

## USE OF MEDICATION

Hello, you may remember being asked to take part in our research when you saw Dr .....  
My name is Linda Jenkins from Kings College London, the researcher working on the study.

Would it be OK to ask you a few questions about your use of medicines - it should only take a few minutes. If it's inconvenient to talk at the moment I can call back at a more convenient time.  
[The information you give is confidential]

We are interested in what happens after doctors write prescriptions, and know that for various reasons prescriptions may not be cashed or used as anticipated.

- 
1. Patient initials and id ..... Date of consultation .....
- GP code ..... Date of phone call .....
2. Can you tell me the name of the **medication you were prescribed** a week ago? (Take one medication at a time and do not prompt if possible)
- ..... Was it? New / Repeat
3. For what reason were you prescribed it?  
.....
4. Do you still have the problem that your medicine was prescribed for? Yes  No
- if 'yes', please say whether
- |                             |                          |
|-----------------------------|--------------------------|
| the problem has improved    | <input type="checkbox"/> |
| the problem has not changed | <input type="checkbox"/> |
| the problem has got worse   | <input type="checkbox"/> |
5. Have you managed to collect your prescription? Yes  No   
(If 'no', go to question 12)
6. Have you started taking the medicine? Yes  No
7. Have you finished the course of treatment? Yes  No
8. How many days did you take it? ..... days
9. How many times a day did you take it? .....
10. How many pills did you take each time? .....
11. How many times did you miss taking a pill? .....
12. How well does this medicine work for you? Very well OK Not well
13. Have you any concerns or experienced any problems with this medication?
- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| The medication has not worked / does not work  | <input type="checkbox"/> | <input type="checkbox"/> |
| It gives me unwanted effects (side-effects)    | <input type="checkbox"/> | <input type="checkbox"/> |
| It is difficult to use / take                  | <input type="checkbox"/> | <input type="checkbox"/> |
| I worry about long-term use of this medication | <input type="checkbox"/> | <input type="checkbox"/> |
| I am concerned this medication may be harmful  | <input type="checkbox"/> | <input type="checkbox"/> |
| Any other problems (please specify) .....      |                          |                          |

14. Please give the names of any other medication you have taken in the last week for this problem?

.....  
.....

15. Would you have liked more information about your medicine?

If so, more on...

	Yes	No
How to take your medicine	<input type="checkbox"/>	<input type="checkbox"/>
How long you will need to be taking it	<input type="checkbox"/>	<input type="checkbox"/>
Whether the medicine has any unwanted side-effects	<input type="checkbox"/>	<input type="checkbox"/>
Whether the medicine will interfere with other medicines	<input type="checkbox"/>	<input type="checkbox"/>

*(Repeat questions for second and third medication using back pages)*

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16. Finally I would like to ask you about how you use medicines in general.

Many people find a way of using their medicine which suits them. This may differ from the instructions on the label or from what their doctor has said.

Here are some ways people have said they use their medicines. For each of the statements, please say how often they apply to you.

	<u>Always</u>	<u>Often</u>	<u>Sometimes</u>	<u>Rarely</u>	<u>Never</u>
I avoid using taking medicine if I can	4	3	2	1	0
I alter the dose of medicines	4	3	2	1	0
I decide to miss out a dose	4	3	2	1	0
I take less than instructed	4	3	2	1	0
I forget to take my medicine	4	3	2	1	0

Thank you for helping us.

**Just one thing - If you had not taken your medication would you have told me?**

Do you have any comments you would like to add?

.....  
.....

**THANK YOU FOR YOUR TIME**

*Linda Jenkins, Department of General Practice and Primary Care, King's College London, 5 Lambeth Walk, London SE11 6BR. Tel no 020 7735 8881*

### Questions for those who received more than one prescription

22. Can you tell me the name of the second **medication you were prescribed** a week ago? ? (Take one medication at a time and do not prompt if possible)

..... Was it? New / Repeat

23. For what reason were you prescribed it?

.....

24. Do you still have the problem that your medicine was prescribed for?

Yes  No

if 'yes', please say whether

the problem has improved   
 the problem has not changed   
 the problem has got worse

25. Have you managed to collect your prescription?

Yes  No

(If 'no', go to question 12)

26. Have you started taking the medicine?

Yes  No

27. Have you finished the course of treatment?

Yes  No

28. How many days did you take it?

..... days

29. How many times a day did you take it?

.....

30. How many pills did you take each time?

.....

31. How many times did you miss taking a pill?

.....

32. How well does this medicine work for you?

Very well OK Not well

33. Have you any concerns or experienced any problems with this medication?

Yes No

The medication has not worked / does not work

It gives me unwanted effects (side-effects)

It is difficult to use / take

I worry about long-term use of this medication

I am concerned this medication may be harmful

Any other problems (please specify) .....

34. Please give the names of any other medication you have taken in the last week for this problem?

.....

35. Would you have liked more information about your medicine?

If so, more on...

Yes No

How to take your medicine

How long you will need to be taking it

Whether the medicine has any unwanted side-effects

Whether the medicine will interfere with other medicines

*Repeat if a third prescribed medication, or go back to q16*

42. Can you tell me the name of the third **medication you were prescribed** a week ago? (*Take one medication at a time and do not prompt if possible*)

..... Was it? New / Repeat

43. For what reason were you prescribed it?

.....

44. Do you still have the problem that your medicine was prescribed for?

Yes  No

if 'yes', please say whether

the problem has improved   
 the problem has not changed   
 the problem has got worse

45. Have you managed to collect your prescription?

Yes  No

(If 'no', go to question 12)

46. Have you started taking the medicine?

Yes  No

47. Have you finished the course of treatment?

Yes  No

48. How many days did you take it?

..... days

49. How many times a day did you take it?

.....

50. How many pills did you take each time?

.....

51. How many times did you miss taking a pill?

.....

52. How well does this medicine work for you?

Very well OK Not well

53. Have you any concerns or experienced any problems with this medication?

Yes No

The medication has not worked / does not work

It gives me unwanted effects (side-effects)

It is difficult to use / take

I worry about long-term use of this medication

I am concerned this medication may be harmful

Any other problems (*please specify*) .....

54. Please give the names of any other medication you have taken in the last week for this problem?

.....

.....

55. Would you have liked more information about your medicine?

If so, more on...

Yes No

How to take your medicine

How long you will need to be taking it

Whether the medicine has any unwanted side-effects

Whether the medicine will interfere with other medicines

Go back to q16