

## Service users' experiences of hospital-based NHS patient medicines helplines. A qualitative study

This form is to be completed **prior** to the interview with participants who are **carers**.

### 1. Date of the interview

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### 2. Name of NHS Trust which provides the patient medicines helpline.

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### 3. Date contacted the patient medicines helpline (Try to get exact date. If unable, get an approximate. If more than one recent contact, collect all)

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### 4. Have they previously used a patient medicines helpline service?

- ☐ Yes (at the NHS Trust where they recently received care)
- ☐ Yes (at a different NHS Trust to where they recently received care)
- ☐ No

### 5. Carer-patient relationship

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