Admin No: | | | | | | |

Caregiver or Relative Questionnaire

Please read the letter that came with this questionnaire before deciding whether to complete it as it contains useful information. If you have any questions about this questionnaire or would like to arrange for somebody to help you to complete it, please telephone Sathon or Trish on 01603 592020.

Section 1. The effect of medication packaging and supply method on you as the carer.

For **each** of the statements below, please **tick (✓)** the response that best reflects how you feel.

As a result of the medication packaging and supply method received by the person I care for, I feel:	**Much less**	**Less**	**The same**	**More**	**Much more**
My confidence in their ability to take their medicines correctly is	❑	❑	❑	❑	❑
The amount of time I spend worrying about them taking their medicines is	❑	❑	❑	❑	❑
My confidence in their ability to manage their health and wellbeing is	❑	❑	❑	❑	❑
The difficulties that they had in taking their medicines are	❑	❑	❑	❑	❑
My level of anxiety about them taking their medicines wrongly is	❑	❑	❑	❑	❑
My confidence in their ability to manage their medicines more independently is	❑	❑	❑	❑	❑

If you have any other thoughts or comments about how the use of the pill box has affected you, please describe below.

Section 2. The amount and type of care that you provide to the person involved in this study

1. During the last 3 months have you helped the person involved in our study? Yes ❑ No ❑

2. How would you describe your relationship with the person involved in our study? Friend ❑ Family member ❑
Other (please state) .....

3. Do you live with the person involved in our study Yes ❑ No ❑

If No, how many miles away from the patient do you live? ..... miles

If you have helped the person involved in our study, we would like to know what type of help you have given.

4. Have you helped them with organising or taking their medication? Yes ❑ No ❑

If no, please move on to question 8

5.	On average, how many times per week did you help them with organising or taking their medication?	…… times per week. (For example, 7 means daily, 14 means twice daily)
6.	What was the average length of time that you spent on each occasion that you helped them with organising or taking their medication?	…… (minutes, hours*) *please delete as appropriate
7.	Did you get any payment for help them with organising or taking their medication?	Yes ❑ No ❑
8.	Have you provided any other type of help?	Yes ❑ No ❑

If yes, please describe ……

9.	On average, how many times per week did you provide this help?	…… times per week. (For example, 7 means daily, 14 means twice daily)
10.	What was the average length of time that you spent on each occasion that you provided this help?	…… (minutes, hours*) *please delete as appropriate
11.	Did you get any payment for the help that you provided?	Yes ❑ No ❑

Thank you for completing this questionnaire

Please place your completed questionnaire in the pre-paid envelope and post to the Research Team at the UEA.