

## Post-interview pharmacist survey (English)

### 1. Introduction

Dear Pharmacist,

Thank you for participating in the pilot study with Autoscriber®.

We would now like to get to know your experiences and feedback. This questionnaire focuses on your use of Autoscriber® during medication reviews and explores aspects such as ease of use, time savings, transcription quality, and the impact on patient interaction. In addition, we would like to gather your personal impressions and any aspects you believe deserve further attention. Your responses are extremely valuable for evaluating the added value and feasibility of this technology in community pharmacy practice. The questionnaire takes approximately 15 minutes to complete, and all data will be processed in a strictly confidential and anonymous manner.

We also ask that you use this form to submit the following files to the research team:

- The transcription and summary generated by Autoscriber®
- The generated report for the pharmacy
- The audio recording

Thank you in advance for your cooperation!

**Q0a. Please enter the study number assigned to you by the research team.**

**Q0b. Please enter the patient number you assigned yourself.**

**Q1. Is this the first time you have performed a medication review using Autoscriber®?**

- Yes
- No

*Display this question:*

*If "Is this the first time you have performed a medication review using Autoscriber®?" = No*

**Q1a. How many medication reviews have you already performed using Autoscriber®?**

- 2
- 3
- 4
- 5
- More than 5

**2. General satisfaction**

**Q2. Are you satisfied with the use of Autoscriber® during medication reviews?**

Very dissatisfied Very satisfied

0 1 2 3 4 5 6 7 8 9 10



**Q3. Would you recommend Autoscriber® to your colleagues?**

- Definitely not
- Probably not
- Neutral / not sure
- Probably yes
- Definitely yes

**3. Efficiency and time savings**

**Q4a. Did Autoscriber® help you save time during medication reviews compared with the period before implementation?**

- Yes
- No
- I don't know / maybe

*Display this question:*

*If "Did Autoscriber® help you save time during medication reviews compared with the period before implementation" = Yes*

**Q4b. If yes, how much time did you save on average per medication review?**

**Q5. How much time did you spend copying and pasting the generated text into the e-form?**

**4. Technical performance and accuracy**

**Q6a. Did you encounter any technical issues?**

- Yes
- No

*Display this question: If "Did you encounter any technical issues?" = Yes*

**Q6b. Can you specify which issues you encountered?**

**5. Impact on patient care**

**Q7. Did Autoscriber® enable you to discuss more detailed aspects with patients during the medication review?**

- Not at all
- Rather not
- Neutral
- Rather yes
- Very much so

**Q8. Did Autoscriber® improve overall interaction/communication with patients?**

- Not at all
- Rather not
- Neutral

- Rather yes
- Very much so

**Q9. Do you think patients experienced the use of Autoscriber® positively during the consultations (in terms of comfort, trust, and acceptance)?**

	Not at all positive	Not really positive	Neutral	Rather positive	Very positive
Comfort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trust	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acceptance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q10. Do you think you would be able to perform more medication reviews if you used Autoscriber®?**

- Very unlikely
- Not likely
- Neutral
- Likely
- Very likely

**6. Open feedback**

**Q11. What was your first impression of using Autoscriber®?**

**Q12. Did you notice any other effects (positive or negative) from using Autoscriber® that were not addressed in this questionnaire?**

**Q13. Do you have any additional comments about your experience?**

**7. You can upload your files below.**

**Q14. Audio recording**

**Q15. Autoscriber® transcription and summary**

**Q16. Your medication review report (generated via the e-form)**

**Q17. Patient questionnaire (if not completed digitally)**