The effect of Patient’s Own Medication use on patient’s self-reported medication knowledge during hospitalisation: a pre-post intervention study

Authors

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Patient questionnaire with statements on perceived medication knowledge, medication safety, the provision of information, and inpatient medication use.

| Date | . . . / . . . / . . . |
|------|----------------------|
| Gender | Male – Female |
| Year of birth | . . . |
| Educational level | □ Elementary school  
□ Lower secondary education  
□ Upper secondary school  
□ Bachelor degree or higher  
□ Unknown |
| Marital status | □ Single  
□ Partner, not married  
□ Married  
□ Divorced  
□ Widow/widower  
□ Unknown |
| Do you receive help with medication management at home? | Yes – No |
| What is your first language | . . . |

Please response to the statements about medication use

|  | Totally disagree | Disagree | Neutral | Agree | Totally agree |
|---|------------------|----------|---------|-------|---------------|
| 01. I always take my prescribed medicine |  |  |  |  | |
| 02. I always take the prescribed amount of medicine |  |  |  |  | |
| 03. I always use my medicine at the prescribed time |  |  |  |  | |

Please response to the statements below at your hospital admission.

**A. Medication Knowledge (at admission)**

|  | Totally disagree | Disagree | Neutral | Agree | Totally agree |
|---|------------------|----------|---------|-------|---------------|
| A1. I know why I use my medicines |  |  |  |  | |
| A2. I know for each medicine that I use why I use it |  |  |  |  | |
| A3. I know for each medicine that I use how to use it |  |  |  |  | |
Please response to the statements below during your hospitalisation.

| B. Sense of medication safety, provision of information, and inpatient medication (during hospitalisation) | Totally disagree | Disagree | Neutral | Agree | Totally agree |
|--------------------------------------------------------------------------------------------------|-----------------|---------|---------|-------|---------------|
| B1. I think that continued use of the medicines I use at home reduces the number of medication errors. |                 |         |         |       |               |
| B2. During hospitalisation it is clear to me which medicines from home I still use |                 |         |         |       |               |
| B3. I am informed about replacing a medicine that I use at home with a medicine from the hospital. |                 |         |         |       |               |
| B4. When medication is started during admission, I am informed about this. |                 |         |         |       |               |
| B5. I would like to be able to continue to use my medicines from home during the admission. |                 |         |         |       |               |
| B6. I would like to manage my medicines from home (when they are used during the admission) by myself. |                 |         |         |       |               |

Please response to the statements below at your hospital discharge.

| C. Medication Knowledge and provision of information (at discharge) | Totally disagree | Disagree | Neutral | Agree | Totally agree |
|-------------------------------------------------------------------|-----------------|---------|---------|-------|---------------|
| C1. I know why I use my medicines |                 |         |         |       |               |
| C2. I know for each medicine that I use why I use it |                 |         |         |       |               |
| C3. I know for each medicine that I use how to use it |                 |         |         |       |               |
| C4. I have no more questions about my medication after admission. |                 |         |         |       |               |
| C5. I know where or to whom I can go with my questions about medication. |                 |         |         |       |               |