Development and Testing of a Comprehensive Geriatric Self-Medication Assessment Tool Vs. June, 2007 © Irvine-Meek & Gould

Self-Medication Assessment Tool

Functional & Cognitive Assessment

(Bottle 1: 10pt font; child-resistant [align arrows]; 7 dram vial)			\sim
F1. Please read the label on this bottle out loud.	Ease	Difficulty	Unable
Reading the medication name:			
Reading the instructions:		K ¹	
F2. Please open the bottle			7
C1. If this was your medication, how would you take it?			
Dosage correct:			
Time correct:	A A		
(Bottle 2: 12pt font; child-resistant [push & turn]; 12 dram vial)	10		
F3. Please read the label on this bottle out loud.	Ease	Difficulty	Unable
Reading the medication name:			
Reading the instructions:			
F4. Please open the bottle			
C2. If this was your medication, how would you take it?			
Dosage correct:			
Time correct:			
(Bottle 3: 14pt font; non-child-resistant [flip-open cap]; 40 dram vial)			
F5. Please read the label on this bottle out loud.	Ease	Difficulty	Unable
Reading the medication name:			
Reading the instructions:			
F6. Please open the bottle			
C3. If this was your medication, how would you take it?			
Dosage correct:			
Time correct:			
Y			
(Bottle 3: 14pt font; non-child-resistant [flip-open cap]; 40 dram vial)			
	<u>Ease</u>	<u>Difficulty</u>	<u>Unable</u>
F7. Please take 2 pills out of the bottle.			

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Supplementary data for Irvine-Meek J, Gould ON, Wheaton H, Todd LE. Acceptability and face validity of a geriatric Self-Medication Assessment Tool. *Can J Hosp Pharm* 2010;63(3):225-232.

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Unable

Difficulty

Ease

(Bottles 3, 4, & 5: 14pt font; non-child-resistant [flip-open cap]; 40 dram vial)

Bottle 3

C4. If you were prescribed all three of these i	medications, a	describe	when you	would tak	e the	tablets	and
how many you would take for a typical day.							

Dosage correct:				
Time correct:				
Bottle 4				
Dosage correct:				
Time correct:				
Bottle 5				
Dosage correct:		A A		
Time correct:				
(7 x 4 slot dosette)			<i>c</i> 1 .	
This is a dosette. The names of the days are printed acro				
the side. Here is Sunday, Monday, Tuesday, and here is	Morning, Noo	п-ите теа	i, evening me	aı, ana
before bed.		Ease	Difficulty	Unable
C5. Please point to the slot for Tuesday at noon.	A	Lasc		Chable
F8/C6. Please take out the pill for Friday morning.	7			
10/00. I lease take out the purjor I rately morning.				
(Bottles 3, 4, & 5 with 7 X 4 slot dosette)				
C7. Please place the pills from the 3 bottles into the dose	tte in the corre	ect way.		
NOTE TO ASSESSER ALLOW MAXIMUM 1	0 MINS TO			
COMPLETE THIS TASK				
Bottle 3		<u>Ease</u>	<u>Difficulty</u>	<u>Unable</u>
Dosage correct: TIME STARTED:				
Time correct: TIME FINISHED:				
Bottle 4				
Dosage correct:				
Time correct:				
Bottle 5				
Dosage correct:				
Time correct:				
(Blister Pack)				
This is blister packaging for medication. The names of the	• •	_		
of the day are printed across the top. Here is Sunday, Mo	maay, 1 uesaa	y, ana nere	is Morning, I	voon-time
meal, evening meal, and before bed.		Ease	Difficulty	<u>Unable</u>
C8. Please point to the bubble for Monday evening.		Lasc		Onable
F9/C9. Please take out the tablets for	(select			
day and time).	(501001			
			1	
2				

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F10 & F11. What colour is each of these pills?

White (Light) Yellow (Light) Green (Light) Blue (Light) Purple	White (Dark) Yellow (Dark) Green (Dark) Blue (Dark) Purple	Able	e <u>Unable</u>
Do you have any difficulty swallowing tablets?	<u>Ease</u>	<u>Difficulty</u>	<u>Unable</u>
Pharmacist's estimate of hearing difficulty.	Ease	Difficulty	<u>Unable</u>
Pharmacist's estimate of visual difficulty.	<u>Ease</u>	<u>Difficulty</u>	<u>Unable</u>
Do you have a daily routine that helps to remind you to ta	ke vour medications?	<u>Yes</u>	<u>No</u>
If yes, please specify:	, your memerinons		
Medication Recall/Adherence Do you use anything to help you remember to take your m (please indicate all that apply)	edication?		
 daily routine pill box (dosette) blister pack medication calendar alarm/beeper 			
someone else reminds me (who? other		[Yes	No
Do you have a regular pharmacist/pharmacy? If yes, please specify:			====
2			

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		l		l			ŀ		ľ			l		
		Д	atient	Rec	Patient Recall Score	ıre		Self-	Self-reported adherence Score	ed a	dher	ence !	Score	47
	Drug		Drug		Dose		tion D	Did you	How much	nuch	How many	\[\sigma	At what	
	Name		Indication		Frequency		ts	take it every did you take times per	y did yo	u take	times p		times did	p
			(what do you take it for?)				osage d	shape, dosage day or less form, often?	each time?	me?	day did you take it?	n	you take it?	; it?
Reference Drug List	A	n	A	n	A U		Ŋ	AU	А	U	А	n	A	U
						0								
					X	5								
			U		`									
		>												
	4													
A= Able U=Unable U indicates patient is unable to respond correctly, Even when prompted or cued by the tester. Rec.	Max recall score = # of reference drugs x 4 Task score: Count of "able" responses Recall score = (task score / max score) x 100	ore = # ount of = (task	of refer f "able" score / r	ence d respon	rugs x 4 ses		therence Sor	Max adherence score = # of reference drugs x 4 Task score: Count of "able" responses Adherence score = (task score / max score) x 100	# of refe ble" resp	rence d onses	lrugs x	4 0		
	3036 118	wcm)	4	S val	(a) v (a)		25	acm)	2000	oos vali	1 v (21)	3		

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ice score
dherer
seful non-a
- Purpo
Adherence

	Sometimes, people decide that it is best for them not to take a medication they ve been prescribed. Did you ever decide not to take this workings?	Why?									
	In your opinion is this med helping you?	0 - a for 1 = somewhat $2 = not sure$ $3 - not sure$	3 – 110t at all)	~						
	Did this med ever bother you in any way?	0 = not at an $1 = not sure$ $2 = somewhat$ $3 = 0.124$	3 – a 10t		•	×	2				
Admerical transportation administration of	Reference Drug List										201