

**ATTACHMENT W: FOLLOW UP PATIENT SURVEY**



**Aurora Health Care / Medication Safety Project / April 2007**

Please complete this survey and return in the enclosed envelope.  
Thank you for your time in completing this.

1. Have you received a blank medicine list (called "Partners in Safety" My Medicines) for you to write down your medicines? Circle One.

Yes      I'm not sure      No

2. If you received a "Partners in Safety" medicine list, from whom did you receive it? Check all that apply.

- My doctor sent it to me in mail  
 My doctor gave it to me at the clinic  
 A nurse or medical assistant gave it to me in clinic  
 Parish Nurse  
 Retail pharmacist gave it to me at the pharmacy  
 At a community event (Senior Fair, Faith based event)  
 Other, please specify \_\_\_\_\_

- 3A. Have you listed all of your medicines on a medicine list? Check One.

- Yes, I use the "Partners in Safety, My Medicines" list (continue with next question)  
 Yes, I use a different medicine list (continue with next question)  
 No, I do not use a medicine list (skip to question #9)

- 3B. Did you bring your medicine list to your last doctor appointment? Circle One.

Yes                  No                  I have not had an appointment recently

4. Did the medicine list make it easier for you to talk about your medicines with your doctor? Circle One.

Yes                  Somewhat                  No

5. Did the medicine list make you feel safer about your medicines? Circle One.

Yes                  Somewhat                  No

If no, please explain why:

\_\_\_\_\_



6. Did anyone at the clinic ask to see your medicine list when you had a doctor's appointment? Circle One.

Yes                      No                      I have not had an appointment recently

7. Who reviewed your medicine list with you at your doctor's appointment? Check all that apply.

Nurse/Medical Assistant  
 Doctor  
 Parish Nurse  
 No One  
 Other, please specify \_\_\_\_\_

8. Did a pharmacist review your medicine list with you when you visited the pharmacy?

Yes                      No                      I have not visited the pharmacy

9. Have you received a blue "Partners in Safety" medicine bag for you to bring medicines in to your doctor's appointment? Circle One.

Yes                      I'm not sure                      No

10. If you received a "Partners in Safety" medicine bag, from whom did you receive it? Check all that apply.

My doctor in clinic  
 A nurse/MA in clinic  
 Retail pharmacist at the pharmacy  
 Parish Nurse  
 At a community event (Senior Fair, Faith based event, etc)  
 Other, please specify \_\_\_\_\_

11. Did you bring all of your medicines to your last doctor's appointment? Check One.

Yes, I used the "Partners in Safety" bag (continue with next question)  
 Yes, I used a different bag or other container (continue with next question)  
 No, I did not bring my medicines to my last appointment (skip to end, "comments")  
 I have not had a recent appointment (skip to end, "comments")

12. Did the medicine bag make it easier for you to talk about your medicines with your doctor? Circle One.

Yes                      Somewhat                      No

13. Did the medicine bag make you feel safer about your medicines? Circle One.

Yes                      Somewhat                      No



14. Did anyone at the clinic ask to see your medicines when you had a doctor's appointment? Circle One.

Yes                      No                      I have not had an appointment

15. Who reviewed your medicines with you at your doctor's appointment?  
Check all that apply.

- Nurse/medical assistant
- Doctor
- Parish Nurse
- No One
- Other, please specify \_\_\_\_\_

16A. Did you take your medicines in the medicine bag to the retail pharmacy? Circle One

Yes                      No

16B. Did the pharmacist ask to see your medicines in your medicine bag when you visited the Pharmacy? Check all that apply.

- Yes, the pharmacist asked to see my medicines
- No, the pharmacist did not ask to see my medicine
- No, I have not been to the pharmacy
- No, my medicines come in the mail
- No, someone else picks up my medicine
- Other \_\_\_\_\_

17. Comments:

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