

## ATTACHMENT B: PATIENT INTERVIEW QUESTIONS



### Go and See Patient Interview Questions Medication Safety

Date of Interview: \_\_\_ - \_\_\_ - \_\_\_

Age of Patient: \_\_\_\_\_

Site of interview:  Home     Clinic     Other: \_\_\_\_\_

1. Do you take medicines prescribed by your doctor?  
 Yes     No
2. How many different prescription medicines do you take (each medicine counts as "1", even if you take it more than one time a day)?

\_\_\_\_\_  
Number

3. Do you receive some form of medicine instructions directly from your **PHYSICIAN**?  
(Not from the Pharmacy)  
 Yes     No

3a. If YES, what type of instructions do you receive?

- Written instructions
- Spoken instructions
- Both (written and spoken instructions)

4. Do you receive some form of medicine instructions directly from your **PHARMACIST**? (Not from your doctor)

4a. If YES, what type of instructions do you receive?

- Written instructions
- Spoken instructions
- Both (written and spoken instructions)

5. Does your doctor (or someone in your doctor's office) ask you to bring your medicines to your appointment for review?  
 Yes     No     Don't Know



6. Do you take other medicines, supplements or tonics that you buy without a prescription, like vitamins, herbs and teas that are healing or helpful for certain physical problems?

Yes       No       Don't Know

6a. If YES, how different kinds of these medicines, supplements or tonics do you take?

\_\_\_\_\_ Number

7. Do you tell your doctor all the prescribed and non-prescribed medicines that you are taking?

Yes       No       Don't Know

7a. If NO, why not?

\_\_\_\_\_  
\_\_\_\_\_

8. Do you organize your medicines so you know when to take each one?

Yes       No       Don't Know

8a. If YES, how do you organize your medicines?

- Pill box
- Cup
- Other : \_\_\_\_\_

9. Do you (or one of your family members/caretaker) keep a current written list of all the medicines you take?

Yes       No       Don't Know

9a. If YES, where do you (or one of your family members/caretaker) keep the list?

\_\_\_\_\_  
\_\_\_\_\_

9b. If NO, why don't you (or one of your family members/caretaker) keep a current written list of the medicines you take?

\_\_\_\_\_  
\_\_\_\_\_



10. What are some of your concerns or questions about the medicines you take?

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11. Would you like your doctor or pharmacist to help you with your medicines (organization and information), or would you rather handle them by yourself?

- Would like help  
 Would rather handle myself

12. What are your suggestions for how doctors or pharmacists could make it easier for you to keep track of your current medicines?

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13. A patient advisory Council is being developed to address issues like medication safety that we have talked about today. The Council will include about 10 patients and 10 healthcare providers (doctors, nurses, pharmacists) that meet every other month for almost 2 years. Would you be interested in participating?

- Yes       No

If YES, note the person's name, contact information on a separate form.

