**Appendix** **B. Patient Survey Questions**

1. Did you take or see any materials related to gun violence in our waiting room today? (yes, no, I cannot remember (not sure))
2. Did your doctor (or physician assistant) talk to you about guns or gun violence today? (yes, no, I cannot remember (not sure))
3. Did your doctor (or physician assistant) talk to you today about ways to prevent gun injury? (yes, no, I cannot remember (not sure))
4. My doctor (or physician assistant) seemed knowledgeable about gun safety and ways to support my family. (strongly agree, agree, disagree, strongly disagree, I don’t know)
5. Have you (or someone close to you) been impacted by gun violence? (yes, no)
	1. If YES, how have you (or someone close to you) been impacted? (please mark all that apply) (Lost a friend or loved one to gun violence, Witnessed a shooting, Have been shot, Have been threatened, Other)
	2. If YES, did your doctor (or physician assistant) offer any of the following: (Counseling during today’s visit, Referral to another community resource, Referral to a counselor, psychologist or mental health specialist, Handout/pamphlet, None, Other
6. Would you like more information or resources available to those impacted by gun violence? (yes, no, maybe at my next visit)

Note: This survey was verbally administered to all patients who voluntarily consented to participate at two urban healthcare centers during the weeks of February 5-9, March 4-8, and April 8-12, 2024.

Note: The first draft was designed by an osteopathic investigator as a quality improvement survey for patients: have you (or someone close to you) been impacted by gun violence, did you take or see any materials related to gun violence in our waiting room today, did your doctor talk to you about gun violence prevention or resources to assist families affected by gun violence? After review and testing, additional questions were added such as “Would you like more information or resources available to those impacted by gun violence?” The final survey (Supplement B) was tested with clinical psychologists and two non-clinicians who recommended the survey be verbally administered to foster communication and ascertain the need for additional support if needed. This final patient survey was developed by the three investigators with input from two clinical psychologists, one clinical PsyD second year student, two family physicians, one psychiatrist, and two non-clinical professionals who had been directly impacted by gun violence.

Note: After the first administration of patient surveys, “none” was added as a response choice to the second conditional response to the question “If YES, did your doctor (or physician assistant) offer any of the following:”