Offer a leaflet on weight loss products/ weight loss advice  
<sub>9</sub> Other (please specify).....  
 .....  
 .....

23. At which BMI would it be appropriate to recommend a weight loss product? (Tick all that apply)

- <sub>1</sub> Less than 27      <sub>2</sub> 27-29 with no associated medical conditions  
<sub>3</sub> Over 27 with associated medical conditions      <sub>4</sub> Over 30 with/without medical conditions

24. When recommending a weight loss product, which product(s) do you usually recommend? (Tick all that apply)

- <sub>1</sub> Not applicable - I would never recommend a weight loss product  
<sub>2</sub> Vitamin/herbal product (please specify).....  
<sub>3</sub> Meal replacement product (please specify).....  
<sub>4</sub> Other (please specify).....  
 .....

25. If a customer purchases a weight loss product, do you follow up on their progress?

- <sub>1</sub> Always      <sub>2</sub> Sometimes      <sub>3</sub> Never

26. When making weight management recommendations to customers does you refer to any guideline(s)?

- <sub>1</sub> Yes      <sub>2</sub> No

If “YES”, please specify the name(s) of the guideline(s).

.....

**Section D**

27. Which factors do you feel may improve the ability of the community pharmacist to tackle the overweight and obesity problem in Australia? (Tick all that apply)

- <sub>1</sub> Extra staff to provide appropriate counselling, advice and support to assist customers
- <sub>2</sub> Private counselling areas in pharmacies
- <sub>3</sub> Evidence-based weight management clinics in pharmacies
- <sub>4</sub> Healthy eating and increased exercise campaigns in pharmacies
- <sub>5</sub> Pharmacy specific weight management guidelines, information and educational resources
- <sub>6</sub> Further training for pharmacists
- <sub>7</sub> Further training for pharmacy assistants
- <sub>8</sub> Payment for services
- <sub>9</sub> Other (please specify).....  
.....  
.....

28. What further training would help you assist patients in weight management? (Tick all that apply)

- <sub>1</sub> No training required
- <sub>2</sub> Measurement of weight
- <sub>3</sub> Measurement of height
- <sub>4</sub> Measurement of waist circumference
- <sub>5</sub> Calculation of BMI
- <sub>6</sub> Measurement of blood pressure
- <sub>7</sub> Measurement of blood glucose
- <sub>8</sub> Estimation of body fat
- <sub>9</sub> Measurement of blood cholesterol
- <sub>10</sub> Advice on healthy eating to achieve weight loss or weight maintenance
- <sub>11</sub> Advice on physical activity to achieve weight loss or weight maintenance
- <sub>12</sub> Advice on weight loss products
- <sub>13</sub> Advice on weight loss drugs
- <sub>14</sub> Providing a one-to-one weight management consultation
- <sub>15</sub> Advice on appropriate counselling skills
- <sub>16</sub> Other (please specify).....  
.....  
.....

29. If weight management educational resources were developed for pharmacy staff how would you like them to be formatted and distributed? (Tick all that apply)

- <sub>1</sub> In a booklet
- <sub>2</sub> In a pamphlet
- <sub>3</sub> Online (webpage)
- <sub>4</sub> On a CD
- <sub>5</sub> On a USB
- <sub>6</sub> In a monthly newsletter/magazine
- <sub>7</sub> Other (please specify).....

30. Do you have any comments regarding weight management services in community pharmacies?

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**Section E**

Questions 31-34 relate to the following case study:

**Shereen, a 36 year old woman, presents to the pharmacy seeking weight loss advice. She tells you that she weighs about 73 kg and is 165 cm tall (BMI=26.8kg/m<sup>2</sup>). It's her brother's wedding in two months time and she desperately needs something to help her lose a few kilos. Her friends have told her about a 'wonder' medication called Xenical® that is supposed to stop all fat entering the body! She wants to buy a box and see if it actually works.**

31. Is there any other information you would like to know?

- <sub>1</sub> Yes                      <sub>2</sub> No

If "YES", what other information do you need?

.....  
.....  
.....  
.....  
.....  
.....

32. Based on the information given to you in this case scenario, would you...?

- <sub>1</sub> Sell Shereen the box of Xenical®  
<sub>2</sub> Refuse to sell Xenical®  
<sub>2</sub> Refer Shereen to the pharmacist

Please specify why you chose the above answer

.....  
.....

33. Would you recommend any other weight loss product/program for her?

- <sub>1</sub> Yes                      <sub>2</sub> No                      <sub>3</sub> Not sure

If "YES", which one?

.....

34. Would you recommend any lifestyle changes to assist her lose weight?

- <sub>1</sub> Yes                      <sub>2</sub> No

If "YES" what recommendations would you make? (Tick all that apply)

- <sub>1</sub> Decrease fat intake  
<sub>2</sub> Decrease carbohydrate intake  
<sub>3</sub> Increase protein intake  
<sub>4</sub> Increase exercise (15 minutes, 3 days a week)  
<sub>5</sub> Increase exercise (30 minutes, 5 or more days a week)  
<sub>6</sub> Increase water intake (aim for 8 cups a day)  
<sub>7</sub> Keep a food diary

**THANK YOU FOR YOUR TIME**

**Please place pharmacy stamp here if you do not wish to receive a reminder letter. Your response will remain anonymous.**

## Community Pharmacy Weight Management Services (B)

### PHARMACY ASSISTANTS

**Please tick the appropriate box(es) and/or write in the spaces provided.**

#### Section A

1. In which Australian State or Territory is your pharmacy located?
 

<input type="checkbox"/> <sub>1</sub> New South Wales	<input type="checkbox"/> <sub>2</sub> Victoria	<input type="checkbox"/> <sub>3</sub> Queensland
<input type="checkbox"/> <sub>4</sub> Western Australia	<input type="checkbox"/> <sub>5</sub> South Australia	<input type="checkbox"/> <sub>6</sub> Tasmania
<input type="checkbox"/> <sub>5</sub> Northern Territory	<input type="checkbox"/> <sub>6</sub> Australian Capital Territory	
  
2. In which area is the pharmacy located (based on PhARIA classifications)?
 

<input type="checkbox"/> <sub>1</sub> Highly accessible	<input type="checkbox"/> <sub>2</sub> Accessible	<input type="checkbox"/> <sub>3</sub> Moderately accessible
<input type="checkbox"/> <sub>4</sub> Remote	<input type="checkbox"/> <sub>5</sub> Very Remote	
  
3. Is the pharmacy...?
 

<input type="checkbox"/> <sub>1</sub> Independently owned	<input type="checkbox"/> <sub>2</sub> Part of a group
---	---
  
4. What is your main role as a pharmacy assistant?
 

<input type="checkbox"/> <sub>1</sub> Weight loss consultant	<input type="checkbox"/> <sub>2</sub> Vitamin consultant	<input type="checkbox"/> <sub>3</sub> Retail manager
<input type="checkbox"/> <sub>4</sub> Other (please specify).....		
  
5. How long have you been a pharmacy assistant for?
 

<input type="checkbox"/> <sub>1</sub> Less than 6 months	<input type="checkbox"/> <sub>2</sub> 6-11 months	<input type="checkbox"/> <sub>3</sub> 1-4 years
<input type="checkbox"/> <sub>4</sub> 5-9 years	<input type="checkbox"/> <sub>5</sub> 10-19 years	<input type="checkbox"/> <sub>6</sub> Over 20 years
  
6. To which age group do you belong to?
 

<input type="checkbox"/> <sub>1</sub> 20-24	<input type="checkbox"/> <sub>2</sub> 25-30	<input type="checkbox"/> <sub>3</sub> 31-40
<input type="checkbox"/> <sub>4</sub> 41-50	<input type="checkbox"/> <sub>5</sub> 51-60	<input type="checkbox"/> <sub>6</sub> Over 60
  
7. Are you...?
 

<input type="checkbox"/> <sub>1</sub> Male	<input type="checkbox"/> <sub>2</sub> Female
--	--

#### Section B

8. Do you feel pharmacies have a role to play in tackling the overweight and obesity problem in Australia?
 

<input type="checkbox"/> <sub>1</sub> Yes	<input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>3</sub> Not sure
---	--	--
  
9. Does the pharmacy currently provide literature (information leaflets etc.) to customers on healthy eating and exercise?
 

<input type="checkbox"/> <sub>1</sub> Yes	<input type="checkbox"/> <sub>2</sub> No
---	--
  
10. Does the pharmacy display posters on weight loss or weight loss products?
 

<input type="checkbox"/> <sub>1</sub> Yes	<input type="checkbox"/> <sub>2</sub> No
---	--
  
11. In the last five years have you had any training/education about giving advice on weight management?
 

<input type="checkbox"/> <sub>1</sub> Yes	<input type="checkbox"/> <sub>2</sub> No
---	--

If **“YES”**, who did you receive this training from?

<input type="checkbox"/> <sub>1</sub> Pharmacist	<input type="checkbox"/> <sub>2</sub> Pharmacy magazines	<input type="checkbox"/> <sub>3</sub> Pharmacy groups e.g. PSA, Guild
--	--	---



12. What weight classification measure do you use to classify a customer's weight?  
<sub>1</sub> None                      <sub>2</sub> Weight (kg)                      <sub>3</sub> Waist Circumference (WC)  
<sub>3</sub> Body Mass Index (BMI)    <sub>4</sub> BMI and WC                      <sub>3</sub> Other (please specify).....

13. What equation is used to calculate BMI? (W= weight and H= height)  
<sub>1</sub> BMI= W(kg)/H (m<sup>2</sup>)                      <sub>2</sub> W (kg) X H (m<sup>2</sup>)                      <sub>3</sub> BMI= W(kg)/H (m)

14. Who is the main consumer group for weight loss products/programs at your pharmacy?  
<sub>1</sub> Men                      <sub>2</sub> Women                      <sub>3</sub> Both men and women

15. Does your pharmacy currently stock weight loss products?  
<sub>1</sub> Yes                      <sub>2</sub> No

If "NO", please specify why.

.....  
 .....

If "YES", where do you display these products?

- <sub>1</sub> Behind the counter                      <sub>2</sub> In self-selection areas                      <sub>3</sub> Other (please specify).....

16. Does your pharmacy have a weight management program for customers?  
<sub>1</sub> Yes                      <sub>2</sub> No

If "NO", is it due to (Tick all that apply):

- <sub>1</sub> Lack of time                      <sub>2</sub> Cost                      <sub>3</sub> Lack of knowledge/training  
<sub>4</sub> Lack of public interest                      <sub>5</sub> Other (please specify).....

If "YES", please provide the name(s) of the program(s) your pharmacy provides?

.....

17. Have you found this/these program(s) to be successful in terms of pharmacy intervention in the treatment of overweight/obesity?  
<sub>1</sub> Yes                      <sub>2</sub> No                      <sub>3</sub> Not applicable

### Section C

18. Do you feel comfortable approaching a customer to discuss weight loss?  
<sub>1</sub> Yes                      <sub>2</sub> No                      <sub>3</sub> Unsure

19. If a patient approaches you regarding weight loss, do you ask...? (Tick all that apply)

- <sub>1</sub> Their reasons for wanting to lose weight  
<sub>2</sub> How much weight they would like to lose  
<sub>3</sub> If they have tried to lose weight before  
<sub>4</sub> About dietary habits  
<sub>5</sub> About exercise habits  
<sub>6</sub> About any existing medical conditions/diseases  
<sub>7</sub> If they take any medication  
<sub>8</sub> To check their weight/Body Mass Index (BMI)  
<sub>9</sub> Other (please specify).....

.....  
 .....

20. On average, how long would a typical pharmacist-customer consultation take following a request for information on weight loss?
- <sub>1</sub> less than 5 minutes      <sub>2</sub> 5-9 minutes      <sub>3</sub> 10-14 minutes  
<sub>4</sub> 15-19 minutes      <sub>5</sub> 20-29 minutes      <sub>6</sub> Over 30 minutes

21. Do you usually take customers to a private consultation area?
- <sub>1</sub> Yes      <sub>2</sub> No

If “NO”, please specify why.

.....  
 .....

22. When responding to a request for a weight loss product, do you...? (Tick all that apply)

- <sub>1</sub> Recommend a product  
<sub>2</sub> Advice against purchasing a weight loss product  
<sub>3</sub> Offer advice on healthy eating  
<sub>4</sub> Offer advice on increased physical activity  
<sub>5</sub> Offer advice on appropriate physical activity  
<sub>6</sub> Refer the customer to the pharmacist  
<sub>7</sub> Discuss available support networks  
<sub>8</sub> Offer a leaflet on weight loss products/ weight loss advice  
<sub>9</sub> Other (please specify).....  
 .....  
 .....

23. At which BMI would it be appropriate to recommend a weight loss product? (Tick all that apply)

- <sub>1</sub> Less than 27      <sub>2</sub> 27-29 with no associated medical conditions  
<sub>3</sub> Over 27 with associated medical conditions      <sub>4</sub> Over 30 with/without medical conditions

24. When recommending a weight loss product, which product(s) do you usually recommend? (Tick all that apply)

- <sub>1</sub> Not applicable - I would never recommend a weight loss product  
<sub>2</sub> Vitamin/herbal product (please specify).....  
<sub>3</sub> Meal replacement product (please specify).....  
<sub>4</sub> Other (please specify).....  
 .....

25. If a customer purchases a weight loss product, do you follow up on their progress?

- <sub>1</sub> Always      <sub>2</sub> Sometimes      <sub>3</sub> Never

26. When making weight management recommendations to customers does you refer to any guideline(s)?

- <sub>1</sub> Yes      <sub>2</sub> No

If “YES”, please specify the name(s) of the guideline(s).

.....

**Section D**

35. Which factors do you feel may improve the ability of the community pharmacist to tackle the overweight and obesity problem in Australia? (Tick all that apply)

- <sub>1</sub> Extra staff to provide appropriate counselling, advice and support to assist customers
- <sub>2</sub> Private counselling areas in pharmacies
- <sub>3</sub> Evidence-based weight management clinics in pharmacies
- <sub>4</sub> Healthy eating and increased exercise campaigns in pharmacies
- <sub>5</sub> Pharmacy specific weight management guidelines, information and educational resources
- <sub>6</sub> Further training for pharmacists
- <sub>7</sub> Further training for pharmacy assistants
- <sub>8</sub> Payment for services
- <sub>9</sub> Other (please specify).....

36. What further training would help you assist patients in weight management? (Tick all that apply)

- <sub>1</sub> No training required
- <sub>2</sub> Measurement of weight
- <sub>3</sub> Measurement of height
- <sub>4</sub> Measurement of waist circumference
- <sub>5</sub> Calculation of BMI
- <sub>6</sub> Measurement of blood pressure
- <sub>7</sub> Measurement of blood glucose
- <sub>8</sub> Estimation of body fat
- <sub>9</sub> Measurement of blood cholesterol
- <sub>10</sub> Advice on healthy eating to achieve weight loss or weight maintenance
- <sub>11</sub> Advice on physical activity to achieve weight loss or weight maintenance
- <sub>12</sub> Advice on weight loss products
- <sub>13</sub> Advice on weight loss drugs
- <sub>14</sub> Providing a one-to-one weight management consultation
- <sub>15</sub> Advice on appropriate counselling skills
- <sub>16</sub> Other (please specify).....

37. If weight management educational resources were developed for pharmacy staff how would you like them to be formatted and distributed? (Tick all that apply)

- <sub>1</sub> In a booklet
- <sub>2</sub> In a pamphlet
- <sub>3</sub> Online (webpage)
- <sub>4</sub> On a CD
- <sub>5</sub> On a USB
- <sub>6</sub> In a monthly newsletter/magazine
- <sub>7</sub> Other (please specify).....

38. Do you have any comments regarding weight management services in community pharmacies?

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**Section E**

Questions 31-32 relate to the following case study:

**Effie, a 26 year old woman, comes into the pharmacy asking about folic acid tablets. She and her husband are currently trying to have a baby and she's heard folic acid is recommended prior to conceiving. While talking to her, she tells you she's worried about her weight as she's been told that being overweight can cause problems with fertility. She is currently 85 kg and 160 cm tall (BMI=33kg/m<sup>2</sup>). She doesn't know what she can do to lose weight and she's wondering if you could recommend anything.**

39. What BMI category is Effie in?

- <sub>1</sub> Underweight                      <sub>2</sub> Normal                      <sub>3</sub> Overweight  
<sub>4</sub> Obese                      <sub>5</sub> Severely obese

40. What would you recommend to help Effie lose weight? (Tick all that apply)

- <sub>1</sub> Nothing, she doesn't need to lose weight  
<sub>2</sub> Nothing, as she's trying to fall pregnant it's not good to lose weight  
<sub>3</sub> Decrease calorie intake  
<sub>4</sub> Increase exercise  
<sub>5</sub> Take a vitamin/herbal product (please specify).....  
<sub>6</sub> Take a meal replacement product (please specify).....  
<sub>7</sub> Join a pharmacy based weight loss clinic (please specify).....  
<sub>8</sub> Join a weight loss group e.g. Weight Watchers™  
<sub>9</sub> Refer her to a pharmacist

**THANK YOU FOR YOUR TIME**

**Please place pharmacy stamp  
here if you do not wish to  
receive a reminder letter. Your  
response will remain  
anonymous.**

## Community Pharmacy Weight Management Services (C)

### PHARMACY ASSISTANTS

**Please tick the appropriate box(es) and/or write in the spaces provided.**

#### Section A

1. In which Australian State or Territory is your pharmacy located?
 

<input type="checkbox"/> <sub>1</sub> New South Wales	<input type="checkbox"/> <sub>2</sub> Victoria	<input type="checkbox"/> <sub>3</sub> Queensland
<input type="checkbox"/> <sub>4</sub> Western Australia	<input type="checkbox"/> <sub>5</sub> South Australia	<input type="checkbox"/> <sub>6</sub> Tasmania
<input type="checkbox"/> <sub>5</sub> Northern Territory	<input type="checkbox"/> <sub>6</sub> Australian Capital Territory	
  
2. In which area is the pharmacy located (based on PhARIA classifications)?
 

<input type="checkbox"/> <sub>1</sub> Highly accessible	<input type="checkbox"/> <sub>2</sub> Accessible	<input type="checkbox"/> <sub>3</sub> Moderately accessible
<input type="checkbox"/> <sub>4</sub> Remote	<input type="checkbox"/> <sub>5</sub> Very Remote	
  
3. Is the pharmacy...?
 

<input type="checkbox"/> <sub>1</sub> Independently owned	<input type="checkbox"/> <sub>2</sub> Part of a group
---	---
  
4. What is your main role as a pharmacy assistant?
 

<input type="checkbox"/> <sub>1</sub> Weight loss consultant	<input type="checkbox"/> <sub>2</sub> Vitamin consultant	<input type="checkbox"/> <sub>3</sub> Retail manager
<input type="checkbox"/> <sub>4</sub> Other (please specify).....		
  
5. How long have you been a pharmacy assistant for?
 

<input type="checkbox"/> <sub>1</sub> Less than 6 months	<input type="checkbox"/> <sub>2</sub> 6-11 months	<input type="checkbox"/> <sub>3</sub> 1-4 years
<input type="checkbox"/> <sub>4</sub> 5-9 years	<input type="checkbox"/> <sub>5</sub> 10-19 years	<input type="checkbox"/> <sub>6</sub> Over 20 years
  
6. To which age group do you belong to?
 

<input type="checkbox"/> <sub>1</sub> 20-24	<input type="checkbox"/> <sub>2</sub> 25-30	<input type="checkbox"/> <sub>3</sub> 31-40
<input type="checkbox"/> <sub>4</sub> 41-50	<input type="checkbox"/> <sub>5</sub> 51-60	<input type="checkbox"/> <sub>6</sub> Over 60
  
7. Are you...?
 

<input type="checkbox"/> <sub>1</sub> Male	<input type="checkbox"/> <sub>2</sub> Female
--	--

#### Section B

8. Do you feel pharmacies have a role to play in tackling the overweight and obesity problem in Australia?
 

<input type="checkbox"/> <sub>1</sub> Yes	<input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>3</sub> Not sure
---	--	--
  
9. Does the pharmacy currently provide literature (information leaflets etc.) to customers on healthy eating and exercise?
 

<input type="checkbox"/> <sub>1</sub> Yes	<input type="checkbox"/> <sub>2</sub> No
---	--
  
10. Does the pharmacy display posters on weight loss or weight loss products?
 

<input type="checkbox"/> <sub>1</sub> Yes	<input type="checkbox"/> <sub>2</sub> No
---	--
  
11. In the last five years have you had any training/education about giving advice on weight management?
 

<input type="checkbox"/> <sub>1</sub> Yes	<input type="checkbox"/> <sub>2</sub> No
---	--

If **“YES”**, who did you receive this training from?

<input type="checkbox"/> <sub>1</sub> Pharmacist	<input type="checkbox"/> <sub>2</sub> Pharmacy magazines	<input type="checkbox"/> <sub>3</sub> Pharmacy groups e.g. PSA, Guild
--	--	---

12. What weight classification measure do you use to classify a customer's weight?  
<sub>1</sub> None                      <sub>2</sub> Weight (kg)                      <sub>3</sub> Waist Circumference (WC)  
<sub>3</sub> Body Mass Index (BMI)    <sub>4</sub> BMI and WC                      <sub>3</sub> Other (please specify).....

13. What equation is used to calculate BMI? (W= weight and H= height)  
<sub>1</sub> BMI= W(kg)/H (m<sup>2</sup>)                      <sub>2</sub> W (kg) X H (m<sup>2</sup>)                      <sub>3</sub> BMI= W(kg)/H (m)

14. Who is the main consumer group for weight loss products/programs at your pharmacy?  
<sub>1</sub> Men                      <sub>2</sub> Women                      <sub>3</sub> Both men and women

15. Does your pharmacy currently stock weight loss products?  
<sub>1</sub> Yes                      <sub>2</sub> No

If "NO", please specify why.

.....  
 .....

If "YES", where do you display these products?

- <sub>1</sub> Behind the counter                      <sub>2</sub> In self-selection areas                      <sub>3</sub> Other (please specify).....

16. Does your pharmacy have a weight management program for customers?  
<sub>1</sub> Yes                      <sub>2</sub> No

If "NO", is it due to (Tick all that apply):

- <sub>1</sub> Lack of time                      <sub>2</sub> Cost                      <sub>3</sub> Lack of knowledge/training  
<sub>4</sub> Lack of public interest                      <sub>5</sub> Other (please specify).....

If "YES", please provide the name(s) of the program(s) your pharmacy provides?

.....

17. Have you found this/these program(s) to be successful in terms of pharmacy intervention in the treatment of overweight/obesity?  
<sub>1</sub> Yes                      <sub>2</sub> No                      <sub>3</sub> Not applicable

**Section C**

18. Do you feel comfortable approaching a customer to discuss weight loss?  
<sub>1</sub> Yes                      <sub>2</sub> No                      <sub>3</sub> Unsure

19. If a patient approaches you regarding weight loss, do you ask...? (Tick all that apply)

- <sub>1</sub> Their reasons for wanting to lose weight  
<sub>2</sub> How much weight they would like to lose  
<sub>3</sub> If they have tried to lose weight before  
<sub>4</sub> About dietary habits  
<sub>5</sub> About exercise habits  
<sub>6</sub> About any existing medical conditions/diseases  
<sub>7</sub> If they take any medication  
<sub>8</sub> To check their weight/Body Mass Index (BMI)  
<sub>9</sub> Other (please specify).....  
 .....  
 .....

20. On average, how long would a typical pharmacist-customer consultation take following a request for information on weight loss?
- <sub>1</sub> less than 5 minutes      <sub>2</sub> 5-9 minutes      <sub>3</sub> 10-14 minutes  
<sub>4</sub> 15-19 minutes      <sub>5</sub> 20-29 minutes      <sub>6</sub> Over 30 minutes

21. Do you usually take customers to a private consultation area?
- <sub>1</sub> Yes      <sub>2</sub> No

If “NO”, please specify why.

.....  
 .....

22. When responding to a request for a weight loss product, do you...? (Tick all that apply)

- <sub>1</sub> Recommend a product  
<sub>2</sub> Advice against purchasing a weight loss product  
<sub>3</sub> Offer advice on healthy eating  
<sub>4</sub> Offer advice on increased physical activity  
<sub>5</sub> Offer advice on appropriate physical activity  
<sub>6</sub> Refer the customer to the pharmacist  
<sub>7</sub> Discuss available support networks  
<sub>8</sub> Offer a leaflet on weight loss products/ weight loss advice  
<sub>9</sub> Other (please specify).....  
 .....  
 .....

23. At which BMI would it be appropriate to recommend a weight loss product? (Tick all that apply)

- <sub>1</sub> Less than 27      <sub>2</sub> 27-29 with no associated medical conditions  
<sub>3</sub> Over 27 with associated medical conditions      <sub>4</sub> Over 30 with/without medical conditions

24. When recommending a weight loss product, which product(s) do you usually recommend? (Tick all that apply)

- <sub>1</sub> Not applicable - I would never recommend a weight loss product  
<sub>2</sub> Vitamin/herbal product (please specify).....  
<sub>3</sub> Meal replacement product (please specify).....  
<sub>4</sub> Other (please specify).....  
 .....

25. If a customer purchases a weight loss product, do you follow up on their progress?

- <sub>1</sub> Always      <sub>2</sub> Sometimes      <sub>3</sub> Never

26. When making weight management recommendations to customers does you refer to any guideline(s)?

- <sub>1</sub> Yes      <sub>2</sub> No

If “YES”, please specify the name(s) of the guideline(s).

.....

**Section D**

27. Which factors do you feel may improve the ability of the community pharmacist to tackle the overweight and obesity problem in Australia? (Tick all that apply)

- <sub>1</sub> Extra staff to provide appropriate counselling, advice and support to assist customers
- <sub>2</sub> Private counselling areas in pharmacies
- <sub>3</sub> Evidence-based weight management clinics in pharmacies
- <sub>4</sub> Healthy eating and increased exercise campaigns in pharmacies
- <sub>5</sub> Pharmacy specific weight management guidelines, information and educational resources
- <sub>6</sub> Further training for pharmacists
- <sub>7</sub> Further training for pharmacy assistants
- <sub>8</sub> Payment for services
- <sub>9</sub> Other (please specify).....

28. What further training would help you assist patients in weight management? (Tick all that apply)

- <sub>1</sub> No training required
- <sub>2</sub> Measurement of weight
- <sub>3</sub> Measurement of height
- <sub>4</sub> Measurement of waist circumference
- <sub>5</sub> Calculation of BMI
- <sub>6</sub> Measurement of blood pressure
- <sub>7</sub> Measurement of blood glucose
- <sub>8</sub> Estimation of body fat
- <sub>9</sub> Measurement of blood cholesterol
- <sub>10</sub> Advice on healthy eating to achieve weight loss or weight maintenance
- <sub>11</sub> Advice on physical activity to achieve weight loss or weight maintenance
- <sub>12</sub> Advice on weight loss products
- <sub>13</sub> Advice on weight loss drugs
- <sub>14</sub> Providing a one-to-one weight management consultation
- <sub>15</sub> Advice on appropriate counselling skills
- <sub>16</sub> Other (please specify).....

29. If weight management educational resources were developed for pharmacy staff how would you like them to be formatted and distributed? (Tick all that apply)

- <sub>1</sub> In a booklet
- <sub>2</sub> In a pamphlet
- <sub>3</sub> Online (webpage)
- <sub>4</sub> On a CD
- <sub>5</sub> On a USB
- <sub>6</sub> In a monthly newsletter/magazine
- <sub>7</sub> Other (please specify).....

30. Do you have any comments regarding weight management services in community pharmacies?

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**Section E**

Questions 31-32 relate to the following case study:

**Teresa, a 32 year old woman, comes into the pharmacy enquiring about “Blooms Svelte” tablets (a herbal product available over-the-counter that’s marketed for weight loss). Upon questioning, you discover that Teresa is three months pregnant with her first child. She weighs 70 kg and is 155 cm tall (BMI=29.1kg/m<sup>2</sup>). She’s heard that being overweight in pregnancy can cause problems so she thinks these herbal tablets will help her stop gaining excess weight. They’re herbal, so she thinks they’ll be safe in pregnancy. She just wants you to tell her how many tablets she needs to take and whether she needs to have them with or without food.**

31. Based on the information given to you in this case scenario, would you sell Teresa the “Blooms Svelte” tablets?

<sub>1</sub> Yes

<sub>2</sub> No

<sub>3</sub> Not sure

If “YES”, why?

.....  
.....  
.....

If “NO”, why not?

.....  
.....  
.....

32. What would you recommend to help Teresa stop gaining excess weight in her pregnancy? (Tick all that apply)

<sub>1</sub> Nothing, she doesn’t need to lose weight

<sub>2</sub> Nothing, as she’s pregnant it’s not good to lose weight

<sub>3</sub> Decrease calorie intake

<sub>4</sub> Increase exercise

<sub>5</sub> Take a vitamin/herbal product (please specify).....

<sub>6</sub> Take a meal replacement product (please specify).....

<sub>7</sub> Join a pharmacy based weight loss clinic (please specify).....

<sub>8</sub> Join a weight loss group e.g. Weight Watchers™

<sub>9</sub> Refer her to a pharmacist

**THANK YOU FOR YOUR TIME**

**Please place pharmacy stamp here if you do not wish to receive a reminder letter. Your response will remain anonymous.**

## Community Pharmacy Weight Management Services (D)

### PHARMACY ASSISTANTS

**Please tick the appropriate box(es) and/or write in the spaces provided.**

#### Section A

1. In which Australian State or Territory is your pharmacy located?
 

<input type="checkbox"/> <sub>1</sub> New South Wales	<input type="checkbox"/> <sub>2</sub> Victoria	<input type="checkbox"/> <sub>3</sub> Queensland
<input type="checkbox"/> <sub>4</sub> Western Australia	<input type="checkbox"/> <sub>5</sub> South Australia	<input type="checkbox"/> <sub>6</sub> Tasmania
<input type="checkbox"/> <sub>5</sub> Northern Territory	<input type="checkbox"/> <sub>6</sub> Australian Capital Territory	
  
2. In which area is the pharmacy located (based on PhARIA classifications)?
 

<input type="checkbox"/> <sub>1</sub> Highly accessible	<input type="checkbox"/> <sub>2</sub> Accessible	<input type="checkbox"/> <sub>3</sub> Moderately accessible
<input type="checkbox"/> <sub>4</sub> Remote	<input type="checkbox"/> <sub>5</sub> Very Remote	
  
3. Is the pharmacy...?
 

<input type="checkbox"/> <sub>1</sub> Independently owned	<input type="checkbox"/> <sub>2</sub> Part of a group
---	---
  
4. What is your main role as a pharmacy assistant?
 

<input type="checkbox"/> <sub>1</sub> Weight loss consultant	<input type="checkbox"/> <sub>2</sub> Vitamin consultant	<input type="checkbox"/> <sub>3</sub> Retail manager
<input type="checkbox"/> <sub>4</sub> Other (please specify).....		
  
5. How long have you been a pharmacy assistant for?
 

<input type="checkbox"/> <sub>1</sub> Less than 6 months	<input type="checkbox"/> <sub>2</sub> 6-11 months	<input type="checkbox"/> <sub>3</sub> 1-4 years
<input type="checkbox"/> <sub>4</sub> 5-9 years	<input type="checkbox"/> <sub>5</sub> 10-19 years	<input type="checkbox"/> <sub>6</sub> Over 20 years
  
6. To which age group do you belong to?
 

<input type="checkbox"/> <sub>1</sub> 20-24	<input type="checkbox"/> <sub>2</sub> 25-30	<input type="checkbox"/> <sub>3</sub> 31-40
<input type="checkbox"/> <sub>4</sub> 41-50	<input type="checkbox"/> <sub>5</sub> 51-60	<input type="checkbox"/> <sub>6</sub> Over 60
  
7. Are you...?
 

<input type="checkbox"/> <sub>1</sub> Male	<input type="checkbox"/> <sub>2</sub> Female
--	--

#### Section B

8. Do you feel pharmacies have a role to play in tackling the overweight and obesity problem in Australia?
 

<input type="checkbox"/> <sub>1</sub> Yes	<input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>3</sub> Not sure
---	--	--
  
9. Does the pharmacy currently provide literature (information leaflets etc.) to customers on healthy eating and exercise?
 

<input type="checkbox"/> <sub>1</sub> Yes	<input type="checkbox"/> <sub>2</sub> No
---	--
  
10. Does the pharmacy display posters on weight loss or weight loss products?
 

<input type="checkbox"/> <sub>1</sub> Yes	<input type="checkbox"/> <sub>2</sub> No
---	--
  
11. In the last five years have you had any training/education about giving advice on weight management?
 

<input type="checkbox"/> <sub>1</sub> Yes	<input type="checkbox"/> <sub>2</sub> No
---	--

If **“YES”**, who did you receive this training from?

<input type="checkbox"/> <sub>1</sub> Pharmacist	<input type="checkbox"/> <sub>2</sub> Pharmacy magazines	<input type="checkbox"/> <sub>3</sub> Pharmacy groups e.g. PSA, Guild
--	--	---

12. What weight classification measure do you use to classify a customer's weight?  
<sub>1</sub> None                      <sub>2</sub> Weight (kg)                      <sub>3</sub> Waist Circumference (WC)  
<sub>3</sub> Body Mass Index (BMI)    <sub>4</sub> BMI and WC                      <sub>3</sub> Other (please specify).....

13. What equation is used to calculate BMI? (W= weight and H= height)  
<sub>1</sub> BMI= W(kg)/H (m<sup>2</sup>)                      <sub>2</sub> W (kg) X H (m<sup>2</sup>)                      <sub>3</sub> BMI= W(kg)/H (m)

14. Who is the main consumer group for weight loss products/programs at your pharmacy?  
<sub>1</sub> Men                      <sub>2</sub> Women                      <sub>3</sub> Both men and women

15. Does your pharmacy currently stock weight loss products?  
<sub>1</sub> Yes                      <sub>2</sub> No

If "NO", please specify why.

.....  
 .....

If "YES", where do you display these products?

- <sub>1</sub> Behind the counter                      <sub>2</sub> In self-selection areas                      <sub>3</sub> Other (please specify).....

16. Does your pharmacy have a weight management program for customers?  
<sub>1</sub> Yes                      <sub>2</sub> No

If "NO", is it due to (Tick all that apply):

- <sub>1</sub> Lack of time                      <sub>2</sub> Cost                      <sub>3</sub> Lack of knowledge/training  
<sub>4</sub> Lack of public interest                      <sub>5</sub> Other (please specify).....

If "YES", please provide the name(s) of the program(s) your pharmacy provides?

.....

17. Have you found this/these program(s) to be successful in terms of pharmacy intervention in the treatment of overweight/obesity?  
<sub>1</sub> Yes                      <sub>2</sub> No                      <sub>3</sub> Not applicable

**Section C**

18. Do you feel comfortable approaching a customer to discuss weight loss?  
<sub>1</sub> Yes                      <sub>2</sub> No                      <sub>3</sub> Unsure

19. If a patient approaches you regarding weight loss, do you ask...? (Tick all that apply)

- <sub>1</sub> Their reasons for wanting to lose weight  
<sub>2</sub> How much weight they would like to lose  
<sub>3</sub> If they have tried to lose weight before  
<sub>4</sub> About dietary habits  
<sub>5</sub> About exercise habits  
<sub>6</sub> About any existing medical conditions/diseases  
<sub>7</sub> If they take any medication  
<sub>8</sub> To check their weight/Body Mass Index (BMI)  
<sub>9</sub> Other (please specify).....

.....  
 .....

20. On average, how long would a typical pharmacist-customer consultation take following a request for information on weight loss?
- <sub>1</sub> less than 5 minutes      <sub>2</sub> 5-9 minutes      <sub>3</sub> 10-14 minutes  
<sub>4</sub> 15-19 minutes      <sub>5</sub> 20-29 minutes      <sub>6</sub> Over 30 minutes

21. Do you usually take customers to a private consultation area?
- <sub>1</sub> Yes      <sub>2</sub> No

If “NO”, please specify why.

.....  
 .....

22. When responding to a request for a weight loss product, do you...? (Tick all that apply)

- <sub>1</sub> Recommend a product  
<sub>2</sub> Advice against purchasing a weight loss product  
<sub>3</sub> Offer advice on healthy eating  
<sub>4</sub> Offer advice on increased physical activity  
<sub>5</sub> Offer advice on appropriate physical activity  
<sub>6</sub> Refer the customer to the pharmacist  
<sub>7</sub> Discuss available support networks  
<sub>8</sub> Offer a leaflet on weight loss products/ weight loss advice  
<sub>9</sub> Other (please specify).....  
 .....  
 .....

23. At which BMI would it be appropriate to recommend a weight loss product? (Tick all that apply)

- <sub>1</sub> Less than 27      <sub>2</sub> 27-29 with no associated medical conditions  
<sub>3</sub> Over 27 with associated medical conditions      <sub>4</sub> Over 30 with/without medical conditions

24. When recommending a weight loss product, which product(s) do you usually recommend? (Tick all that apply)

- <sub>1</sub> Not applicable - I would never recommend a weight loss product  
<sub>2</sub> Vitamin/herbal product (please specify).....  
<sub>3</sub> Meal replacement product (please specify).....  
<sub>4</sub> Other (please specify).....  
 .....

25. If a customer purchases a weight loss product, do you follow up on their progress?

- <sub>1</sub> Always      <sub>2</sub> Sometimes      <sub>3</sub> Never

26. When making weight management recommendations to customers does you refer to any guideline(s)?

- <sub>1</sub> Yes      <sub>2</sub> No

If “YES”, please specify the name(s) of the guideline(s).

.....

**Section D**

27. Which factors do you feel may improve the ability of the community pharmacist to tackle the overweight and obesity problem in Australia? (Tick all that apply)

- <sub>1</sub> Extra staff to provide appropriate counselling, advice and support to assist customers
- <sub>2</sub> Private counselling areas in pharmacies
- <sub>3</sub> Evidence-based weight management clinics in pharmacies
- <sub>4</sub> Healthy eating and increased exercise campaigns in pharmacies
- <sub>5</sub> Pharmacy specific weight management guidelines, information and educational resources
- <sub>6</sub> Further training for pharmacists
- <sub>7</sub> Further training for pharmacy assistants
- <sub>8</sub> Payment for services
- <sub>9</sub> Other (please specify).....

28. What further training would help you assist patients in weight management? (Tick all that apply)

- <sub>1</sub> No training required
- <sub>2</sub> Measurement of weight
- <sub>3</sub> Measurement of height
- <sub>4</sub> Measurement of waist circumference
- <sub>5</sub> Calculation of BMI
- <sub>6</sub> Measurement of blood pressure
- <sub>7</sub> Measurement of blood glucose
- <sub>8</sub> Estimation of body fat
- <sub>9</sub> Measurement of blood cholesterol
- <sub>10</sub> Advice on healthy eating to achieve weight loss or weight maintenance
- <sub>11</sub> Advice on physical activity to achieve weight loss or weight maintenance
- <sub>12</sub> Advice on weight loss products
- <sub>13</sub> Advice on weight loss drugs
- <sub>14</sub> Providing a one-to-one weight management consultation
- <sub>15</sub> Advice on appropriate counselling skills
- <sub>16</sub> Other (please specify).....

29. If weight management educational resources were developed for pharmacy staff how would you like them to be formatted and distributed? (Tick all that apply)

- <sub>1</sub> In a booklet
- <sub>2</sub> In a pamphlet
- <sub>3</sub> Online (webpage)
- <sub>4</sub> On a CD
- <sub>5</sub> On a USB
- <sub>6</sub> In a monthly newsletter/magazine
- <sub>7</sub> Other (please specify).....

30. Do you have any comments regarding weight management services in community pharmacies?

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**Section E**

Questions 31-34 relate to the following case study:

**Madoline, a 28 year old woman, comes into the pharmacy wanting to purchase a box of Optifast®. She has never used Optifast® before but she has heard that it produces fantastic weight loss results. She tells you that she currently weighs 103 kg and is 170 cm tall (BMI=35.6kg/m<sup>2</sup>). Madoline gave birth eight months ago to a gorgeous baby girl. Since pre-pregnancy she has gained 15 kg. She feels self-conscious about her weight and really wants to try Optifast®. She is no longer breastfeeding and does not take any medications.**

31. Does Madoline need to lose weight?  
<sub>1</sub> Yes                      <sub>2</sub> No                      <sub>3</sub> Not sure

32. Based on the information given to you in this case scenario, would you sell Optifast® to Madoline?  
<sub>1</sub> Yes                      <sub>2</sub> No                      <sub>3</sub> Not sure

If “**YES**”, what counselling would you provide on Optifast®?

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33. What else could you recommend to help Madoline lose weight? (Tick all that apply)

- <sub>1</sub> Nothing, she doesn't need to lose weight
- <sub>2</sub> Nothing, as she's recently had a baby it's not good to lose weight
- <sub>3</sub> Decrease calorie intake
- <sub>4</sub> Increase exercise
- <sub>5</sub> Take a vitamin/herbal product (please specify).....
- <sub>6</sub> Take a meal replacement product (please specify).....
- <sub>7</sub> Join a pharmacy based weight loss clinic (please specify).....
- <sub>8</sub> Join a weight loss group e.g. Weight Watchers™
- <sub>9</sub> Refer her to a pharmacist

34. Would you recommend any lifestyle changes to assist Madoline lose weight?  
<sub>1</sub> Yes                      <sub>2</sub> No

If “**YES**” what recommendations would you make? (Tick all that apply)

- <sub>1</sub> Decrease fat intake
- <sub>2</sub> Decrease carbohydrate intake
- <sub>3</sub> Increase protein intake
- <sub>4</sub> Increase exercise (15 minutes, 3 days a week)
- <sub>5</sub> Increase exercise (30 minutes, 5 or more days a week)
- <sub>6</sub> Increase water intake (aim for 8 cups a day)
- <sub>7</sub> Keep a food diary

**THANK YOU FOR YOUR TIME**

**Please place pharmacy stamp here if you do not wish to receive a reminder letter. Your response will remain anonymous.**

## Community Pharmacy Weight Management Services (E)

### PHARMACY ASSISTANTS

Please tick the appropriate box(es) and/or write in the spaces provided.

#### Section A

- In which Australian State or Territory is your pharmacy located?  
<sub>1</sub> New South Wales      <sub>2</sub> Victoria      <sub>3</sub> Queensland  
<sub>4</sub> Western Australia      <sub>5</sub> South Australia      <sub>6</sub> Tasmania  
<sub>5</sub> Northern Territory      <sub>6</sub> Australian Capital Territory
- In which area is the pharmacy located (based on PhARIA classifications)?  
<sub>1</sub> Highly accessible      <sub>2</sub> Accessible      <sub>3</sub> Moderately accessible  
<sub>4</sub> Remote      <sub>5</sub> Very Remote
- Is the pharmacy...?      <sub>1</sub> Independently owned      <sub>2</sub> Part of a group
- What is your main role as a pharmacy assistant?  
<sub>1</sub> Weight loss consultant      <sub>2</sub> Vitamin consultant      <sub>3</sub> Retail manager  
<sub>4</sub> Other (please specify).....
- How long have you been a pharmacy assistant for?  
<sub>1</sub> Less than 6 months      <sub>2</sub> 6-11 months      <sub>3</sub> 1-4 years  
<sub>4</sub> 5-9 years      <sub>5</sub> 10-19 years      <sub>6</sub> Over 20 years
- To which age group do you belong to?  
<sub>1</sub> 20-24      <sub>2</sub> 25-30      <sub>3</sub> 31-40  
<sub>4</sub> 41-50      <sub>5</sub> 51-60      <sub>6</sub> Over 60
- Are you...?      <sub>1</sub> Male      <sub>2</sub> Female

#### Section B

- Do you feel pharmacies have a role to play in tackling the overweight and obesity problem in Australia?  
<sub>1</sub> Yes      <sub>2</sub> No      <sub>3</sub> Not sure
- Does the pharmacy currently provide literature (information leaflets etc.) to customers on healthy eating and exercise?  
<sub>1</sub> Yes      <sub>2</sub> No
- Does the pharmacy display posters on weight loss or weight loss products?  
<sub>1</sub> Yes      <sub>2</sub> No
- In the last five years have you had any training/education about giving advice on weight management?  
<sub>1</sub> Yes      <sub>2</sub> No  
If **“YES”**, who did you receive this training from?  
<sub>1</sub> Pharmacist      <sub>2</sub> Pharmacy magazines      <sub>3</sub> Pharmacy groups e.g. PSA, Guild

12. What weight classification measure do you use to classify a customer's weight?  
<sub>1</sub> None                      <sub>2</sub> Weight (kg)                      <sub>3</sub> Waist Circumference (WC)  
<sub>3</sub> Body Mass Index (BMI)    <sub>4</sub> BMI and WC                      <sub>3</sub> Other (please specify).....

13. What equation is used to calculate BMI? (W= weight and H= height)  
<sub>1</sub> BMI= W(kg)/H (m<sup>2</sup>)                      <sub>2</sub> W (kg) X H (m<sup>2</sup>)                      <sub>3</sub> BMI= W(kg)/H (m)

14. Who is the main consumer group for weight loss products/programs at your pharmacy?  
<sub>1</sub> Men                      <sub>2</sub> Women                      <sub>3</sub> Both men and women

15. Does your pharmacy currently stock weight loss products?  
<sub>1</sub> Yes                      <sub>2</sub> No

If "NO", please specify why.

.....  
 .....

If "YES", where do you display these products?

- <sub>1</sub> Behind the counter                      <sub>2</sub> In self-selection areas                      <sub>3</sub> Other (please specify).....

16. Does your pharmacy have a weight management program for customers?  
<sub>1</sub> Yes                      <sub>2</sub> No

If "NO", is it due to (Tick all that apply):

- <sub>1</sub> Lack of time                      <sub>2</sub> Cost                      <sub>3</sub> Lack of knowledge/training  
<sub>4</sub> Lack of public interest                      <sub>5</sub> Other (please specify).....

If "YES", please provide the name(s) of the program(s) your pharmacy provides?

.....

17. Have you found this/these program(s) to be successful in terms of pharmacy intervention in the treatment of overweight/obesity?  
<sub>1</sub> Yes                      <sub>2</sub> No                      <sub>3</sub> Not applicable

### Section C

18. Do you feel comfortable approaching a customer to discuss weight loss?  
<sub>1</sub> Yes                      <sub>2</sub> No                      <sub>3</sub> Unsure

19. If a patient approaches you regarding weight loss, do you ask...? (Tick all that apply)

- <sub>1</sub> Their reasons for wanting to lose weight  
<sub>2</sub> How much weight they would like to lose  
<sub>3</sub> If they have tried to lose weight before  
<sub>4</sub> About dietary habits  
<sub>5</sub> About exercise habits  
<sub>6</sub> About any existing medical conditions/diseases  
<sub>7</sub> If they take any medication  
<sub>8</sub> To check their weight/Body Mass Index (BMI)  
<sub>9</sub> Other (please specify).....

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20. On average, how long would a typical pharmacist-customer consultation take following a request for information on weight loss?
- <sub>1</sub> less than 5 minutes      <sub>2</sub> 5-9 minutes      <sub>3</sub> 10-14 minutes  
<sub>4</sub> 15-19 minutes      <sub>5</sub> 20-29 minutes      <sub>6</sub> Over 30 minutes

21. Do you usually take customers to a private consultation area?
- <sub>1</sub> Yes      <sub>2</sub> No

If “NO”, please specify why.

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22. When responding to a request for a weight loss product, do you...? (Tick all that apply)

- <sub>1</sub> Recommend a product  
<sub>2</sub> Advice against purchasing a weight loss product  
<sub>3</sub> Offer advice on healthy eating  
<sub>4</sub> Offer advice on increased physical activity  
<sub>5</sub> Offer advice on appropriate physical activity  
<sub>6</sub> Refer the customer to the pharmacist  
<sub>7</sub> Discuss available support networks  
<sub>8</sub> Offer a leaflet on weight loss products/ weight loss advice  
<sub>9</sub> Other (please specify).....  
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23. At which BMI would it be appropriate to recommend a weight loss product? (Tick all that apply)

- <sub>1</sub> Less than 27      <sub>2</sub> 27-29 with no associated medical conditions  
<sub>3</sub> Over 27 with associated medical conditions      <sub>4</sub> Over 30 with/without medical conditions

24. When recommending a weight loss product, which product(s) do you usually recommend? (Tick all that apply)

- <sub>1</sub> Not applicable - I would never recommend a weight loss product  
<sub>2</sub> Vitamin/herbal product (please specify).....  
<sub>3</sub> Meal replacement product (please specify).....  
<sub>4</sub> Other (please specify).....  
 .....

25. If a customer purchases a weight loss product, do you follow up on their progress?

- <sub>1</sub> Always      <sub>2</sub> Sometimes      <sub>3</sub> Never

26. When making weight management recommendations to customers does you refer to any guideline(s)?

- <sub>1</sub> Yes      <sub>2</sub> No

If “YES”, please specify the name(s) of the guideline(s).

.....

**Section D**

27. Which factors do you feel may improve the ability of the community pharmacist to tackle the overweight and obesity problem in Australia? (Tick all that apply)

- <sub>1</sub> Extra staff to provide appropriate counselling, advice and support to assist customers
- <sub>2</sub> Private counselling areas in pharmacies
- <sub>3</sub> Evidence-based weight management clinics in pharmacies
- <sub>4</sub> Healthy eating and increased exercise campaigns in pharmacies
- <sub>5</sub> Pharmacy specific weight management guidelines, information and educational resources
- <sub>6</sub> Further training for pharmacists
- <sub>7</sub> Further training for pharmacy assistants
- <sub>8</sub> Payment for services
- <sub>9</sub> Other (please specify).....  
.....  
.....

28. What further training would help you assist patients in weight management? (Tick all that apply)

- <sub>1</sub> No training required
- <sub>2</sub> Measurement of weight
- <sub>3</sub> Measurement of height
- <sub>4</sub> Measurement of waist circumference
- <sub>5</sub> Calculation of BMI
- <sub>6</sub> Measurement of blood pressure
- <sub>7</sub> Measurement of blood glucose
- <sub>8</sub> Estimation of body fat
- <sub>9</sub> Measurement of blood cholesterol
- <sub>10</sub> Advice on healthy eating to achieve weight loss or weight maintenance
- <sub>11</sub> Advice on physical activity to achieve weight loss or weight maintenance
- <sub>12</sub> Advice on weight loss products
- <sub>13</sub> Advice on weight loss drugs
- <sub>14</sub> Providing a one-to-one weight management consultation
- <sub>15</sub> Advice on appropriate counselling skills
- <sub>16</sub> Other (please specify).....  
.....  
.....

29. If weight management educational resources were developed for pharmacy staff how would you like them to be formatted and distributed? (Tick all that apply)

- <sub>1</sub> In a booklet
- <sub>2</sub> In a pamphlet
- <sub>3</sub> Online (webpage)
- <sub>4</sub> On a CD
- <sub>5</sub> On a USB
- <sub>6</sub> In a monthly newsletter/magazine
- <sub>7</sub> Other (please specify).....

30. Do you have any comments regarding weight management services in community pharmacies?

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**Section E**

Questions 31-35 relate to the following case study:

**Sarah, a 48 year old woman, comes into the pharmacy enquiring about your new weight management program that involves two meal replacements a day and a protein meal. She tells you that ever since her doctor told her that she has reached menopause (four years ago), she's gained about 20 kg. She's always been on the 'heavy side' but now she's getting really concerned. She weighs about 110 kg and is 160 cm tall (BMI=43kg/m<sup>2</sup>). She's tried everything to lose weight and this program is her last option.**

31. What BMI category is Sarah in?

- <sub>1</sub> Underweight                      <sub>2</sub> Normal                      <sub>3</sub> Overweight  
<sub>4</sub> Obese                      <sub>5</sub> Severely obese

32. What health conditions is Sarah at an increased risk of (tick all that apply)?

- <sub>1</sub> Nothing                      <sub>2</sub> Type 2 diabetes                      <sub>3</sub> Gastro-oesophageal reflux disease  
<sub>4</sub> Cardiovascular disease                      <sub>5</sub> Osteoarthritis                      <sub>6</sub> Depression  
<sub>7</sub> Gallstones                      <sub>8</sub> Certain cancers                      <sub>9</sub> Sleep apnoea  
<sub>10</sub> Others (please specify).....

33. Based on the information given to you in this case scenario, would you refer Sarah to the pharmacist?

- <sub>1</sub> Yes                      <sub>2</sub> No                      <sub>3</sub> Unsure

If "YES", why? If "NO", why not?

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.....

34. Would the new pharmacy weight management program be appropriate for her?

- <sub>1</sub> Yes                      <sub>2</sub> No                      <sub>3</sub> Unsure

If "YES" or "NO", please specify why.

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.....  
.....

35. What else could you recommend to help Sarah lose weight? (Tick all that apply)

- <sub>1</sub> Nothing, she doesn't need to lose weight  
<sub>2</sub> Nothing, she's already tried everything  
<sub>3</sub> Decrease calorie intake  
<sub>4</sub> Increase exercise  
<sub>5</sub> Take a vitamin/herbal product (please specify).....  
<sub>6</sub> Take a meal replacement product (please specify).....  
<sub>7</sub> Join a weight loss group e.g. Weight Watchers™

**THANK YOU FOR YOUR TIME**

**Please place pharmacy stamp here if you do not wish to receive a reminder letter. Your response will remain anonymous.**