

Know Your Meds Alabama Proposed Patient/Pharmacist Survey Questions

You are invited to participate in a brief survey regarding medication safety. This survey should take about 10 minutes to complete. Participation is voluntary, and responses will be kept anonymous.

You have the option to not respond to any questions that you choose. Participation or nonparticipation will not impact your relationship with the drugstore where the survey is completed. Submission of the survey will be interpreted as your informed consent to participate and that you affirm that you are at least 18 years of age.

Age: _		Sex:	Your Home Zip Code:	
Please	circle	your answers		
1.	Is it h	s it hard for you to talk to your pharmacist about your health care?		
	a.	Yes	b. No	
2.	Is it hard for you to understand the instructions on the medicine bottle label?			
	a.	Yes	b. No	
3.	How many drugstores do you use?			
	a.	1	c. 3	
	b.	2	d. More than 3	
4.	Do you prefer getting your medicine at the local drugstore or mailed to your home?			
	a. Going to the local drugstore			
	b. Getting medicine through the mail			
5.	Have you ever had any of these problems with your medicine? (Circle all that apply)			
	a.	Side effects	c. Forget to take	e. Other
	b.	Costs too much	d. Directions are confusing	f. None of the above
6.	Who do you turn to if you do not understand how to take your medicine? (Circle all that apply)			
	a.	Friends	c. Doctor	e. Pharmacist
	b.	Family	d. Nurse	f. Internet
7.	How many medicines do you take?			
	a.	None	c. 6-10	
	b.	1-5	d. Greater than 10	
8.	Do you	u keep a medication list?		
	a.	Yes	b. No	
	If you answered Yes to question #8; please complete the remaining 2 survey questions			
	If you	answered No to questi	on #8; the survey is complete	
9.	How often is your medication list updated? (Circle all that apply)			
		Every physician visit	c. Other health care visits	
		Every hospital visit	d. When someone does it for m	e
10	. Who h	nas a copy of your medica	ation list? (Circle all that apply)	
		Primary Care Physician		
		Family or caregiver	d. Others:	

Upon completion of the survey, please submit your answers by:

- Faxing the document to 205-970-1624
- Returning it to the drugstore where you received it

The survey can also be completed online at: www.aqaf.com\kyma