Default Question Block

Thank you for your feedback in the first round of the Delphi Survey. In this second round, we have developed survey items and would like your feedback on the clarity and relevance of each item.

Please rate each question for clarity; that is how clear you think the question will be for the patient, and relevance; that is how relevant the question is for measuring each of the constructs described below.

Comments can be added to the text boxes that appear in the comments column.

In order to make it easy to complete the survey, we recommend that you use a computer not a mobile phone.

CONSTRUCT 1: CHANGES IN MEDICATIONS

These questions ask the patient about changes to their medications. Changes in medications can include adding a new medication, substituting one kind of medication for a different medication, or stopping a medication.

Please rate each question for clarity and relevance.

	How clear are the following questions?					How relevant are the following questions?					Comments
	Not at all clear	A little clear	Somewhat clear	Very clear	Extremely clear	Not at all relevant	A little relevant	Somewhat relevant	Very relevant	Extremely relevant	Please enter your comments in the text boxes below
During your last visit with your provider, which of the following changes were made to your medication... a medication was changed to another one? ...Yes/No	O	O	O	O	O	O	O	O	O	O	_____
During your last visit with your provider, which of the following changes were made to your medication... a medication was added? ...Yes/No	O	O	O	O	O	O	O	O	O	O	_____
During your last visit with your provider, which of the following changes were made to your medication... a medication was stopped? ...Yes/No	O	O	O	O	O	O	O	O	O	O	_____
Name of medication(s) that was changed.____ (text entry)	O	O	O	O	O	O	O	O	O	O	_____

CONSTRUCT 2: DEPRESCRIBING INTERVENTION VISIT

These questions are specifically about the patient's visit to discuss their medications with their provider.

Please rate each question for clarity and relevance.

	How clear are the following questions?					How relevant are the following questions?					Comments
	Not at all clear	A little clear	Somewhat clear	Very clear	Extremely clear	Not at all relevant	A little relevant	Somewhat relevant	Very relevant	Extremely relevant	Please enter your comments in the text boxes below
How helpful was the visit to discuss your medications with the provider?	O	O	O	O	O	O	O	O	O	O	[ ]
How much did the visit improve your understanding of the medication(s) you are taking?	O	O	O	O	O	O	O	O	O	O	[ ]
How well did you understand why you were asked to stop the medication(s)?	O	O	O	O	O	O	O	O	O	O	[ ]
How often does your provider give you a list of your medications with noted changes at the end of the visit?	O	O	O	O	O	O	O	O	O	O	[ ]

CONSTRUCT 3: MEDICATIONS

These questions are about the patient's medications.

Please rate each question for clarity and relevance.

	How clear are the following questions?					How relevant are the following questions?					Comments
	Not at all clear	A little clear	Somewhat clear	Very clear	Extremely clear	Not at all relevant	A little relevant	Somewhat relevant	Very relevant	Extremely relevant	Please enter your comments in the text boxes below
How many prescription medications do you take? ____(number entry)	○	○	○	○	○	○	○	○	○	○	
How many OTC medications do you take? ____(number entry)	○	○	○	○	○	○	○	○	○	○	
How satisfied are you with the medication(s) that you take?	○	○	○	○	○	○	○	○	○	○	
How often do you find it hard to take all the medications that are prescribed to you?	○	○	○	○	○	○	○	○	○	○	
How often do you forget to take your medication(s) as prescribed?	○	○	○	○	○	○	○	○	○	○	
How often you experienced side effects from your medication(s)?	○	○	○	○	○	○	○	○	○	○	

CONSTRUCT 4: HEALTH AND LIFESTYLE

These questions are about situation or life circumstances that improves or impedes their medication management.

Please rate each question for clarity and relevance.

	How clear are the following questions?					How relevant are the following questions?					Comments
	Not at all clear	A little clear	Somewhat clear	Very clear	Extremely clear	Not at all relevant	A little relevant	Somewhat relevant	Very relevant	Extremely relevant	Please enter your comments in the text boxes below
How often does your health condition make it hard to take your medication(s) as prescribed?	O	O	O	O	O	O	O	O	O	O	
How often does your lifestyle interfere with taking your medication(s) as prescribed?	O	O	O	O	O	O	O	O	O	O	
How often does taking your medication(s) interfere with your day-to-day activities?	O	O	O	O	O	O	O	O	O	O	
How important are your medication(s) to your overall health?	O	O	O	O	O	O	O	O	O	O	
How often do you fear you may get side effects from your medication(s)?	O	O	O	O	O	O	O	O	O	O	

CONSTRUCT 5: UNDERSTANDING OF MEDICATION AND MANAGEMENT

These questions are about the patient's understanding of their medications and the help they need to manage their medications.

Please rate each question for clarity and relevance.

	How clear are the following questions?					How relevant are the following questions?					Comments
	Not at all clear	A little clear	Somewhat clear	Very clear	Extremely clear	Not at all relevant	A little relevant	Somewhat relevant	Very relevant	Extremely relevant	Please enter your comments in the text boxes below
How would you rate your understanding of the need for your medication(s)?	O	O	O	O	O	O	O	O	O	O	
How helpful is having written information about your medications?	O	O	O	O	O	O	O	O	O	O	
How often are your medication(s) instructions hard to understand?	O	O	O	O	O	O	O	O	O	O	
How would you rate your ability to manage your medications?	O	O	O	O	O	O	O	O	O	O	
How much support do you get from your family and friends in taking your medications as prescribed?	O	O	O	O	O	O	O	O	O	O	
How much support do you get from your healthcare providers in taking your medications as prescribed?	O	O	O	O	O	O	O	O	O	O	

CONSTRUCT 6: HEALTH CARE PROVIDERS

These questions are about the pharmacist, primary care provider, and specialist that the patient sees.

Please rate each question for clarity and relevance.

	How clear are the following questions?					How relevant are the following questions?					Comments
	Not at all clear	A little clear	Somewhat clear	Very clear	Extremely clear	Not at all relevant	A little relevant	Somewhat relevant	Very relevant	Extremely relevant	Please enter your comments in the text boxes below
How hard is it to contact your pharmacist with questions about your medication(s)?	O	O	O	O	O	O	O	O	O	O	
How hard is it to contact your primary care provider with questions about your medication(s)?	O	O	O	O	O	O	O	O	O	O	
How hard is it to contact your specialist with questions about your medication(s)?	O	O	O	O	O	O	O	O	O	O	
How often do you make other changes to your medication(s) on your own without consulting with your provider?	O	O	O	O	O	O	O	O	O	O	

CONSTRUCT 7: VA SYSTEM

These questions are about how the VA system supports the patient with their medication.

Please rate each question for clarity and relevance.

	How clear are the following questions?					How relevant are the following questions?					Comments
	Not at all clear	A little clear	Somewhat clear	Very clear	Extremely clear	Not at all relevant	A little relevant	Somewhat relevant	Very relevant	Extremely relevant	Please enter your comments in the text boxes below
When you get a prescription order from a provider outside the VA, how often do you have difficulties getting the medication(s) through the VA pharmacy?	O	O	O	O	O	O	O	O	O	O	
How often do you have to get healthcare outside the VA?	O	O	O	O	O	O	O	O	O	O	
How often do you have to get your medication(s) from a pharmacy outside the VA?	O	O	O	O	O	O	O	O	O	O	
How often do you worry about the cost of your medication(s)?	O	O	O	O	O	O	O	O	O	O	
How often have you not filled your medication(s) due to the cost?	O	O	O	O	O	O	O	O	O	O	

CONSTRUCT 8: PROVIDER WHO DISCUSSED MEDICATION(S) CHANGES

These questions are specifically about the healthcare provider that met with the patient to discuss the changes to their medication. This could have been a pharmacist, physician, physician assistant or nurse practitioner.

Please rate each question for clarity and relevance.

	How clear are the following questions?					How relevant are the following questions?					Comments
	Not at all clear	A little clear	Somewhat clear	Very clear	Extremely clear	Not at all relevant	A little relevant	Somewhat relevant	Very relevant	Extremely relevant	Please enter your comments in the text boxes below
What type of provider met with you to discuss changes to your medication(s)? (Physician, Pharmacist, Nurse practitioner, Physician assistant, Other)	O	O	O	O	O	O	O	O	O	O	[ ]
How often have you seen this provider before this visit to discuss changes to your medication(s)?	O	O	O	O	O	O	O	O	O	O	[ ]
How well did your provider listen to you when you talked about your medication(s)?	O	O	O	O	O	O	O	O	O	O	[ ]
How well did your provider answers your questions about your medication(s) in a way that you understand?	O	O	O	O	O	O	O	O	O	O	[ ]
How well did your provider respect your opinions about your medication(s)?	O	O	O	O	O	O	O	O	O	O	[ ]
	Not at all clear	A little clear	Somewhat clear	Very clear	Extremely clear	Not at all relevant	A little relevant	Somewhat relevant	Very relevant	Extremely relevant	Please enter your comments in the text boxes below
How knowledgeable is your provider about the medication(s) for your condition?	O	O	O	O	O	O	O	O	O	O	[ ]
How important to you is what your provider thinks about your medication(s)?	O	O	O	O	O	O	O	O	O	O	[ ]
How often would you like to visit with your provider to discuss your medication(s)?	O	O	O	O	O	O	O	O	O	O	[ ]

	How clear are the following questions?					How relevant are the following questions?					Comments
	Not at all clear	A little clear	Somewhat clear	Very clear	Extremely clear	Not at all relevant	A little relevant	Somewhat relevant	Very relevant	Extremely relevant	Please enter your comments in the text boxes below
After your visit with your provider to discuss changes to your medication(s) how helpful would it be to have a follow-up visit?	O	O	O	O	O	O	O	O	O	O	

CONSTRUCT 9: FOLLOW UP

These statements are yes/no responses to plans made for follow up after changes in the patient's medication(s).

Please rate each statement for clarity and relevance.

	How clear are the following questions?					How relevant are the following questions?					Comments
	Not at all clear	A little clear	Somewhat clear	Very clear	Extremely clear	Not at all relevant	A little relevant	Somewhat relevant	Very relevant	Extremely relevant	Please enter your comments in the text boxes below
My provider plans to follow up with me... yes/no	O	O	O	O	O	O	O	O	O	O	
I have plans to follow up with my provider... yes/no	O	O	O	O	O	O	O	O	O	O	
Not sure about the plan for a follow up.... yes/no	O	O	O	O	O	O	O	O	O	O	
I am unaware of any plan to follow up.... yes/no	O	O	O	O	O	O	O	O	O	O	
No plan was made to follow up.... yes/no	O	O	O	O	O	O	O	O	O	O	

CONSTRUCT 10: PERCEPTIONS WHEN MEDICATION WAS DISCONTINUED

These questions asks specifically about the discussion to stop a medication and the patient's thoughts or opinions on the importance of stopping.

Please rate each question for clarity and relevance.

	How clear are the following questions?					How relevant are the following questions?					Comments
	Not at all clear	A little clear	Somewhat clear	Very clear	Extremely clear	Not at all relevant	A little relevant	Somewhat relevant	Very relevant	Extremely relevant	Please enter your comments in the text boxes below
In the past, how often have you experienced negative effects after following your provider's instruction to stop a medication?	○	○	○	○	○	○	○	○	○	○	☐
In last 12 months, how often have you wanted to discuss stopping a medication with your provider?	○	○	○	○	○	○	○	○	○	○	☐
Before the visit to discuss stopping your medication(s), how concerned were you about the number of medications you took?	○	○	○	○	○	○	○	○	○	○	☐
How comfortable were you about stopping your medication(s)?	○	○	○	○	○	○	○	○	○	○	☐
How fearful were you about stopping your medication(s)?	○	○	○	○	○	○	○	○	○	○	☐
	Not at all clear	A little clear	Somewhat clear	Very clear	Extremely clear	Not at all relevant	A little relevant	Somewhat relevant	Very relevant	Extremely relevant	Please enter your comments in the text boxes below
After your provider recently asked you to stop your medication(s), how much did you want to continue	○	○	○	○	○	○	○	○	○	○	☐

	How clear are the following questions?					How relevant are the following questions?					Comments
	Not at all clear	A little clear	Somewhat clear	Very clear	Extremely clear	Not at all relevant	A little relevant	Somewhat relevant	Very relevant	Extremely relevant	Please enter your comments in the text boxes below
the stopped medication(s)?											
After your provider recently asked you to stop your medication(s), how often did you have any unwanted effects?	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	
How has your health changed since you stopped the medication(s)? My health has gotten: (Worse to Better)	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	
After the visit to discuss stopping your medication(s) how concerned are you about the number of medications you take?	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	

CONSTRUCT 11: SHARED DECISION WHEN MEDICATION WAS DISCONTINUED

These questions asks about the patients agreement with the recommendation and how the provider involved them in making decisions about their medication(s).

Please rate each question for clarity and relevance.

	How clear are the following questions?					How relevant are the following questions?					Comments
	Not at all clear	A little clear	Somewhat clear	Very clear	Extremely clear	Not at all relevant	A little relevant	Somewhat relevant	Very relevant	Extremely relevant	Please enter your comments in the text boxes below
How much did you agree with the decision to stop your medication(s)?	O	O	O	O	O	O	O	O	O	O	
Did you stop the medication(s) as your provider asked you to? …. yes/no	O	O	O	O	O	O	O	O	O	O	
How involved were you in the decision to stop your medication(s)?	O	O	O	O	O	O	O	O	O	O	
How satisfied were you with the decisions to stop your medication(s)?	O	O	O	O	O	O	O	O	O	O	
How much did your provider pressure you to stop your medication(s)?	O	O	O	O	O	O	O	O	O	O	

CONSTRUCT 12: REASONS FOR DISCONTINUING MEDICATIONS

These statements are about the reasons the patient stopped the medication.

Please rate each statements/questions for clarity and relevance.

I stopped my medication(s) because… [Yes/No]

	How clear are the following questions?					How relevant are the following questions?					Comments
	Not at all clear	A little clear	Somewhat clear	Very clear	Extremely clear	Not at all relevant	A little relevant	Somewhat relevant	Very relevant	Extremely relevant	Please enter your comments in the text boxes below
I stopped my medication(s) because... my provider asked me to stop. ... Yes/No	O	O	O	O	O	O	O	O	O	O	
I stopped my medication(s) because... my provider gave me reasons to stop. ... Yes/No	O	O	O	O	O	O	O	O	O	O	
I stopped my medication(s) because... I seem to be doing fine without the medication(s). ... Yes/No	O	O	O	O	O	O	O	O	O	O	
I stopped my medication(s) because... my lab results supported stopping the medication(s). ... Yes/No	O	O	O	O	O	O	O	O	O	O	
What are your other reasons for stopping your medication as instructed by your provider? _____ (text entry)	O	O	O	O	O	O	O	O	O	O	
After stopping the medication(s), did you restart it? ... Yes/No	O	O	O	O	O	O	O	O	O	O	
What was your reason for restarting the medication(s)? _____(text entry)	O	O	O	O	O	O	O	O	O	O	

CONSTRUCT 13: REASONS FOR NOT DISCONTINUING MEDICATIONS

These statements are about the reasons the patient did not stop the medication.

Please rate each statements for clarity and relevance.

I did not stop my medication(s) because: Yes/No

	How clear are the following questions?					How relevant are the following questions?					Comments
	Not at all clear	A little clear	Somewhat clear	Very clear	Extremely clear	Not at all relevant	A little relevant	Somewhat relevant	Very relevant	Extremely relevant	Please enter your comments in the text boxes below
I did not stop my medication(s) because ... I have no problem taking the pills. ... Yes/No	○	○	○	○	○	○	○	○	○	○	
I did not stop my medication(s) because ... I had a bad experience in the past after stopping my medication(s). ... Yes/No	○	○	○	○	○	○	○	○	○	○	
I did not stop my medication(s) because ... I feel that all of my medication(s) are necessary/needed. ... Yes/No	○	○	○	○	○	○	○	○	○	○	
I did not stop my medication(s) because ... I see no reason to stop my medication(s). ... Yes/No	○	○	○	○	○	○	○	○	○	○	
I did not stop my medication(s) because ... I do not agree with the reason to stop my medication(s). ... Yes/No	○	○	○	○	○	○	○	○	○	○	
Other reasons_____ (text entry)	○	○	○	○	○	○	○	○	○	○	