

Supplementary Appendix S1 – Nitrofurantoin Prescribing Questionnaire

The following questionnaire was distributed electronically to local general practitioners, nurses and medicines optimisation pharmacists within the Clinical Commissioning Group and to secondary care urologists at the North Bristol Trust. All questions except 5 and 8 required answers. Squares indicate the ability to select multiple options, while circles represent single-choice options:

This questionnaire is produced by the NBT Respiratory Department, in conjunction with BNSSG CCG Medicines Optimisation.

This questionnaire contains 13 questions and should take less than 5 minutes. Its purpose is to gain insight into the prescribing and monitoring habits of doctors who prescribe long-term (> 6 months) nitrofurantoin.

Your honest responses are vital for improvement of patient care guidelines. Please answer candidly. All answers are anonymous.

1. What is your profession?
 - ☐ GP
 - ☐ Urologist
 - ☐ Obstetrician/gynaecologist
 - ☐ Other... [enter text]
2. I prescribe long term (> 6 months) nitrofurantoin.
 - ☐ Yes
 - ☐ No
3. Which guidelines do you use when prescribing nitrofurantoin? (e.g. BNF, CCG, local trust, etc.)

[enter text]
4. I commence long-term (> 6 months) nitrofurantoin due to (you may select more than one answer):
 - ☐ Recurrent urinary tract infections (UTIs)
 - ☐ Recommendations from secondary care
 - ☐ Culture and sensitivity results
 - ☐ Long-term catheter use
 - ☐ Other... [enter text]
5. What is your first choice of antibiotic to prescribe for recurrent UTIs?
 - ☐ Trimethoprim
 - ☐ Nitrofurantoin
 - ☐ Dependent on cultures
 - ☐ Other... [enter text]
6. I am aware that liver and lung complications may be associated with long-term (> 6 months) nitrofurantoin use.

	Yes	No
Liver complications	<input type="radio"/>	<input type="radio"/>
Lung complications	<input type="radio"/>	<input type="radio"/>
7. Prior to prescribing long-term (> 6 months) nitrofurantoin, which of the following baseline checks would you normally complete?

- ☐ None
- ☐ Respiratory symptoms
- ☐ Oxygen saturation
- ☐ Respiratory examination
- ☐ Chest x-ray
- ☐ Spirometry
- ☐ Liver function tests
- ☐ Other... [enter text]

8. What advice/guidance do you usually give to patients regarding their nitrofurantoin prescription, if any?
[enter text]

9. I believe that the prescriber of nitrofurantoin is responsible for monitoring the drug side effects/complications.
- ☐ Agree
 - ☐ Disagree

10. I ensure that the patients for whom I prescribe long-term (> 6 months) nitrofurantoin are monitored for liver and lung complications.

	Always	Mostly	Sometimes	Never
Liver monitoring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lung monitoring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. I ensure that the following reviews are performed for monitoring of patients prescribed with long-term (> 6 months) nitrofurantoin:

- ☐ None
- ☐ Respiratory symptoms
- ☐ Oxygen saturation
- ☐ Respiratory examination
- ☐ Chest x-ray
- ☐ Spirometry
- ☐ Liver function tests
- ☐ Other... [enter text]

12. I review patients on long-term (> 6 months) nitrofurantoin for side effects at an approximate frequency of:

- ☐ Every 3 months
- ☐ Every 6 months
- ☐ Every 12 months
- ☐ I do not review them
- ☐ Other... [enter text]

13. In your opinion, are the current guidelines for long-term (> 6 months) nitrofurantoin prescription sufficient and clear?

	1	2	3	4	5	
No, not at all sufficient/clear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Yes, perfectly sufficient/clear