

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 **patients**.

1. Date of the interview

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

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)

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. Patient type for recent hospital episode:

- ☐ Inpatient
- ☐ Outpatient

6. Number of medicines currently prescribed (range).

(Number of all of the medicines which the patient is currently **prescribed only**. Prescribed medicines can include tablets, creams, ointments, injections, inhalers, and drops).

- ☐ 0-1
- ☐ 2-4
- ☐ 5-9
- ☐ 10 or more