

Appendix 2: Survey of Pharmacists

CADTH developed the questions for the survey of pharmacists. The survey was designed to gather information about primary care practitioners' views and experiences with prescribing therapies (both drug and behavioural or psychological) to treat patients with insomnia disorder.

Pharmacist Practice

1. Please identify your specialty:

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

Alberta Newfoundland and Ontario Yukon

Labrador

British Columbia Northwest Prince Edward

Territories 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 as a pharmacist? (please specify)

Insomnia Disorder Therapies

- B1. Approximately how many adults diagnosed and treated by a physician for insomnia disorder (acute and chronic) do you see, on average, per month in your pharmacy? (please specify)
- B2. Please select the most common interventions you see prescribed or recommended by physicians 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)

B3. How long a period do you most commonly see sedative or hypnotic medications prescribed for patients with insomnia disorder?

7 to 14 days 30 days 90 days

6 months 1 year or more

B4. 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

B5. In addition to counselling on medications, which of the following best describes your interaction with patients diagnosed with insomnia disorder?

I routinely discuss behavioural therapies with all or most patients diagnosed with insomnia disorder

I do not routinely discuss behavioural therapies with patients diagnosed with insomnia disorder

B6. Which of the following behavioural therapies do you typically discuss? *(check all that apply)* 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

Other (please specify)



B7. Where do you seek information about insomnia disorder? (check all that apply)

Internal/ Continuing 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)

- 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 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