Supplementary Material

Q1: How many years have you been in practice since completing your residency and/or fellowship training?
Q2: On average, how many surgical procedures do you perform annually?
   a) <50
   b) 51–100
   c) 101–200
   d) 201–500
   e) 501–1000
   f) >1000
Q3: Do you typically prescribe or consider prescribing a prophylactic α-adrenergic blocker prior to surgery?
Q4: What is your preferred α-adrenergic blocker for use?
   a) Alfuzosin
   b) Doxazosin
   c) Prazosin
   d) Silodosin
   e) Tamsulosin
   f) Terazosin
   g) Dutasteride and tamsulosin
   h) No preference or N/A
Q5: Do you believe that tamsulosin is associated with an increased risk of intraoperative floppy iris syndrome (IFIS)?
Q6: For those who prescribe prophylactic α blockers prior to surgery: Which of the following factors (select all) increase the likelihood of you prescribing these drugs?
   a) Male patient
   b) Female patient
   c) Older than 55 years
   d) Obesity (BMI 30 or greater)
   e) Cataract surgery status
   f) Certain types of surgical procedures
   g) None: a prophylactic α blocker is almost always prescribed
Q7: For those who prescribe prophylactic α blockers prior to surgery: before prescribing an α blocker, how often do you ask your patients about their cataract history status?
   a) Routinely (almost 100% of patients)
   b) Most of the time (>50% of patients)
   c) Sometimes (25%–49% of patients)
   d) Occasionally (1%–24% of patients)
   e) Never (typically 0% of patients)
Q8: For those who prescribe prophylactic α blockers prior to surgery: how does discovering a patient’s absence of bilateral cataract history change your prescription?
   a) No effect: I prescribe the usual prophylactic α blocker regimen in such patients.
   b) I would change the prescription (different drug, fewer doses, or not prescribe).
Q9: For those who prescribe prophylactic α blockers prior to surgery: do you counsel patients on drug induced IFIS and its implication for future cataract surgery prior to prescription?
   a) Routinely (almost 100% of patients)
   b) Most of the time (>50% of patients)
   c) Sometimes (25%–49% of patients)
   d) Occasionally (1%–24% of patients)
   e) Never (typically 0% of patients)