

APPENDIX 1 – SURVEY DATA COLLECTION PROFORMA

DOCTORS GRADE: FY1 <input type="checkbox"/> FY2 <input type="checkbox"/> ST1+ <input type="checkbox"/> Consultant <input type="checkbox"/>				
STATEMENTS EXPLORING BARRIERS TO BEST PRACTICE				
STATEMENT 1: I am confident in taking a patients allergy history and interpreting it				
Strongly agree <input type="checkbox"/>	Agree <input type="checkbox"/>	Neutral <input type="checkbox"/>	Strongly disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>
STATEMENT 2: I feel I have enough time to take a detailed drug allergy history				
Strongly agree <input type="checkbox"/>	Agree <input type="checkbox"/>	Neutral <input type="checkbox"/>	Strongly disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>
STATEMENT 3: I feel confident in drawing a firm conclusion about an allergy based on the patient's history alone				
Strongly agree <input type="checkbox"/>	Agree <input type="checkbox"/>	Neutral <input type="checkbox"/>	Strongly disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>
STATEMENT 4: It is mostly the duty of the pharmacist to take the allergy history				
Strongly agree <input type="checkbox"/>	Agree <input type="checkbox"/>	Neutral <input type="checkbox"/>	Strongly disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>
STATEMENT 5: Regardless of the specific details in the history it is better to err on the side of caution, and avoid beta-lactams in patients reporting a penicillin allergy				
Strongly agree <input type="checkbox"/>	Agree <input type="checkbox"/>	Neutral <input type="checkbox"/>	Strongly disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>
STATEMENT 6: I am aware of the NICE clinical guidance for diagnosing and managing drug allergies				
Strongly agree <input type="checkbox"/>	Agree <input type="checkbox"/>	Neutral <input type="checkbox"/>	Strongly disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>
STATEMENT 7: I feel confident in using the NICE criteria for documenting a patients penicillin allergy				
Strongly agree <input type="checkbox"/>	Agree <input type="checkbox"/>	Neutral <input type="checkbox"/>	Strongly disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>
STATEMENT 8: I am aware of the NICE guidance criteria for referring patients to drug allergy services				
Strongly agree <input type="checkbox"/>	Agree <input type="checkbox"/>	Neutral <input type="checkbox"/>	Strongly disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>
STATEMENT 9: I have referred patients with a label of penicillin allergy to a drug allergy service				
Strongly agree <input type="checkbox"/>	Agree <input type="checkbox"/>	Neutral <input type="checkbox"/>	Strongly disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>
STATEMENT 10: I am aware of the implications of prescribing alternative antibiotics to beta-lactams in patients who do not have a penicillin allergy				
Strongly agree <input type="checkbox"/>	Agree <input type="checkbox"/>	Neutral <input type="checkbox"/>	Strongly disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>
STATEMENT 11: I feel confident in removing a patients label of penicillin allergy based on history alone, if not suggestive of allergy				
Strongly agree <input type="checkbox"/>	Agree <input type="checkbox"/>	Neutral <input type="checkbox"/>	Strongly disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>
Would you feel confident using any of the following to support your decision to remove penicillin allergy label, based on history alone				
Educational material <input type="checkbox"/> Drug allergy app <input type="checkbox"/> flow chart <input type="checkbox"/> web-based algorithm <input type="checkbox"/>				