Appendix 1. Interview questions for patients

1) What do you think the role of medication history taking in health care is?
2) Is keeping up with changes in your medications important to you? Why or why not?
3) How do you remember what your medications are? How do you remember to keep up with the changes to your medications? What ways can make this easier for you?
4) Do you bring your medications to health care appointments? Every time? Why or why not?
5) Does anything bother you about learning what your medications are? If so, what? How do you deal with what bothers you about learning and keeping up with your medications?
6) Do you think there are problems with not knowing what your medications are? What do you think the problems are with not knowing or your health care professionals not knowing what your medications are? Do the (potential) problems concern you?
7) When you have been at St Michael’s Hospital, who has asked you about your medications that you are taking at home?
8) How were you able to provide this information to them? (if patients have a very specific method, then explore how they came to have that method [e.g., up-to-date list of medications in wallet at all times])
9) What would have made it easier for you to answer the questions about your medications?
10) What did they do with this information once you had provided it?
11) Do you think this information is important for the health care practitioners that you deal with to have? Why? Which ones should have this information?
12) Are you reluctant to share information regarding your medications and/or medication taking with your health care professionals? Why?
13) What do you think can make it easier for all your health care professionals to keep up with changes to your medications? How can this be done?
Is there anything that we haven’t covered in this session that you would like to add to help us understand the medication history taking process?

Appendix 2. Focus group questions for health care professionals

1) What does a medication history mean to you? (Once this item is discussed, clarification of what a medication history is for the remainder of the session.)
2) Who is responsible for obtaining a medication history from a patient?
3) If there are differences in the medication history, which one should be followed? How should this be resolved?
4) What information do you collect with a medication history?
5) What do you think its role is in providing care?
6) Is knowledge about a patient’s medications important to you? Why or why not?
7) How do you document a medication history? Would anything help make documentation easier?
8) What are the barriers that you encounter when obtaining a medication history?
9) What are some facilitators to obtaining a medication history? (prompts: time – on average how much time does it take you?)
10) Share experiences from troublesome and/or easier medication histories.
Is there anything else that you would like to add that you would feel would help the research team know the barriers and facilitators to obtaining accurate medication histories?