

Questionnaire

University of Ljubljana – Faculty of Pharmacy

Medication data

Medication name	
Dosage strength	
Prescription type	<input type="checkbox"/> new <input type="checkbox"/> regular <input type="checkbox"/> refill <input type="checkbox"/> info:
How many different prescription medicines are you currently taking? <i>[different propriety names, including those received today]</i>	

Prescription medicine information

1. What do you take this medication for?

[specify patient's verbatim response]

does not know read the information other:

Did the pharmacist **inform** you about the purpose of this medication **at your last visit** of this pharmacy? yes no

[if NO]: Although the pharmacist hasn't informed you about the purpose of this medication *[at your last visit of this pharmacy]*, did he or she **specifically ask** you whether you already know this information? yes no

Do you think that, **during your treatment**, the **physicians and pharmacists** you encountered **adequately informed** you about the purpose of this medication? yes no

2. How often should you take this medication and how much should you take at that time? *[dose, application rate]*

_____ x a day _____ tablets ovules
 week capsules drops
 month spoons inhalations
 other: _____ suppositories other: _____

does not know read the information other:

Did the pharmacist **inform** you how often should you take this medication and how much should you take **at your last visit** of this pharmacy? yes no

[if NO]: Although the pharmacist hasn't informed you how often should you take this medication and how much should you take *[at your last visit of this pharmacy]*, did he or she **specifically ask** you whether you already know this information? yes no

Do you think that, **during your treatment**, the **physicians and pharmacists** you encountered **adequately informed** you about the how often should you take yes no this medication and how much should you take?

1. **When should you take this medication?** *[application timing]*

<input type="checkbox"/> morning	<input type="checkbox"/> other:
<input type="checkbox"/> noon	
<input type="checkbox"/> evening	

<input type="checkbox"/> does not know	<input type="checkbox"/> read the information <input type="checkbox"/> other:

Did the pharmacist **inform** you when should you take this medication **at your last visit** of this pharmacy? yes no

[if NO]: Although the pharmacist hasn't informed you when should you take this medication *[at your last visit of this pharmacy]*, did he or she **specifically ask** yes no you whether you already know this information?

Do you think that, **during your treatment**, the **physicians and pharmacists** you encountered **adequately informed** you when should you take this medication? yes no

2. **How should you administer this medication?** *[route of administration]*

<input type="checkbox"/> swallow	<input type="checkbox"/> ear	<input type="checkbox"/> inhale
<input type="checkbox"/> dissolve in mouth	<input type="checkbox"/> nose	<input type="checkbox"/> other:
<input type="checkbox"/> under the tongue	<input type="checkbox"/> eye	
<input type="checkbox"/> apply onto the skin	<input type="checkbox"/> anus	
<input type="checkbox"/> stick onto the skin	<input type="checkbox"/> vagina	

<input type="checkbox"/> does not know	<input type="checkbox"/> read the information	<input type="checkbox"/> other:

Did the pharmacist **inform** you how should you administer this medication **at your last visit** of this pharmacy? yes no

[if NO]: Although the pharmacist hasn't informed you how should you administer this medication *[at your last visit of this pharmacy]*, did he or she **specifically ask** yes no you whether you already know this information?

Do you think that, **during your treatment**, the **physicians and pharmacists** you encountered **adequately informed** you how should you administer this yes no medication?

3. **How should you take this medication with meals?** *[taking with meals]*

<input type="checkbox"/> before a meal	<input type="checkbox"/> fasting
<input type="checkbox"/> during a meal	<input type="checkbox"/> irrespective of meal
<input type="checkbox"/> after a meal	<input type="checkbox"/> other:

<input type="checkbox"/> does not know	<input type="checkbox"/> read the information <input type="checkbox"/> other:

Did the pharmacist **inform** you how should you take this medication with meals **at your last visit** of this pharmacy? yes no

[if NO]: Although the pharmacist hasn't informed you how should you take this medication with meals *[at your last visit of this pharmacy]*, did he or she **specifically ask** yes no you whether you already know this information?

Do you think that, **during your treatment**, the **physicians and pharmacists** you encountered **adequately informed** you how should you take this medication yes no with meals?

4. **How long should you take this medication?** *[duration of therapy]*

[specify patient's verbatim response]

does not know read the information other:

Did the pharmacist **inform** you how long should you take this medication **at your last visit** of this pharmacy? yes no

[if NO]: Although the pharmacist hasn't informed you how long should you take this medication *[at your last visit of this pharmacy]*, did he or she **specifically ask** you whether you already know this information? yes no

Do you think that, **during your treatment**, the **physicians and pharmacists** you encountered **adequately informed** you how long should you take this medication? yes no

5. **How will you know that the medication is working?** *[recognition of medication effectiveness]*

[specify patient's verbatim response]

does not know read the information other:

Did the pharmacist **inform** you how will you know that the medication is working **at your last visit** of this pharmacy? yes no

[if NO]: Although the pharmacist hasn't informed you how will you know that the medication is working *[at your last visit of this pharmacy]*, did he or she **specifically ask** you whether you already know this information? yes no

Do you think that, **during your treatment**, the **physicians and pharmacists** you encountered **adequately informed** you how will you know that the medication is working? yes no

6. **What should you pay attention to while taking this medication?**

[specify patient's verbatim response]

does not know read the information other:

Did the pharmacist **inform** you what should you pay attention to while taking this medication **at your last visit** of this pharmacy? yes no

[if NO]: Although the pharmacist hasn't informed you what should you pay attention to while taking this medication *[at your last visit of this pharmacy]*, did he or she **specifically ask** you whether you already know this information? yes no

Do you think that, **during your treatment**, the **physicians and pharmacists** you encountered **adequately informed** you what should you pay attention to while taking this medication? yes no

7. What do you know about adverse effects of this medication?

[specify patient's verbatim response]

does not know read the information other:

Did the pharmacist **inform** you about adverse effects of this medication **at your last visit** of this pharmacy? yes no

[if NO]: Although the pharmacist hasn't informed you about adverse effects of this medication *[at your last visit of this pharmacy]*, did he or she **specifically ask** you whether you already know this information? yes no

Do you think that, **during your treatment**, the **physicians and pharmacists** you encountered **adequately informed** you about adverse effects of this medication? yes no

8. Did the pharmacist tell you any other important information about this medication at your last visit of this pharmacy? yes no

[if YES]: What else did he tell you?

[specify patient's verbatim response]

9. Did the pharmacist provide medication label at your last visit of this pharmacy? yes no

[if YES]: Could you please explain the medication label?

cannot read the label
 reads:

10. Did the pharmacist provide any other written information at your last visit of this pharmacy? yes no

[if YES]: Which?

[specify patient's verbatim response]

Sociodemographic Data

Sex	<input type="checkbox"/> male <input type="checkbox"/> female				
Age	<hr style="border-top: 1px dashed black;"/> <input type="checkbox"/> refused to answer				
Education	<input type="checkbox"/> primary school/unfinished primary school <input type="checkbox"/> secondary school <input type="checkbox"/> college <input type="checkbox"/> university or higher <hr style="border-top: 1px dashed black;"/> <input type="checkbox"/> refused to answer				
Assessment of pharmacist counselling at your last visit	poor <input type="checkbox"/> 1	fair <input type="checkbox"/> 2	good <input type="checkbox"/> 3	very good <input type="checkbox"/> 4	excellent <input type="checkbox"/> 5
	<input type="checkbox"/> refused to answer				
Income	<input type="checkbox"/> less than 650 €/without personal income <input type="checkbox"/> 650 – 800 € <input type="checkbox"/> 800 – 1000 € <input type="checkbox"/> 1000 – 1300 € <input type="checkbox"/> more than 1300 € <hr style="border-top: 1px dashed black;"/> <input type="checkbox"/> refused to answer				
Assessment of current health status	poor <input type="checkbox"/> 1	fair <input type="checkbox"/> 2	good <input type="checkbox"/> 3	very good <input type="checkbox"/> 4	excellent <input type="checkbox"/> 5
	<input type="checkbox"/> refused to answer				