

This short survey is to collect feedback on the 'Preparing for a Medication Review' information you received from your GP or pharmacist before you met with them for a Medication Review.

This information included:

- A **letter** inviting you to attend a medication review with example questions you may have thought about asking.
- A **'Me and My Medicines leaflet'** encouraging you to ask questions about your medicines.
- A **'Safely stopping your medicine'** leaflet to take home and refer to.
(You will only have received this if you agreed to stop or gradually stop a medicine.)

The survey is anonymous. Your feedback will be used to understand how useful the information was in helping you prepare for your medication review. It will also help us to make improvements if needed.

The survey will take approximately seven minutes to complete. Use the QR code on Page 2 to complete online.

Please say whether or not you agree with the following statements:

1. The invitation letter I received clearly explained:

a. what a medication review is

- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know / not applicable

b. why I had been invited to meet with the GP or pharmacist to discuss my medicines

- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know / not applicable

c. what to expect from the appointment

- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know / not applicable

2. The example questions in the invitation letter helped me to think about what I wanted to ask my GP or pharmacist about my medicines.

- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know / not applicable



3. Me and My Medicines encouraged me to be open with my GP or pharmacist about how I feel about my medicines.

- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know / not applicable

4. I was more confident talking to my GP or pharmacist about my medicines after reading the information sent to me.

- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know / not applicable

5. When I met with my GP or pharmacist to discuss my medicines the appointment was:

- Too short
- About right
- Too long

6. Did you agree at the medication review to stop or gradually stop any of your regular medicines?

a. Completely stop a medicine

Yes No

If yes, how many medicines were stopped?

1 2 3 4 5 More

b. Gradually stop a medicine

Yes No

If yes, how many medicines were to be gradually stopped?

1 2 3 4 5 More

c. If you stopped or agreed to gradually stop a medicine, was the 'Safely Stopping Your Medicine' leaflet provided?

Yes No

If yes, do you agree that the leaflet was helpful?

- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know/ not applicable



7. Do you think all patients who take several medicines regularly would benefit from receiving this information when invited to have a medication review?

Yes No

8. Is there anything else you think would be useful for people to know or receive before they have a medication review?

Write your answer here

9. Is there anything else you wish to share with us?

Write your answer here

If you are interested in taking part in further research about the information you received, or to share your experiences of taking multiple medicines, please provide your preferred contact information (email address, telephone number or postal address) below:

Please return this survey free of charge (no stamp required) in an envelope addressed to 'FREEPOST Polypharmacy Patient Feedback'. Your survey responses will be stored, processed and reported for our evaluation by Health Innovation Network South London, our evaluation partner.

Complete this survey online



See other language versions

