The Comprehensive Medication Review

TRAINING PACKET FOR PARTICIPANTS
Instructions for Administration
Survey Instrument

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The Comprehensive Medication Review

TRAINING PACKET with Instrument

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SOME GUIDELINES FOR COMMUNICATING WITH OLDER PERSONS

1. People act as they are treated or as one is expected to act. (If you treat an older person maturely, he/she will act so; if you treat him/her as a child, he/she may respond in kind).

2. Recognize with understanding and compassion the particular external problems the older person faces -- financial, social, residential, personal, etc. -- and keep them in mind in one's contacts with him/her.

3. Recognize that older people must respond to a world and an environment that has changed enormously since his/her youth. Your assumptions about the world may be different.

4. Respect the individual. Be aware that you can develop and nurture a background of values, judgments and understanding which is common to yourself and the older person; this commonality may become so deep that although it is rarely mentioned it is always active and will promote both his/her security of mind and the warmth and integrity of the relationship.

5. Allow more time for communication; the older person's characteristic "slower reaction time" calls for more patience and tranquility than may be called for in "younger relationships." Sensitivity to such factors in itself will enhance the quality of communication.

6. Don't be afraid to be friendly! Personalize.

7. Respect the confidentiality of communication with the older person. This is very important! Not only is trust basic to personal communication, but older persons often place great value on respecting confidences. (Sometimes the feeling of wanting to be inconspicuous is also involved here.)

8. Be honest with the older person -- with sensitive kindness. Do not over-protect. Over-protection demeans the person.

(from Interpersonal Skills Training Communications Workshop)
THE COMPREHENSIVE MEDICATION REVIEW
ADMINISTRATION INSTRUCTIONS
Instructions for Interviewers

The recording form is designed to serve two purposes: 1) to produce a clinically useful record of the participants’ drug therapy and adherence status 2) as a research instrument to learn more about problems of drug therapy among older people.

The form is set up as a structured interview. As a rule, questions should be asked as written, but you have some latitude so that the interview will flow naturally. All questions should be asked verbatim but be familiar with the type of response needed from the participant be it spontaneous or an acknowledgement of each choice you list.

We have found it best to work in teams of 2 or 3 with a pharmacy student, a nursing student or a psychology student. Any team member may do any task of the review process as long as the team atmosphere is maintained and members are contributing in areas they know best. The parts of the review process are: 1) background information 2) medication review 3) overall review and consultation with preceptor and 4) feedback to the participant.

It is essential that all parts of the interview and review be collected and filled out completely. One part is really no good without the other information. If there is a question you feel you cannot answer, please do not skip it -- write a comment letting us know why it could not be answered. If a question has already been answered, you need not ask it again.

It is important to be non-judgmental so that you do not bias their answers or lead them in any way. For example, if a person tells you during the interview that he/she shares medications with others, do not, at this point, reprimand or interject your view. Keep note of this potential risk factor, so that at the end of the entire review, you and the pharmacy reviewer can provide the person with some feedback regarding the danger of doing this.

The following directions explain and give examples for the correct completion of each question. The directions are organized by section.

Before Beginning the Interview
Preliminary Information
Before beginning the interview, per se, you should complete the information at the top of the form

• Date of Review - the date the interview takes place
• Site - the place where the interview takes place, example. Philadelphia Senior Center
• Background Interviewer(s) - the name(s) of the person responsible for conducting the background interview. Because all records will be checked for completeness, we need to be able to get in contact with you if there are questions.
  • School - Background Interviewer’s school- write down the name of your school or institution.
• Pharmacist Reviewer(s) - the name(s) of the person responsible for conducting the medication/ pharmacy interview. Because all records will be checked for completeness, we need to be able to get in contact with you if there are questions.
  • School - Pharmacist Reviewer(s) school- write down the name of your school or institution.
• Blood Pressure - If Blood Pressure is being taken, this information should be recorded.
• Reviewed by Preceptor - once the entire CMR is filled out, one team member should review the findings with the preceptor for final approval. This must be done regardless of whether the participant needs a referral or not and the signature of the preceptor must be obtained before the
instrument is considered completed.

- There will be a rolodex card stapled to the top of the background interview form. Check to see that the subject number on your form matches the one on the rolodex card. Ask the respondent for his/her name. Record the respondents name, as well as the site and date on the rolodex card. Please do NOT detach rolodex card from interview form.

Explaining Confidentiality and Introducing the interview
- Start the interview by reading to the respondent:
  “We are collecting this information for two reasons. First, we want to take a close look at your health and medication information to see if any changes in prescriptions might be a good idea. Secondly, we are doing research about the feelings and attitudes of people taking medications. You should know that all the information we collect will be kept completely confidential, that no names will be used. We ask your name only to keep track of your record. Also, if you feel like not answering a particular question, or want to stop at any time, please let me know.”

SECTION 1: BACKGROUND INFORMATION
Introduce the section by saying something such as “I’m going to start by asking you a few background questions.” Ask each question verbatim and allow the participant to respond spontaneously and only when they seem unsure or confused do you list the choices verbatim.

1.1 Gender: you may record without asking. However, if you are unsure of gender, ASK.

1.2 Date of Birth: “When were you born?” or “What is your birth date?” and record by writing month / day / year, for example, 11/06/21.

1.3 Race / Ethnicity: “What is your race or ethnic background?” Record answer, and write out response if “Other”.

1.4 Education: “What was the last year of school you completed?” check the one category which best reflects the respondent’s highest completed level of education. For example, if respondent says he/she went to high school but didn’t finish, check 10-11.

1.5 Employment / Occupation: You can ask respondent if s/he is retired as an entree for this question. If the person did work outside of the home ask what sort of work s/he did? Although it is possible to qualify for more than one category (e.g. retired as an accountant at age 65 and now works 5-10 hours a week as a bookkeeper), the general rule is to choose the one category which best describes the person’s highest level of current paid employment. In this example, Usual Occupation when working: accountant

1.6 Insurance Information for Medication: “How do you pay for your prescription medications?” For this question check all responses which apply. You may prompt the person by asking if s/he pays for part of the cost, and if so, record the amount per month.

1.7 Living Situation: Ask the respondent about her or his living situation so that you may check the appropriate category.

1.8 Living Situation: “How many people live in your house?” record the total number of people
SECTION 2: HEALTH STATUS AND MEDICAL REVIEW
Introduce the section by saying something such as “Now I’m going to ask you a few questions about your health and any medical conditions you may have.”

2.1-2 Health self-rating: For these questions it is important to read the question verbatim and “force a choice”. For example “Compared to others of your same age, how would you rate your overall health? Would you say it is excellent, very good, good, fair or poor?”

2.3 Medical Review: For this section ask the person “What medical problems s/he has?” Let the person respond spontaneously first. Then go through the list and ask about if the other conditions are present. Make sure to specifically ask about "psychological / emotional" problems and “drug / alcohol problems”. As you go through, ask about the major category of problem,and if present ask about the specifics which are indented. Use the blank lines to record any conditions not listed.

Example: Do you have arthritis?, High BP?, Heart problems?.
If the person acknowledges having a problem, for example, heart problems, then ask if s/he has ever had a heart attack, been resuscitated or had major heart surgery.

2.4 Do you have any Allergies? (prompt for drug allergies): is asked as a separate question because of its importance in adverse drug reactions. It is important to probe and be thorough here. Because people sometimes don’t think all allergies are important to report, ask specifically if s/he is allergic to food, dust or pollen, or to any drugs?

2.5 How would you rate the seriousness of your medical problems / condition?: Ask verbatim, followed by “Would you say your problems are extremely serious, very serious, etc.”

2.6 Do you have trouble in any of the following areas?: Read the list and check any and all problems which the person reports.

2.7 How many drinks (alcoholic) do you have each day?: Read verbatim and record number in space provided. It is important not to over-read here.

2.8 Do you smoke cigarettes?: read verbatim and circle - Y or N. Again, do not over-read.

2.9 Do you have any devices or special equipment designed to help you with any medical or physical problems?: The purpose of this question is to see if the person has devices like grab bars, home oxygen, wheel chair, walker, ramps, emergency call devices, etc. to help with any problems.

SECTION 3: Provider-Treatment Information
Introduce the section by saying something such as “Now I’m going to ask you some questions specifically about your medications and about your doctor.”

Complexity of Regimen
3.1 How many different medications do you take each day?: ask verbatim. Record two total numbers in the spaces provided: the total number or prescription pills and the total number or over-the-counter pills, vitamins and supplements. Be sure to ask about OTCs, vitamins and supplements because many people do not automatically report these.
3.2 How many different times a day do you take your medications?: ask this question of the respondent and help him/her count up the total number of different times a day that they take medication. For example, 4 pills at breakfast, 2 pills at lunch and 3 pills at bedtime = 3 times a day. This would be recorded by filling in a “3” on line provided in front of the phrase “X a day”.

3.3 Do you feel your medication routine is easy to follow?: Ask verbatim and record response. If response is NO - record reasons as to why not.

3.4 How do you keep track of or remember your medications, so that you take the ones you need at the correct times?: ask this question of the respondent and let him/her spontaneously explain his/her strategy for taking medications. Record the main method indicated by checking the one most appropriate category in the response list. If the answer does not correspond to one of the answers provided, check “other method” and write in the response on the line provided.

3.5 How successful are you in remembering to take your medications at the right time?: ask verbatim and record response by circling the number from 1 to 5

Attaining Meds
3.6 Do you have any problems getting your prescriptions filled?: ask this question of the respondent and record as yes or no by circling “Y” or “N”. If the answer is yes, listen to their explanation or ask them to explain and record by writing this explanation out on the line provided. An example of an explanation might be that they have to wait for their daughter to pick up their medicines or that they cannot afford to buy medications.

3.7 Do you have one particular pharmacy that you regularly use to buy your medications?: ask verbatim and circle “Y” or “N”

3.8 Are there any other pharmacies you use in addition to this one?: ask and record as “yes” or “no”; if yes, probe to figure out the total number of pharmacies used by the respondent and record the number of these in the line provided: total # of pharmacies ___. Include the main pharmacy in this count.

3.9-3.10 ask verbatim and record as “yes” “no”

Provider Information
3.11 Do you have a family physician who is the main doctor you see?: ask of respondent and record “yes” or “no”

3.12 When was the last time you saw a doctor?: ask of the respondent and record the number of months since last seeing this doctor (or visiting practice) on the line provided; if the respondent visited the doctor less than one month ago, record the number of months as “1”.

3.13 Are there any other doctors besides your family doctor who prescribe medicines for you?: ask this question and record “Y” or “N”; if yes probe to find out the total number of practices in addition to the family doctor which prescribe medications for the respondent. An example of this would be where the respondent also obtains eye drops from an opthalmologist and cardiac prescriptions from a heart specialist.

3.14 Do you have one doctor who knows all of the prescriptions you are taking?: ask this question and record “Y” or “N”
3.15-3.16
ask verbatim and record the answer that best represents when the individual receives information

3.17  Have you ever received written information about your prescription medicines?  ask verbatim and record response as “yes” or “no”

Introduce the section by saying: "Now, I’m going to ask you some questions about your feelings towards your medication(s) and doctor. There are no right or wrong answers."

3.18 - 3.27
• The following questions in this subsection are to be asked verbatim and the responses recorded as: ___Yes ___Sometimes ___No.

3.28  I want you to imagine that your doctor has prescribed a medication for you which is making you feel sick. What would be the first thing you would do in this situation?  Let the person spontaneously explain what s/he would do, then mark the appropriate answer. Make sure the person understands that the situation is hypothetical. If necessary, read the list of possible responses.

3.29  BACKGROUND INTERVIEWER’S QUESTION:  Client answered without help - without asking - circle Y if the respondent answered without the help of an aid, friend, or family member’s prompting. Circle N if the person was unable to give you some information without help from others who accompanied him/her to the session.

MEDICATION REVIEW
ADMINISTRATION INSTRUCTIONS

In general this part of the interview should be administered by a pharmacist or someone with pharmacy expertise. It is essential that all parts of the interview and review be collected. One part is really no good without the other information.

• Ask the person if he/ she has brought in all of the meds/ OTCs currently being taken-- this will be recorded later on the summary form.

SECTION 4: INDIVIDUAL PRESCRIPTION MEDICATION REVIEW

Introduce the section by saying something such as “I’m going to ask you about your prescription medicines.” Ask about all prescriptions the person is taking. For each medication, use a separate page. This form is primarily designed for a review of medications which the individual is presently taking and has brought in to the review. The reviewer needs to be able to look at the containers. If the containers are not brought in, the information cannot be checked against what the person is saying. If the person has not brought in a medication, mark med not brought in.

Be sure to ask all questions and record all answers in the appropriate way as indicated on the interview sheet and this instruction manual. The steps outlined below explain how to ask and record the information for each question.

4.1  Rx Drug #: assign a number for each drug reviewed, beginning with #1. For example if a
person has 5 prescriptions and you are asking about the third prescription, this would be Drug# 3.

4.2 Name of Drug: write out the drug name as indicated on container (either brand or generic). If not in proper container and you are sure of name, record name. If unsure of name, write "unsure".

4.3 Prescribed dose frequency: record the dose frequency for each drug by placing a check mark next to the appropriate category for the number of times the drug is taken each day. (PRN = as needed)

4.4 Are there any special instructions for this medication?: without asking the participant, look on the bottle (be sure it is the proper container) and record any special instructions

4.5 Proper container: without asking record whether the drug is in its proper container: circle "Y" or "N"

4.6 Expired: without asking see if the date on the bottle is current: circle "Y", "N" or "N/A"

4.7 Proper labeling: without asking record whether the drug container is properly labeled with the intended instructions: circle "Y" or "N".

4.8 Presently taking: ask if respondent is “presently taking” the drug and record yes or no by circling “Y” or “N”.

4.9 How long taking?--ask the respondent how long he/she has been taking this medication and record by placing a check next to the most appropriate time bracket. For example, if the respondent says he/she has been taking this medicine for “a year and a half”, place a check next to “1.2 yrs.” If respondent is unclear how long he/she has been taking medicine, write “not sure” next to the time brackets.

UNDERSTANDING OF Rx THERAPY and DIRECTIONS

• Does the participant know...

This set of questions is designed to test the individual’s understanding and comprehension of his/her drug regimen. For each question, you, as the pharmacist are asked to make a determination about the participant’s knowledge. For each question in this section you should circle Y (Yes) if the the person knows the answer, N (No) if the answer is incomplete or wrong and not applicable when appropriate. These questions are designed to measure the person’s understanding of what should be done, not what is actually done. They are knowledge/comprehension questions rather than adherence questions. In general, these questions should be asked if you know the prescription instructions and have the container in front of you.

4.10 Name of Drug: ask the respondent the name of drug and record whether or not they know the drug’s name by circling “Y”, “N” or “not applicable”. The respondent need not pronounce the drug’s name in a totally correct fashion but must pronounce the drug’s name in a way which can be reasonably well understood by a pharmacist or health professional.

4.11 Drug Usage: “What is this medicine supposed to do for your condition?” or “What is this medicine supposed to do for you?” and record whether or not the respondent correctly understands the purpose of the drug therapy by circling “Y”, “N” or “not applicable”.
4.12 Prescribed frequency: 
“How many times a day are you supposed to take this medicine?” and record whether or not the answer conforms to the labeled instructions by circling “Y”, “N” or “not applicable”. If labeled instructions are not available, indicate this and do not record an answer for this question. If the person indicates that their MD has modified the prescription frequency or dose, then you should judge prescribed frequency on the basis of the modified instructions. As with the following questions in this section, this question is designed to measure the person’s understanding of what should be done, not what is actually done.

4.13 Proper times: “At what hours or times of the day are you supposed to take this medicine?” or “When do you take this medication?” and judge whether the answers given correspond correctly to the instructions. If the respondent is in your opinion taking the medication at appropriate times in keeping with instructions, circle “Y” for proper times; if the respondent reports incorrect times, circle “N” or “not applicable” if labeled instructions are not available. If the person indicates that their MD has modified the prescription times, then you should judge prescribed frequency on the basis of the modified instructions.

4.14 Prescribed dosage: “How much” or “How many” pills or drops, etc. should you take each time and record the response as either correct “Y” or incorrect “N” or “not applicable” if labeled instructions are not available. If the person indicates that their MD has modified the prescription times, then you should judge prescribed frequency on the basis of the modified instructions.

4.15 Missed dosage: “What should you do if you miss a dose?” and judge the answer in terms of doing the right thing in relation to the particular drug being discussed. For a correct response, circle “Y”; for an incorrect response, circle “N” and briefly record what was incorrect about this response in the line provided or “not applicable”. This question is hypothetical, that is all respondents should answer it, even if they say they never miss a dose.

4.16 Technique / Special Instructions: Only if 4.4 is yes then ask “How should you take this?” Are there any special instructions or precautions which you should follow?” and record correct responses by circling “Y” and incorrect responses by circling “N” or “not applicable”. NOTE: this question asks about the respondent’s understanding of special instructions, not whether or not there are special instructions. Record an “N” only in those cases where there are special instructions and the respondent does not understand them. Examples of special instructions may include taking before, during or after meals, do not take with blood pressure medicine, or looking out for reactions.

PERCEPTION OF MED/FOLLOWING OF DIRECTIONS

4.17 How well is this medicine working for you?--ask this question of the respondent and classify the response by circling one number below the question. The intention of this question is to uncover the respondent’s beliefs about the efficacy of the drug being reviewed.

4.18 Have you experienced any side effects or bad reactions to this drug?-- circle “Y” if respondent reports any side effects or adverse effects to this medication and write the effect described in the blank provided.

4.19 How often do you take this medicine differently from what the directions say?--ask this question and record the answer by circling one numbered response from 1=never to 6=not applicable.

4.19a Do you usually ___ take too little medicine ___ take too much medicine: only ask this if the respondent indicated in the previous question that s/he sometimes does not follow dosage directions. Ask the phrase “When you take the medicine differently than what
the directions say, do you usually take to little medicine or take too much?". The
intention of the question is to determine if a problem consists of under dosing or
overdosing. Record by placing a check next to the appropriate category.

4.19b If and when you don’t follow the directions for this medicine exactly, what is your main
reason?—again,—only ask this if the respondent indicated in the first question that she/ he
sometimes does not follow dosage directions and listen to their “main reason” and record
the reason by placing a check next to the most appropriate category in the list of reasons
provided. If the reason given by the respondent does not appear in the list, check “other
reason” and write out what the reason given was. Check only one reason. If it is
impossible to check one reason, number the reasons in order of importance (1=most
important)

4.20 Check if you think there is a problem with this drug [ ]—before proceeding to the next drug, this is
your assessment of whether the respondent has any difficulty with this medication. Difficulties
may include patient mismanagement, improper prescribing or potentially harmful adverse
reactions. If you identify a problem or potential problem, place a check in the box and and make
a note as to the nature of the problem before going on to the next medication.

SECTION 5: INDIVIDUAL Over-the-Counter and Supplement MEDICATION REVIEW
Introduce the section by saying something such as “I’m going to ask you about your over the counter
medicines.” Ask about Over-the-Counter and Supplements/Vitamins the respondent is taking. Two
OTC reviews may fit on one page. This form is primarily designed for a review of medications which
the individual is presently taking and has brought in to the review. The reviewer needs to be able to look
at the containers. If the containers are not brought in, the information cannot be checked against what
the person is saying. If the person has not brought a medication, mark med not brought in in the space
for recording the label directions.

5.1 OTC Drug #: Assign a number for each drug reviewed, beginning with #1 for the first OTC.
Number the OTCs separately from the prescription drugs.
5.2 Name of Drug: write out the drug name as indicated on container (either brand or generic). If
not in proper container and you are sure of name, record name. If unsure of name, write
“unsure”.
5.3 Proper container: without asking record whether the drug is in its proper container circle “Y”
or “N”.
5.4 Expired: without asking see if the date on the bottle is current: circle “Y”, “N” or “N/A”
5.5 Presently taking: “Are you presently taking the drug” record response by circling “Y” or “N”.
5.6 How often do you take this medicine / vitamin?: Circle the one number for the average
frequency for which this drug is taken.
5.7 For what symptom(s) do you take this medication (vitamin?)? Record the symptom or symptoms
for which this drug/ vitamin is taken. Some common symptoms are listed. Record by writing
down the other symptoms for which this drug may be taken.
5.8 Check if you think there is a problem with this drug [ ]—before proceeding to the next drug, this is
your assessment of whether the respondent has any difficulty with this medication. Difficulties
may include patient mismanagement, improper prescribing or potentially harmful adverse reactions. If you identify a problem or potential problem, place a check in the box and make a note as to the nature of the problem before going on to the next medication.

SECTION 6: PHARMACIST MEDICATION SCREENING SUMMARY
These final questions call on you to make specific professional judgments about the person you have just reviewed based on your interview. Please take a few moments after the interview is completed and before starting the next interview to fill out the final summary questions.

6.1 After reviewing all medications, what is your estimation of this person’s risk for adverse health effects due to medication problems? Considering all possible reasons for adverse health effects, from drug effects to nonadherence, what is this person’s risk?

6.2 Were all prescriptions and OTCs this person is taking reviewed? If no, what is the reason?
This is where you should indicate if you were unable to do a review of any medication, especially prescriptions, for reasons such as the person didn’t bring it in and/or there wasn’t enough info to review, etc.

6.3 Did the person carry more than one kind of medication in any of their bottles or containers? If the respondent carried two or more medications in any one container or bottle, for example, a mediplanner or bag of pills, please indicate this with a “Y”. However, if the respondent had only one type of pill per container, then indicate this with a “N”.

6.4 How compliant is the patient with his/ her prescription medication regimen overall? Considering all of the prescription drugs only, what is your overall rating of compliance with the drug therapy? If other than totally compliant (4) answer the following questions

6.4a This person is using good judgment in his/ her nonadherence. Is the person not adhering for a sound reason, such as taking a lower dose of a med, because a higher dose is causing adverse reactions. Has the person considered the consequences of his/ her actions?

6.4b This person is increasing the likelihood of his/ her health problems due to nonadherence. How likely is it that the person will suffer problems due to their not complying with their drug therapy. For example, a person who shows little understanding of blood pressure medication and admits noncompliance may be at a substantial risk for medical problems resulting from not taking medication as prescribed. On the other hand, a person who neglects taking analgesics because he or she no longer has pain is likely to have very little health risk even though they are technically not following the labeled instructions.

6.4c This person tries to comply with the drug regimen but has problems doing so. If TRUE, explain problem
This question would be answered true, if for example, the person intends to comply but is not taking the drugs correctly for some involuntary reason, such as not being able to obtain, or pay for drugs, or the person has diminished cognitive capacity in following the routine.

6.4d This person chooses not to follow some part(s) of her/ his medication regimen. The person states that he/ she is not complying with some aspect of the drug therapy for various “on purpose” reasons, such as not agreeing with the therapy, deciding to terminate because it is felt its not working, needed etc.

6.5 Need for referral(s): If a professional referral was made, or needs to be made, on the basis of this...
interview, record “Yes” next to “Need for referral”. Write out in summary form the reason(s) for the referral and to whom the respondent is referred on the lines provided.

**WHAT TO DO AT THE END OF THE INTERVIEW**

-- make sure the entire form is filled out, one team member should review the form

-- talk as a team to decide what course of action should be taken if any

-- one team member should provide appropriate feedback for the participant

If referral is needed to patient’s doctor or pharmacy, consult with patient about next step. If contact with doctor or pharmacy is necessary, ask patient for permission to contact. Instruction / Referral of information form must be signed by the patient in order for you to contact the MD directly. Referral forms are available at the review.

**INSTRUCTIONS / REFERRAL Form**

The referral / instruction sheet serves two purposes -- to provide referral / follow-up information for the participant for appropriate health professional when needed and / or to give specific instructions concerning medication and / or diet. The following directions clarify usage.

1. Each team should have a supply of blank Referral / Instruction Forms.

2. These forms should be completed only as necessary at the very end of the interview.

3. Documented written consent must be obtained if the review team (with faculty member approval) determine that contact with the participant’s health provider (e.g. doctor, pharmacist, clinic) is warranted.

4. The preceptor should sign the referral form.

5. The Instructions / Referral forms should be used both when the participant is responsible for all follow-up and when the Rph or RN will do the follow-up. Make sure that the participant is given clear written information for the health professional.

6. Discuss instructions with participant and give them the original of the form. Attach the copies to the patient’s packet of review forms. This way, it will serve as a full record for the center / agency.
THE COMPREHENSIVE MEDICATION REVIEW

Background Interview

Date of Review: ______________________

Site ________________________________

PLEASE PRINT

Background Interviewer(s) ________________________________

School ________________________________

Medication Reviewer(s) ________________________________

School ________________________________

Blood Pressure (if available) ________________________________

REVIEWED BY PRECEPTOR: ______________________ signature

Have you ever participated in this Comprehensive Medication Review before?  Y / N

SECTION 1: BACKGROUND INFORMATION  "I’m going to start by asking you a few background questions.

1.1 Gender: _____Female _____Male

1.2 Date of Birth _____ / _____ / ______

1.3 Race / Ethnicity

_____Caucasian / White

_____African-American

_____Latino

_____Asian

_____Native American

_____Other (Specify) _________

Education:

1.4 What was the last year of school you completed? (check only one)

_____0 _____1-3 _____4-6 _____7-9 _____10-11 _____12(HS grad) _____13-15+ _____college grad _____17-18 _____19+

Employment / Occupation: Usual Occupation when working: ________________________________

1.5 Current Employment Status (check only one)

_____Retired at age _______

_____Unemployed

_____Disabled since age _______

_____Employed (# of hours per week) _______

_____Did/ does not work outside of the home

Insurance Information for Medication

1.6 How do you pay for your prescription medications? (check all that apply)

_____PACE/ or state sponsored medication assistance program

_____HMO pays

_____Medicaid / DPA / welfare

_____Private insurance

_____Out of pocket / self-pay - amount per month? ________________________________

_____Other (Specify) ________________________________

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Living Situation:

1.7 Do you:

- _______Live alone
- _______Live with spouse____
- _______Live with other person(s) specify relationships __________________________

1.8 Total number in household (including respondent) : __________

SECTION 2: HEALTH STATUS AND MEDICAL REVIEW

"Now I'm going to ask you a few questions about your health and any medical conditions you may have"

Health self-rating

2.1 Compared to others of your same age, how would you rate your overall health?

- _____excellent   - _____very good   - _____good   - _____fair   - _____poor

2.2 Compared with one year ago, would you say your health is:

- _____better   - _____same   - _____worse

Medical Review

2.3 Tell me about the medical problems/ conditions you have (let person answer spontaneously) then ask specifically about conditions that person didn’t mention? (Check all that apply)

- Arthritis
- High blood pressure / hypertension
- Heart problems
- Heart attack
- Heart failure
- Resuscitated
- Major heart surgery
- Blood sugar problems / diabetes problems
- Requires insulin
- Not well controlled
- Circulation problems
- Kidney problems
- Requires dialysis
- Thyroid problems
- Anemia / iron poor blood
- Stomach / Gastro-Intestinal problems
- Ulcer
- Hormonal problems
- Liver problems
- Other Problems not mentioned here? ____________________________

- Other than skin cancer
- Problem within last 3 years
- Breathing problems (shortness of breath)
- Asthma
- Emphysema
- Uses home oxygen
- Back / neck problems
- Severe headaches
- CNS disease (e.g. Alzheimer’s, Parkinson’s)
- Stroke or “small strokes”
- Other (specify)
- Psychological / Emotional Problems
- Has received therapy in past 5 years
- Hospitalization in past 5 years
- Drug / Alcohol Problems
- Treatment in last 5 years

2.4 Do you have any Allergies? (prompt for drug allergies) ____________________________Y / N

If YES, specify ____________________________
2.5 How would you rate the seriousness of your medical problems/condition?
   ___extremely ___very ___moderately ___a little ___not at all
   ___serious ___serious ___serious ___serious ___serious

2.6 Do you have trouble in any of the following areas?
   (Read verbatim Check all that apply)
   ___Seeing - cannot read ordinary print with glasses
   ___Hearing conversations (even with hearing aid)
   ___Opening medication containers
   ___Walking
   ___Memory
   ___Cutting Pills
   ___Giving yourself medications

2.7 Do you drink alcohol? .......................................................... Y / N
   If YES, how many drinks per day? ........................................

2.8 Do you use / smoke tobacco? ................................................ Y / N

Presence of home-based assistive devices/ aides
2.9 Do you have any devices or special equipment designed to help you with any medical
   or physical problems? ..........................................................Y / N
   (For example: grab bars, home oxygen, wheel chair, walker, etc.)
   If YES, please describe each one and what it is used for:

SECTION 3: PROVIDER - TREATMENT INFORMATION
"I’m going to ask you some questions specifically about your medications and about your doctor."

Complexity of Regimen
3.1 How many different medications do you take each day?
   ___Prescription ___Over-the-Counter and Vitamins / Supplements / Herbal Remedies

3.2 How many different times a day do you take your medications? X a day
   (Example: 4 pills at breakfast, 2 pills at lunch and 3 pills at bedtime = 3x a day)

3.3 Do you feel your medication routine is easy to follow? ........................................... Y / N
   If NO, why not?

3.4 How do you keep track of your medications, so that you take the ones you need to
   at the correct times? (let ind report spontaneously check the one main method indicated)
   ___Takes in conjunction with other activity (e.g. meals, bedtime)
   ___Sets out medication where can be seen when goes by (e.g. puts out on dish)
   ___Organizing system (e.g. divided pill box, mediplanner, etc.)
   ___System with timer
   ___Relies on other person(s) Specify relationship
   ___Relies only on own memory
   ___Other method (specify)

3.5 How successful are you in remembering to take your medications at the right time?
   never occasionally moderately mostly always
   successful successful successful successful successful

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Attaining Medication

3.6 Do you have any problems getting your prescriptions filled? ........................................
   If YES, please explain ________________________________________________________________

3.7 Do you have one particular pharmacy that you regularly use to buy your medications?    Y / N

3.8 Are there any other pharmacies you use in addition to this one? .................................
   If YES, record the number of different pharmacies mentioned                                     
   total # of pharmacies ____

3.9 Have you ever used prescription medications that belonged to other people? Y / N

3.10 Have you ever used old or out of date medicines? Y / N

Provider Information

3.11 Do you have a family physician who is the main doctor you see? ....................... Y / N

3.12 When was the last time you saw a doctor? ______
   Record the number of months since seeing Doctor; if visit was this month, use “1”  

3.13 Are there any other doctors you see besides your family doctor who prescribe medications for you? ......................................................................................... Y / N
   If YES, record number of doctors in different practices mentioned .# of practices=

3.14 Do you have one doctor who knows all of the prescriptions you are taking? ............. Y / N

3.15 Where do you get most of your information about your prescription medications?
   ____ doctor ____ pharmacist ____ nurse ____ media (tv, mag) ____ Other

3.16 Where do you get most of your information about your over-the-counter medications and vitamins?
   ____ doctor ____ pharmacist ____ nurse ____ media (tv, mag) ____ Other

3.17 Have you ever received written information about your prescription medicines? (from any source) ................................................................. Y / N

Please read verbatim. “I’m going to ask you some questions about your feelings towards your medications and doctor. There are no right or wrong answers.”

3.18 Do you feel that your medications help you feel better? ________________________ Y / N

3.19 Are you satisfied with your doctor? ___________________________ Y / N

3.20 Would you stop taking a medication if you felt you didn’t need it? __________________ Y / N

3.21 Do you feel that your doctor listens carefully to what you have to say? ..................... Y / N

3.22 Do you feel that you are taking too many prescription medicines? ......................... Y / N

3.23 Do you believe that taking your medications improves your condition? ................... Y / N

3.24 Do you think your medications are safe to take? ..................................................... Y / N
3.25 Do you try to follow your prescribed medication routine exactly?  

Yes
Sometimes

3.26 Do you think your condition will become worse if you don't take your medication?  

Yes
Sometimes

3.27 Do any of your medications make you feel bad?  

Yes
Sometimes

3.28 I want you to imagine that one of your medications is making you feel sick. What would be the first thing you would do in this situation?  

(Let the person spontaneously explain what he/she would do, then mark the appropriate answer.)

Continue taking it as prescribed
Call my doctor for advice
Stop taking the medicine / without calling the doctor
Stop taking the medicine and call the doctor
Change the dosage to see if it would help.
Other

3.29 BACKGROUND INTERVIEWER’S QUESTION: Client answered without help?  

Y / N

ADDITIONAL NOTES:
SECTION 4: INDIVIDUAL PRESCRIPTION MEDICATION REVIEW
(use a separate page for each drug reviewed)

4.1 Rx Drug # ____________________________ 4.5 Proper Container Y / N

4.2 Name of Drug ____________________________ 4.6 Expired Y / N / NA

4.3 Prescribed dose frequency / times per day 4.7 Proper Labeling Y / N / NA

4.4 Are there any special instructions for this medication? Y / N

UNDERSTANDING OF Rx THERAPY and DIRECTIONS:
Does Participant Know what SHOULD be done?

4.10 Name of Drug........................................... Y / N / not applicable

“What is the name of this drug?”

4.11 Drug Usage.............................................. Y / N / not applicable

“How is this medication supposed to help your condition?”

4.12 Prescribed frequency..................................... Y / N / not applicable

“How many times a day are you supposed to take this medicine?”

4.13 Proper times................................................. Y / N / not applicable

“What are you supposed to take this medicine?”

4.14 Prescribed dosage........................................ Y / N / not applicable

“How many should you take each time?”

4.15 Missed dosage............................................. Y / N / not applicable

“What should you do if you miss a dose?”

4.16 If 4.4 is yes, then ask:
Technique / special instructions......................... Y / N / not applicable

“Does the participant understand special instructions or precautions?”

PERCEPTION of MEDICATION / FOLLOWING of DIRECTIONS

4.17 How well is this medicine working for you?
CompletelyMostlySomewhatNot at all
Effective Effective Effective Effective
1 2 3 4

4.18 Have you experienced any side effects or bad reactions to this drug? ............................................................ Y /

IF YES, please explain

4.19 How often do you take this medicine differently from what the directions say? (circle)
Never Rarely Sometimes Often Very Often NA
1/month 1/week 1-3/week 4+/week

If respondent ever changes dosage please ask 4.18a and 4.18b.

4.19a Do you usually (check one): ______ take too little medicine ______ take too much medicine ______ stopped taking

4.19b If and when you don’t follow the directions for this medicine exactly, what is your main reason?:
(check one reason).

_____ difficulty obtaining _____ high cost of medication
_____ forgets dose is due _____ left medication at home
_____ perceived adverse reaction _____ perceived not effective
_____ difficulty self-administering _____ feels increased dose is needed
_____ interferes with lifestyle _____ perceived no longer needed
_____ MD changed Rx _____ other reason (specify)

Reviewer’s Question:

4.20 Check if you think there is a problem with this drug [ ]

additional comments:
## SECTION 5: INDIVIDUAL OVER-THE-COUNTER, VITAMIN / SUPPLEMENT, or HERBAL REMEDIES MEDICATION REVIEW
(Use a separate section for each drug reviewed)

### 5.1 OTC Drug #

### 5.2 Name of Drug

<table>
<thead>
<tr>
<th>5.3 Proper Container</th>
<th>Y / N</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.4 Expired</td>
<td>Y / N / not applicable</td>
</tr>
<tr>
<td>5.5 Presently Taking</td>
<td>Y / N</td>
</tr>
</tbody>
</table>

### 5.6 How often do you take this medicine / vitamin / herbal remedy? (Circle one)

<table>
<thead>
<tr>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Daily</th>
<th>More than</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/month</td>
<td>1/week</td>
<td>1-6/week</td>
<td>1x per day</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

### 5.7 For what symptom(s) do you take this medicine / vitamin / herbal remedy?

- __No particular symptom, takes prophylactically__
- _allergy_
- _indigestion_
- _sore throat_
- _constipation_
- _fever_
- _skin_
- _diarrhea_
- _sinus_
- _eyes_
- _tiredness / fatigue_
- _cold / flu_
- _pain (headache / muscle)_

### Reviewer’s Question:

### 5.8 Check if you think there is a problem with this drug [ ]

**additional comments:**
SECTION 6: MEDICATION SCREENING SUMMARY
(COMplete AFTER REVIEWING ALL DRUGS)

6.1 After reviewing all medications, what is your estimation of this person’s risk for adverse health effects due to medication problems?

<table>
<thead>
<tr>
<th>not at all likely</th>
<th>somewhat likely</th>
<th>moderately likely</th>
<th>very likely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

6.2 Were all prescriptions and OTCs this person is taking reviewed?  
Y / N
If NO, what is the reason? .................................................................................................................................

6.3 Did this person carry more than one kind of medication in any of their bottles or containers? ..............................................................................................................................................  
Y / N

6.4 How compliant is the respondent with his/ her prescription medication regimen overall?

<table>
<thead>
<tr>
<th>not at all compliant</th>
<th>somewhat compliant</th>
<th>mostly compliant</th>
<th>totally compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

If respondent is NOT totally compliant (4), please answer the following questions.  
Thinking of the respondent's reasons for nonadherence, decide in your estimation, whether the following statements are TRUE or FALSE regarding this person.  
Please circle response.

6.4a True / False  
• This person is using good judgment in his/ her nonadherence.

6.4b True / False  
• This person is increasing the likelihood of his/ her health problems due to nonadherence.

6.4c True / False  
• This person tries to comply with the drug regimen but has problems doing so.  
If TRUE, explain problem

6.4d True / False  
• This person chooses not to follow some part(s) of her/ his medication regimen.

6.5 Need for Referral(s) (circle one) ..................................................................................................................  
Y / N
If YES, record type of referral needed and reason(s) why referral is needed:

______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

If a referral is needed for the participant’s physician, nurse practitioner, pharmacist, or other health professional, be sure to ask participant for permission to contact the health professional.
The Comprehensive Medication Review

PARTICIPANT’S NAME ____________________________

SITE ____________________________

INSTRUCTIONS / REFERRAL Form (1 copy for client to keep)

The Comprehensive Medication Review is a review by a pharmacist / nurse team of your prescription and nonprescription medication. If a follow-up with your doctor or pharmacist is necessary, may the review team have permission to contact them?
Yes ________ No ________

______________________________________________  ______________________________________
Date Reviewer’s Signature

Instructions:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Referral (if necessary)

________________________________________________________________________________________
________________________________________________________________________________________

Telephone call to: ____________________________________________________________

_________________________________  _____________________________
Name Phone