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| **No.** | **Questionnaire**  | **Answer** |
| 1 | a) Do you drink alcohol?If answer “YES”, b) What type of alcohol do you like to drink (e.g. beer, wine, spirits)?c) In a week, how many times would you drink and how much would you drink each time? |  Yes No |
| 2 | Do you smoke? |  Yes No |
| 3 | Were you recently hospitalised for any reason? If so, when? |  Yes No |
| 4 | Do you remember any recent changes in drug therapy before your admission at Royal Hobart Hospital? If answer “YES”, please recollect the names of the medicines changed? |  Yes No |
| 5 | Are you allergic to any medicines – e.g. Penicillin or Aspirin?If “YES”, list the allergy and the reaction  |  Yes No |
| 6 | Within the last 3 months, have you experienced any ‘bad reactions’ to any medicines? |  Yes No |
| 7 | Have you taken any OTC medications apart from your regular medications?If “YES”, please recollect the names/s of those  |  Yes No |
| 8 | Do you take any complimentary medicines/herbal medicines? If “YES”, please recollect the names/s of those?  |  Yes No |
| 9 | Do you have a regular community pharmacy? How many pharmacies do you attend for your prescription medications? |  Yes No |
| 10 | Do you usually use dosage administration aids (for example, a dosette box, or Websterpak, where the pharmacy packs your medicines into days and weeks for you)? |  Yes No |
| 11 | a) Do you use different brands of the same medication, sometimes called generic prescription medications?  |  Yes No |
| 12 | Have you recently had a Home Medicines Review (pharmacist interviewing you about your medications in your home)/MedsCheck/Diabetes MedsCheck?  |  Yes No |

**S1 Table. Questionnaires to participants**