

Appendix C: Data Collection Instrument (Interview Questionnaire)

Note: The interview questionnaire was developed specifically for this study. An English language version is provided below.

PATIENT INTERVIEW QUESTIONNAIRE

Study Title: High Prevalence and Predictors of Medication Reconciliation Errors in Type 2 Diabetes Outpatients with Multimorbidity: A Cross-Sectional Study in Zambia

Study ID: _____ **Date:** _____

Section A: Socio-demographic Information

1. Age: _____ in years
2. Gender: Male ☐ Female ☐
3. Marital Status: Married ☐ Single ☐ Widowed ☐ Divorced ☐
4. Education Level:
None ☐
Primary ☐
Secondary ☐
Tertiary ☐
5. Occupation:
Employed ☐
Unemployed ☐
Retired ☐

Section B: Best Possible Medication History (BPMH)

6. Please tell me all the medications you are currently taking:
Please include: prescription medications, over-the-counter medicines, traditional medicines, and supplements/vitamins

Medication Name	Dose	Frequency	Route	Source (UTH/Private/Other)	Cost (ZMW)	Purpose
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

Have you stopped any medications recently?

7. Have you stopped any medications recently?

Yes ☐ No ☐

If yes, which ones and why?

Do you have any difficulty affording your medications?

Yes ☐ No ☐

If yes, which medications and how often do you miss doses?

Do you ever split tablets, reduce doses, or skip doses to save money?

Yes ☐ No ☐

If yes, which medications?

Section C: Comorbidities and Specialty Clinics

Please tell me about any other medical conditions you have **(tick all that apply)**:

- Hypertension ☐
- Chronic Kidney Disease ☐
- Heart Failure ☐
- Dyslipidaemia (increased blood fat levels) ☐
- Neuropathy (sensations of pain, crawling, or numbness in the limbs) ☐
- Previous Stroke ☐
- Other: _____

Which specialty clinics do you attend at UTH Clinic 5 **(tick all that apply)**?

- Endocrinology and Diabetes ☐
- Cardiology ☐
- Renal ☐
- Neurology ☐
- Other: _____

Section D: Medication Adherence

On a scale of 1-10, how would you rate your medication ?

(1 = never take, 10 = always take exactly as prescribed)

Rating: _____

Rating: _____

END OF QUESTIONNAIRE