

Online Appendix. The electronic survey

1. Are you:	<input type="checkbox"/> Male <input type="checkbox"/> Female
2. How old are you?	<input type="checkbox"/> 20-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input type="checkbox"/> 60-69 <input type="checkbox"/> Older than 70
3. Please state your undergraduate qualification:	<i>(Open text)</i>
4. Do you have a postgraduate qualification? If 'yes': a) Please indicate the level of your post-graduate qualification: b) Is your postgraduate qualification: c) If health-related, please indicate which discipline:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Graduate Certificate <input type="checkbox"/> Graduate Diploma <input type="checkbox"/> Masters <input type="checkbox"/> PhD (Doctorate) <input type="checkbox"/> Health-related <input type="checkbox"/> Not health-related <input type="checkbox"/> Pharmacy <input type="checkbox"/> Public Health <input type="checkbox"/> Health Promotion <input type="checkbox"/> Cancer Studies <input type="checkbox"/> Psychology <input type="checkbox"/> Nutrition / Dietetics <input type="checkbox"/> Other
5. What is the postcode of your community pharmacy?	<i>(Open text)</i>
6. How long have you been a community pharmacist?	<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-5 years <input type="checkbox"/> 6-10 years <input type="checkbox"/> 11-15 years <input type="checkbox"/> 16-20 years <input type="checkbox"/> 21-25 years <input type="checkbox"/> More than 25 years

<p>7. Is your community pharmacy part of a banner group (i.e. <i>Amcal, Terry White, etc.</i>)?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>8. Do you agree or disagree with the following statements?</p> <p>a) I think discussing health advice with my clients, such as cancer screening, is part of my role as a pharmacist?</p> <p>b) I think discussing health advice with my clients, such as cancer screening, is a <u>valuable</u>, part of my daily routine?</p> <p>c) I have time to provide health advice, such as cancer screening, to my clients as part of my daily routine?</p>	<p><i>(Likert scale: 1 = strongly disagree to 10 = strongly agree)</i></p>
<p>9. On a scale of 1 (very poor) to 5 (excellent), please indicate your confidence in discussing the following with clients in your pharmacy:</p> <ul style="list-style-type: none"> • Breast cancer • Breast cancer prevention • Breast awareness (self-examination) • Breast cancer screening • Bowel cancer • Bowel cancer screening • Bowel cancer prevention 	<p><i>(Likert scale: 1 = very poor to 5 = excellent)</i></p>
<p>10. Do you think the following statements are true or false?</p> <ul style="list-style-type: none"> • Overweight and obesity increase the risk of both breast and bowel cancer • Drinking alcohol above recommended guidelines increases the risk of cancer • Smoking tobacco increases the risk of cancer • A healthy diet reduces the risk of cancer • People over 50 years of age should be screened for bowel cancer every 2 years • Only people who have symptoms should be screened for bowel cancer • Most breast cancers occur in women over 50 years of age • A breastscreen (mammogram) can detect breast cancer before a lump can be felt 	<p><i>(True, false or uncertain checkbox options)</i></p>