

Supplementary Material:

Jungreithmayr V et al. A novel screening method to prioritise cardiovascular patients receiving a pharmaceutical care intervention and the effects on patients' difficulties with managing their drug treatment. Patient Prefer Adherence. 2025

Information on the use of the questionnaires: The questionnaires may be used in other studies after approval is obtained from the corresponding author. Separate copyrights apply to the A-14 and the BMQ-D questionnaires. Approval to use these must be obtained from the authors of the respective original publications.

Supplement 1: Screening questionnaire

(Version 2.0 | 18.11.2021)

Screening questionnaire

Needs assessment

	yes	no
Would you like advice on using your medication (e. g. eye drops, inhalers, splitting tablets)?	<input type="checkbox"/>	<input type="checkbox"/>

German version of the Beliefs about Medicines Questionnaire (BMQ-D)^{1, 2}

Please, refer to the original publication for exact wording of this questionnaire.

Assessment of adherence and individual barriers (A14-scale)³

Please, refer to the original publication for exact wording of this questionnaire.

Self-developed questions

Nr.	Statement	Strongly agree	Agree	Un-decided	Disagree	Strongly disagree
1	I myself am responsible for the correct use of my medication.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	I can judge for myself whether I can solve problems when using my medication without help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	I can discuss with my doctor any problems that arise when using my medication.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	I am confident that I can carry out my drug therapy independently at home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Nr.	Question	Not complicated	A little complicated	Moderately complicated	Rather complicated	Very complicated
5	How complicated do you find your drug therapy (i.e. the use of all your medication) in general?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Nr.	Question	yes	no
6	Do you find it difficult to remember the names, times or dosages of your medication?	<input type="checkbox"/>	<input type="checkbox"/>
7	Many patients are unable to use their medication without problems. For example, they lack the strength or can no longer read instructions. Do physical limitations also prevent you from using your medication?	<input type="checkbox"/>	<input type="checkbox"/>
8	Do you have problems swallowing your medication?	<input type="checkbox"/>	<input type="checkbox"/>
9.a	Has your medication changed recently, for example because the manufacturer has changed or a new medication has been prescribed?	<input type="checkbox"/>	<input type="checkbox"/>
9.b	If yes: Do these changes cause you difficulties?	<input type="checkbox"/>	<input type="checkbox"/>
10.a	Do you keep all your medication together?	<input type="checkbox"/>	<input type="checkbox"/>
10.b	If no: Do you find it difficult to think of medicines that are not kept with the others?	<input type="checkbox"/>	<input type="checkbox"/>
11	Do you have problems distinguishing between your medicines because they sound or look similar?	<input type="checkbox"/>	<input type="checkbox"/>
12	Many patients have difficulty taking their medicines out of the packaging. Do you also have difficulties with the packaging of one of your medicines?	<input type="checkbox"/>	<input type="checkbox"/>
13	Do you have any other difficulties taking your medication? If yes: What is difficult for you when taking your medicines? _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
14.a	Do you have any other questions about how to use your medicine?	<input type="checkbox"/>	<input type="checkbox"/>
14.b	If yes, which ones? _____ _____		
15	Do you use your medication plan in everyday life, e.g. when you administer or prepare your medication?	<input type="checkbox"/>	<input type="checkbox"/>
16	Do you have a medical background (e.g. through your profession or training)?	<input type="checkbox"/>	<input type="checkbox"/>

References:

1. Horne R, John W, and Hankins M. The beliefs about medicines questionnaire: The development and evaluation of a new method for assessing the cognitive representation of medication. *Psychol Health* 1999;14(1):1-24. DOI: 10.1080/08870449908407311.
2. Mahler C, Hermann K, Horne R, et al. Patients' beliefs about medicines in a primary care setting in Germany. *J Eval Clin Pract* 2012; 18: 409-413. DOI: 10.1111/j.1365-2753.2010.01589.x.
3. Jank S, Bertsche T, Schellberg D, et al. The A14-scale: development and evaluation of a questionnaire for assessment of adherence and individual barriers. *Pharm World Sci* 2009; 31: 426-431. DOI: 10.1007/s11096-009-9296-x.

Supplement 2: Interview guide for the intervention
(Version 2.0 | 18.11.2021)

Pseudonym: _____
Discharge date: _____

Interview guide for the intervention

Preparation

In preparation for the intervention, the patient's answers to the screening questionnaires should be considered and the current medication list checked for applicable key questions (see page 4-5, mark applicable questions).

Intervention

Introduction: We are pharmacists in the Department of Clinical Pharmacology and Pharmacoepidemiology. We specialize in medicines and their effects and side effects. We will talk to you about your medicines and any difficulties you may have in using them. As you already know from the screening questionnaires, we plan to scientifically evaluate the data collected during our conversations. Do you still agree to this evaluation?

1. Did the screening reveal any critical questions (e. g. scoring low for necessity at the BMQ)?

If yes, address the topic accordingly:

Topics addressed:
Answers:

2. Do you already know which medicines are newly prescribed to you?
Explanation of newly prescribed medicines to the patient.

<input type="checkbox"/> Yes (Which ones?)	<input type="checkbox"/> No

3. Handing out and presenting the one-pager(s) on newly prescribed medicines.
The following information leaflets were handed out:

<input type="checkbox"/> At least one leaflet (specify):	<input type="checkbox"/> None

4. Ask key questions on applicable complexity factors (page 4-5).

5. Do you have any other difficulties taking your medication?

<input type="checkbox"/> Yes (Which ones?)	<input type="checkbox"/> No (Not even with the new medicines?)

6. Do you have any other questions about how to use your medicine?

<input type="checkbox"/> Yes (Which ones?)	<input type="checkbox"/> No

7. Handing out and presenting the drug administration leaflet(s).
The following drug administration leaflets were handed out:

<input type="checkbox"/> At least one leaflet (specify):	<input type="checkbox"/> None

8. Handing out the patient diary.

<input type="checkbox"/> Yes	<input type="checkbox"/> No

9. Check whether the patient has addressed one of the potential risk factors for nonadherence and document them accordingly (page 6).

Potential complexity factors and related key questions

Potential complexity factor	Key question	Applicable?	Answer
Inhalers (metered dose inhaler)	Many patients find it difficult to pull the trigger of their inhaler and to inhale simultaneously. Are you having any trouble using your inhaler? For how many seconds after inhalation do you hold your breath?	<input type="checkbox"/>	
Inhalers (Elpenhaler)	Do you always manage to insert and remove the blister strip without any problems? For how many seconds after inhalation do you hold your breath?	<input type="checkbox"/>	
Inhalers (nebulizers)	Many patients find it difficult to measure the exact number of drops. Do you have any problems counting the right number of drops for your nebulizer?	<input type="checkbox"/>	
Inhalers (capsule-based inhalers)	For how many seconds after inhalation do you hold your breath? Do the capsules contain powder residues after inhalation?	<input type="checkbox"/>	
Inhalers (other inhalers)	For how many seconds after inhalation do you hold your breath?	<input type="checkbox"/>	
Injection devices	How frequently do you change the injection site?	<input type="checkbox"/>	
Ophthalmic preparations (ointment/ creme/ gel)	Do you always succeed in inserting the correct amount of this medication into the conjunctival sac at the first attempt?	<input type="checkbox"/>	
Ophthalmic preparations (drops)	Do you always succeed in inserting a drop into the conjunctival sac at the first attempt?	<input type="checkbox"/>	
Rectal preparations	Do you always keep both eyes closed after the drop? Many patients have problems with the use of this drug. Does this equally apply to you?	<input type="checkbox"/>	
Nasal preparations (prescription-only)	Many patients have the feeling that they have to use more spray/drops than prescribed in order to achieve a sufficient effect. Does this reflect your experience?	<input type="checkbox"/>	
Transdermal patches	Do you sometimes have to change your patch more often than prescribed, e. g. because it does not last or the effect wears off too quickly?	<input type="checkbox"/>	
Dermatological preparations (prescription-only)	Many patients find it difficult to choose the right amount of cream or ointment. Do you equally have problems using your cream or ointment?	<input type="checkbox"/>	
Liquid oral dosage forms (with measuring device)	Many patients describe the measurement of a liquid drug as difficult. Do you have any difficulties with the measurement - for example when using the enclosed dosage device?	<input type="checkbox"/>	
Liquid oral dosage forms (dry syrup)	Many patients report problems with the preparation of their liquids, e. g. because a lot of foam develops. Do you have any difficulties with the preparation?	<input type="checkbox"/>	
Liquid oral dosage forms (drops)	Counting drops is difficult for many patients. Do you have any difficulties concerning this?	<input type="checkbox"/>	
Dosage forms for oropharyngeal use	This drug should not be swallowed but should be applied to the oral cavity. Have you ever swallowed this drug by mistake?	<input type="checkbox"/>	
Otological preparations	Patients often find it difficult to use ear drops - for example, the unassisted instillation with a tilted head. Does the application also cause problems for you?	<input type="checkbox"/>	
Vaginal preparations	Many patients are insecure about the vaginal application of drugs. Does this also apply to you?	<input type="checkbox"/>	
Total number of drugs (≥ 5)	When taking a multitude of drugs simultaneously, many patients feel overburdened. Do you have difficulties keeping track of your drugs?	<input type="checkbox"/>	
Once weekly administration	This drug should be used once a week. Is it difficult for you to use this drug always at the same day of the week?	<input type="checkbox"/>	

Administration more than two times daily	Is it a problem for you to take your medication several times a day in everyday life?	<input type="checkbox"/>	
Administration at lunch time	According to your medication schedule, you should use this drug at noon. Many patients find it difficult to actually do this in everyday life. Have you found it difficult to take your drugs at noon?	<input type="checkbox"/>	
Tablet splitting	Do you find it difficult to split your tablets consistently into pieces that have the same size?	<input type="checkbox"/>	
Pro re nata (as needed) medication	In your medication schedule it is specified that you may use this medication if necessary. Do you know the medical condition that is treated with this drug? Do you know what dose you can use?	<input type="checkbox"/>	
Administration every two days or less frequently	Is it difficult for you to remember taking this drug because it is not used every day?	<input type="checkbox"/>	
Fixed dosing interval	In your everyday life, are you able to keep the exact intervals between the administrations of this drug?	<input type="checkbox"/>	
Use of multiple doses concurrently	This drug should be used more than once at the same point in time. Do you find it difficult to use this drug repeatedly each single time?	<input type="checkbox"/>	
Different doses of the same active ingredient at different times of day	You have to use different doses of this drug during one day. Do you sometimes accidentally mix up these doses?	<input type="checkbox"/>	
Variable dosing	No exact dose is indicated for this drug. Does this make you insecure about how to take this drug?	<input type="checkbox"/>	
Only one drug at a specific point in time	Your medication schedule specifies that you should use this drug at a specific point in time, separate from all other drugs. Do you ever forget to take this drug?	<input type="checkbox"/>	
The same active ingredient in different preparations	These two drugs contain the same active ingredient. Is there a risk of you confounding these drugs?	<input type="checkbox"/>	
Occasional, episodic drug treatment	This drug is used for a limited time only. Are you able to integrate this drug into your daily routine?	<input type="checkbox"/>	
Meal -dependent administration	Do you find it difficult to coordinate the daily intake of your medication with your meals?	<input type="checkbox"/>	
Administration at fixed times of the day	Your medication schedule specifies that this drug should be used at a certain time of day. Are you able to integrate this into your daily routine?	<input type="checkbox"/>	
Increasing doses	Can you tell me in your own words how you should increase the dose?	<input type="checkbox"/>	
Decreasing doses	Can you tell me in your own words how you should reduce the dose?	<input type="checkbox"/>	
Intake with advised liquid	Do you find it difficult in everyday life to remember taking this medicine together with the special liquid or food?	<input type="checkbox"/>	
Crushing tablets	This drug is to be crushed. Do you have any difficulties crushing this drug in such a way that it is easier to take afterwards?	<input type="checkbox"/>	
Opening capsules	These capsules are to be opened before use. Do you have any difficulties opening the capsules?	<input type="checkbox"/>	
Disintegrating tablets, capsules and powders	This drug should be dissolved before use. Is your drug always completely dissolved?	<input type="checkbox"/>	
Patient -unfriendly nature of liquid oral dosage forms	Have you ever not taken your drug because the smell, taste or consistency disturb you?	<input type="checkbox"/>	
Lack of training in dosage form use	Have you been advised on how to use this drug? Do you think that an explanation of how to use your drug would make it easier for you to perform your therapy?	<input type="checkbox"/>	
Complex measurements (self -performed)	Do you feel safe when adjusting your dose after blood glucose/ blood coagulation measurement?	<input type="checkbox"/>	

Potential risk factors for nonadherence

Risk factors	Mentioned during the intervention?	Explanation/context
More than one medication at the same time	<input type="checkbox"/>	
Interpretation of dosing instructions	<input type="checkbox"/>	
Concerns about drug treatment	<input type="checkbox"/>	
Disease duration > 10 years	<input type="checkbox"/>	
Experienced side effects	<input type="checkbox"/>	
Advanced severity of the disease	<input type="checkbox"/>	
Low acceptance of the disease	<input type="checkbox"/>	
Low health literacy	<input type="checkbox"/>	
Lack of symptom control	<input type="checkbox"/>	
Feeling stigmatized by the disease/ drug treatment	<input type="checkbox"/>	
Lack of knowledge regarding disease/ drug treatment	<input type="checkbox"/>	
Presence of depression	<input type="checkbox"/>	
Alcohol or illicit drug use	<input type="checkbox"/>	
No support in drug handling	<input type="checkbox"/>	
Low satisfaction with/trust in healthcare/doctor	<input type="checkbox"/>	
Lack of interest in drug treatment	<input type="checkbox"/>	
Negative attitude towards drug treatment	<input type="checkbox"/>	
Stress and distraction	<input type="checkbox"/>	
Lack of information from healthcare providers regarding therapy/disease	<input type="checkbox"/>	
Care from many different healthcare providers	<input type="checkbox"/>	
High costs	<input type="checkbox"/>	
Low frequency of check-ups with the doctor	<input type="checkbox"/>	
Difficult language in the package leaflet	<input type="checkbox"/>	
Lack of comprehensibility of the instructions regarding the therapy	<input type="checkbox"/>	

Supplement 3: Interview guide for the follow-up
(Version 2.0 | 18.11.2021)

Pseudonym: _____
Discharge date: _____

Interview guide for the follow-up

Preparation

In preparation for the follow-up, the patient's answers to the screening questionnaires and, if applicable, the content of the intervention should be considered and the discharge medication list checked for applicable key questions (see page 8-9, mark applicable questions). Grey-shaded questions are asked only to patients who received both the screening and the intervention.

Follow-up

Introduction: We are pharmacists in the Department of Clinical Pharmacology and Pharmacoepidemiology. We specialize in medicines and their effects and side effects. A few weeks ago you were discharged from the Heidelberg University Hospital. We would like to talk to you about your medicines and any difficulties you may have in using them since your discharge. We would like to focus on your drug therapy. Questions regarding individual therapy decisions or your diseases should be addressed with your family physician. This conversation is confidential – all the information we discuss will of course have no influence on your further course of treatment. As you already know from the screening questionnaires, we plan to scientifically evaluate the data collected during our conversations. Do you still agree to this evaluation?

1. Can you remember the conversation with the pharmacist about your medication?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Did your medication regimen change since hospital discharge?	
<input type="checkbox"/> Yes (<i>What changed? Who changed the medication? Do you have an updated medication list?</i>)	<input type="checkbox"/> No
3. Ask key questions on applicable complexity factors (page 8-9).	
4. Do you have any other difficulties taking your medication?	
<input type="checkbox"/> Yes (Which ones?)	<input type="checkbox"/> No (Not even with the new medicines?)
If Yes, do you think these difficulties could have been prevented?	
<input type="checkbox"/> Yes (How?)	<input type="checkbox"/> No

Potential complexity factors and related key questions

Potential complexity factor	Key question	Applicable?	Answer
Inhalers (metered dose inhaler)	Many patients find it difficult to pull the trigger of their inhaler and to inhale simultaneously. Are you having any trouble using your inhaler? For how many seconds after inhalation do you hold your breath?	<input type="checkbox"/>	
Inhalers (Elpenhaler)	Do you always manage to insert and remove the blister strip without any problems? For how many seconds after inhalation do you hold your breath?	<input type="checkbox"/>	
Inhalers (nebulizers)	Many patients find it difficult to measure the exact number of drops. Do you have any problems counting the right number of drops for your nebulizer?	<input type="checkbox"/>	
Inhalers (capsule-based inhalers)	For how many seconds after inhalation do you hold your breath? Do the capsules contain powder residues after inhalation?	<input type="checkbox"/>	
Inhalers (other inhalers)	For how many seconds after inhalation do you hold your breath?	<input type="checkbox"/>	
Injection devices	How frequently do you change the injection site?	<input type="checkbox"/>	
Ophthalmic preparations (ointment/ creme/ gel)	Do you always succeed in inserting the correct amount of this medication into the conjunctival sac at the first attempt?	<input type="checkbox"/>	
Ophthalmic preparations (drops)	Do you always succeed in inserting a drop into the conjunctival sac at the first attempt?	<input type="checkbox"/>	
Rectal preparations	Do you always keep both eyes closed after the drop? Many patients have problems with the use of this drug. Does this equally apply to you?	<input type="checkbox"/>	
Nasal preparations (prescription-only)	Many patients have the feeling that they have to use more spray/drops than prescribed in order to achieve a sufficient effect. Does this reflect your experience?	<input type="checkbox"/>	
Transdermal patches	Do you sometimes have to change your patch more often than prescribed, e. g. because it does not last or the effect wears off too quickly?	<input type="checkbox"/>	
Dermatological preparations (prescription-only)	Many patients find it difficult to choose the right amount of cream or ointment. Do you equally have problems using your cream or ointment?	<input type="checkbox"/>	
Liquid oral dosage forms (with measuring device)	Many patients describe the measurement of a liquid drug as difficult. Do you have any difficulties with the measurement - for example when using the enclosed dosage device?	<input type="checkbox"/>	
Liquid oral dosage forms (dry syrup)	Many patients report problems with the preparation of their liquids, e. g. because a lot of foam develops. Do you have any difficulties with the preparation?	<input type="checkbox"/>	
Liquid oral dosage forms (drops)	Counting drops is difficult for many patients. Do you have any difficulties concerning this?	<input type="checkbox"/>	
Dosage forms for oropharyngeal use	This drug should not be swallowed but should be applied to the oral cavity. Have you ever swallowed this drug by mistake?	<input type="checkbox"/>	
Otological preparations	Patients often find it difficult to use ear drops - for example, the unassisted instillation with a tilted head. Does the application also cause problems for you?	<input type="checkbox"/>	
Vaginal preparations	Many patients are insecure about the vaginal application of drugs. Does this also apply to you?	<input type="checkbox"/>	
Total number of drugs (≥ 5)	When taking a multitude of drugs simultaneously, many patients feel overburdened. Do you have difficulties keeping track of your drugs?	<input type="checkbox"/>	
Once weekly administration	This drug should be used once a week. Is it difficult for you to use this drug always at the same day of the week?	<input type="checkbox"/>	

Administration more than two times daily	Is it a problem for you to take your medication several times a day in everyday life?	<input type="checkbox"/>
Administration at lunch time	According to your medication schedule, you should use this drug at noon. Many patients find it difficult to actually do this in everyday life. Have you found it difficult to take your drugs at noon?	<input type="checkbox"/>
Tablet splitting	Do you find it difficult to split your tablets consistently into pieces that have the same size?	<input type="checkbox"/>
Pro re nata (as needed) medication	In your medication schedule it is specified that you may use this medication if necessary. Do you know the medical condition that is treated with this drug? Do you know what dose you can use?	<input type="checkbox"/>
Administration every two days or less frequently	Is it difficult for you to remember taking this drug because it is not used every day?	<input type="checkbox"/>
Fixed dosing interval	In your everyday life, are you able to keep the exact intervals between the administrations of this drug?	<input type="checkbox"/>
Use of multiple doses concurrently	This drug should be used more than once at the same point in time. Do you find it difficult to use this drug repeatedly each single time?	<input type="checkbox"/>
Different doses of the same active ingredient at different times of day	You have to use different doses of this drug during one day. Do you sometimes accidentally mix up these doses?	<input type="checkbox"/>
Variable dosing	No exact dose is indicated for this drug. Does this make you insecure about how to take this drug?	<input type="checkbox"/>
Only one drug at a specific point in time	Your medication schedule specifies that you should use this drug at a specific point in time, separate from all other drugs. Do you ever forget to take this drug?	<input type="checkbox"/>
The same active ingredient in different preparations	These two drugs contain the same active ingredient. Is there a risk of you confounding these drugs?	<input type="checkbox"/>
Occasional, episodic drug treatment	This drug is used for a limited time only. Are you able to integrate this drug into your daily routine?	<input type="checkbox"/>
Meal -dependent administration	Do you find it difficult to coordinate the daily intake of your medication with your meals?	<input type="checkbox"/>
Administration at fixed times of the day	Your medication schedule specifies that this drug should be used at a certain time of day. Are you able to integrate this into your daily routine?	<input type="checkbox"/>
Increasing doses	Can you tell me in your own words how you should increase the dose?	<input type="checkbox"/>
Decreasing doses	Can you tell me in your own words how you should reduce the dose?	<input type="checkbox"/>
Intake with advised liquid	Do you find it difficult in everyday life to remember taking this medicine together with the special liquid or food?	<input type="checkbox"/>
Crushing tablets	This drug is to be crushed. Do you have any difficulties crushing this drug in such a way that it is easier to take afterwards?	<input type="checkbox"/>
Opening capsules	These capsules are to be opened before use. Do you have any difficulties opening the capsules?	<input type="checkbox"/>
Disintegrating tablets, capsules and powders	This drug should be dissolved before use. Is your drug always completely dissolved?	<input type="checkbox"/>
Patient -unfriendly nature of liquid oral dosage forms	Have you ever not taken your drug because the smell, taste or consistency disturb you?	<input type="checkbox"/>
Lack of training in dosage form use	Have you been advised on how to use this drug? Do you think that an explanation of how to use your drug would make it easier for you to perform your therapy?	<input type="checkbox"/>
Complex measurements (self -performed)	Do you feel safe when adjusting your dose after blood glucose/ blood coagulation measurement?	<input type="checkbox"/>

5. At the intervention, you received a patient diary where you could document your medication intake since hospital discharge. Did you use the patient diary?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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6. If Yes, did you indicate that you always used your medication according to your medication list?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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7. If No, why didn't you use the patient diary?

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8. If No, did you always use your medication according to your medication list?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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9. Did you have any symptoms or complaints since your discharge that you attribute to your medication?

<input type="checkbox"/> Yes (<i>Which ones?</i>)	<input type="checkbox"/> No
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10. Do you have any other questions about how to use your medicine?

<input type="checkbox"/> Yes (<i>Which ones?</i>)	<input type="checkbox"/> No
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11. Did you wish for your hospital stay to be different in relation to your drug therapy?

<input type="checkbox"/> Yes (<i>How?</i>)	<input type="checkbox"/> No
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12. At the intervention, you received one or more information leaflets. Did you read them?

<input type="checkbox"/> Yes (<i>What did you think of these?</i>)	<input type="checkbox"/> No
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13. You were talking with a pharmacist about your medicines. Do you think, that this intervention should be offered to all patients in the hospital?

<input type="checkbox"/> Yes (<i>Why?</i>)	<input type="checkbox"/> No (<i>Why?</i>)
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14. If specific recommendations were addressed in the interview: Were you able to implement our recommendation? Has our recommendation been helpful?

Specific recommendation from the intervention:

Patient answer:

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15. Which other measures, support, or intervention would you have liked to receive?

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16. Has there been anything else in connection with your drug therapy that you feel is worth reporting to us?

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17. Check whether the patient has addressed one of the potential risk factors for nonadherence and document them accordingly (page 11).

Potential risk factors for nonadherence

Risk factors	Mentioned during the follow-up?	Explanation/context
More than one medication at the same time	<input type="checkbox"/>	
Interpretation of dosing instructions	<input type="checkbox"/>	
Concerns about drug treatment	<input type="checkbox"/>	
Disease duration > 10 years	<input type="checkbox"/>	
Experienced side effects	<input type="checkbox"/>	
Advanced severity of the disease	<input type="checkbox"/>	
Low acceptance of the disease	<input type="checkbox"/>	
Low health literacy	<input type="checkbox"/>	
Lack of symptom control	<input type="checkbox"/>	
Feeling stigmatized by the disease/ drug treatment	<input type="checkbox"/>	
Lack of knowledge regarding disease/ drug treatment	<input type="checkbox"/>	
Presence of depression	<input type="checkbox"/>	
Alcohol or illicit drug use	<input type="checkbox"/>	
No support in drug handling	<input type="checkbox"/>	
Low satisfaction with/trust in healthcare/doctor	<input type="checkbox"/>	
Lack of interest in drug treatment	<input type="checkbox"/>	
Negative attitude towards drug treatment	<input type="checkbox"/>	
Stress and distraction	<input type="checkbox"/>	
Lack of information from healthcare providers regarding therapy/disease	<input type="checkbox"/>	
Care from many different healthcare providers	<input type="checkbox"/>	
High costs	<input type="checkbox"/>	
Low frequency of check-ups with the doctor	<input type="checkbox"/>	
Difficult language in the package leaflet	<input type="checkbox"/>	
Lack of comprehensibility of the instructions regarding the therapy	<input type="checkbox"/>	