

Appendix 1: Survey of Family Physicians and Nurse Practitioners

CADTH developed the questions in the survey of family physicians (FPs) and nurse practitioners (NPs). The survey was designed to gather information about primary care practitioners' views and experiences regarding prescribing therapies (both drug and behavioural or psychological) for treating patients with insomnia disorder.

Primary Care Practitioner Practice

1. Please identify your specialty:

- Family physician Nurse practitioner Pharmacist

2. In which province or territory do you practice/are you located?

- Alberta Newfoundland and Labrador Ontario Yukon
- British Columbia Northwest Territories Prince Edward Island
- Manitoba Nova Scotia Quebec
- New Brunswick Nunavut Saskatchewan

3. Which populations does your practice serve? *(check all that apply)*

- Urban Rural Remote Other
(please specify)

4. How many years have you been practising in primary care? (please specify)

5. Approximately how many adults with insomnia disorder (acute and chronic) do you treat per month, on average? (please specify)

Insomnia Disorder Therapies

A1. What is your preferred therapy for patients with insomnia disorder?

- Drug therapy only
- Behavioural therapy only
- Combined drug and behavioural therapy
- Other (please specify)

A2. Please comment on how you choose therapy for insomnia disorder, including any standard therapeutic routine you might have.

A3. What influences you to recommend or prescribe an alternate to your preferred option?

(check all that apply)

- Cost to patient
- Cost to health care system
- Availability of resources for referral for behavioural interventions
- Patient preference
- My own knowledge of behavioural interventions for insomnia
- Patient comorbidities
- Perceived effectiveness of the intervention
- Potential side effects
- Other (please specify)

A4. Please select the intervention you routinely prescribe or recommend for patients with insomnia disorder. *(check all that apply)*

Drug therapies

- Benzodiazepines (e.g., clonazepam, temazepam, lorazepam)
- Z-drugs (e.g., zopiclone, zolpidem)
- Antidepressants (e.g., trazodone, amitriptyline, doxepin)
- Antipsychotic drugs (e.g., quetiapine)
- Over-the-counter medications (e.g., melatonin, antihistamines)
- Other (please specify)

Behavioural therapies

- Sleep hygiene
- Relaxation training
- Cognitive behavioural therapy for insomnia (CBT-I)
- CBT-I books
- CBT-I electronic programs (e.g., SHUTI or Sleepio)
- CBT-I for anxiety
- Sleep restriction therapy
- Stimulus control therapy
- Mindfulness
- Combination therapy (drug and behavioural intervention)
- Other (please specify)

A5. Do you have any specific comments regarding the prescription of sedative-hypnotics (i.e., benzodiazepines and z-drugs) for insomnia disorder?

- Yes (*please provide details*)
- No

A6. How long do you typically prescribe sedative or hypnotic medication for a patient with insomnia disorder?

- 7 to 14 days
- 30 days
- 90 days
- 6 months
- 1 year or more

A7. How long do you typically recommend behavioural therapy for a patient with insomnia disorder?

- 7 to 14 days
- 30 days
- 90 days
- 6 months
- 1 year or more

A8. What is your standard follow-up routine for patients with insomnia disorder?

- Every 2 to 4 weeks until they are stable
- Every 6 to 12 weeks until they are stable
- 3 months after initiating treatment
- 6 months after initiating treatment
- Annually
- No follow-up is booked (the patient is advised to follow-up as needed)
- Other (please specify)

A9. Where do you seek information about insomnia disorder? (*check all that apply*)

- Internal/organizational or local treatment guidelines
- Continuing professional development material
- Previous clinical experience
- Other (please specify)
- National or international clinical practice guidelines
- Specialist or expert advice
- Other clinical decision-making tools
- Apps (check all that apply)
 - UptoDate
 - Dynamed
 - RxTx
 - WebMD
 - Medscape
 - Other (please specify)

A10. In your opinion, what would improve your ability to recommend or prescribe the most appropriate intervention for your patients with insomnia disorder? *(check all that apply)*

- Continuing medical education
- Canadian guidelines on insomnia disorder
- Local availability of insomnia disorder program for referral
- Availability of psychological or behavioural therapies
- Patient education
- Decision aid tools
- Other (please specify)

QE1. Do you have any other comments you would like to share regarding prescribing and treatment practices for insomnia disorder?

QE2. Thank you for completing the survey. Would you be interested in participating in further research about the prescribing and treatment practices for insomnia disorder in the form of a telephone interview?

- Yes *(please provide details)*
- No

QE3. What is your gender?

- Male
- Female
- Prefer not to answer