Medication Monitoring List (MediMoL)

PRIMUM

Date of interview

Name of the patient ..... ID .....

Name of health care assistant .....

	Contact GP	Follow-up consultation within	Report to the GP	Normal findings

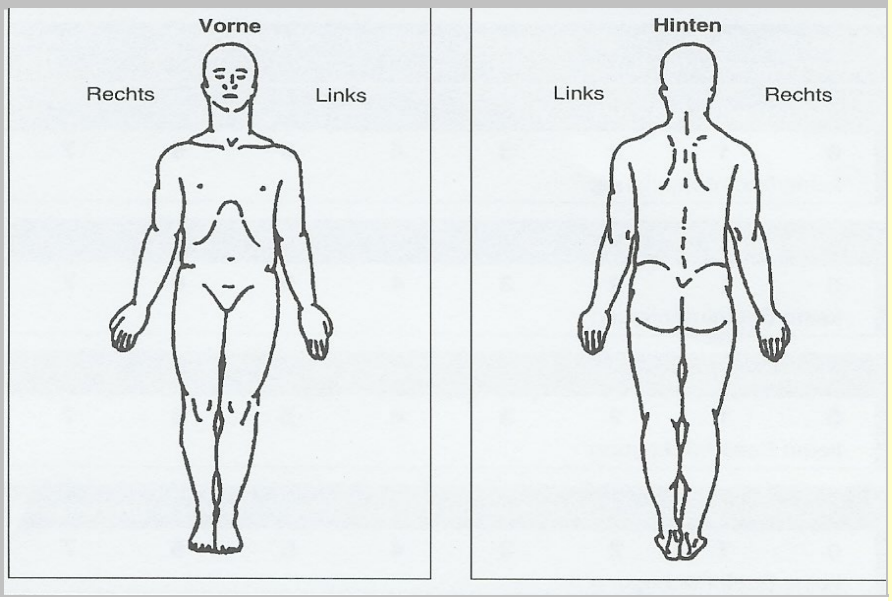
Pain: potential underuse?

1. Did you suffer from pain during the past 2 weeks?

Please take the time frame into consideration! If the patient reports pain, let him/her show the area that hurts. Circle all the aching regions on the map. If more than one area hurts, ask where the pain is most severe and mark the respective circle with an additional arrow.

Yes

Where?



Please present the verbal rating scale (VRS) to the patient and ask him/her about the intensity of the pain. If the patient reports pain in more than one place, ask him/her to describe the intensity at the location where it is most severe.

How intense was the pain during the past week?

Worst imaginable pain	
Severe pain	24h
Moderate pain	
Mild pain	
No pain	

Did the pain limit your ability to perform activities of daily living (e.g. shopping, gardening, etc.)?

Yes	
No	

No

Potential ADR

2. Did you suffer from the following complaints/symptoms during the past 2 wks?

Please take the time frame into consideration!

2.1 Nausea or vomiting? *Please underline as applicable.*

Yes	Almost every day	24h
	On a number of days	
	Once	
No	Never	

Potential adverse drug reactions (ADR) or symptoms of underlying diseases

Did you suffer from the following complaints or symptoms during the past two weeks? (cont.)

			Contact GP	Follow-up consultation within	Report to the GP	Normal findings
2.2 Dizziness?						
Yes		Almost every day		24h		
		On a number of days				
		Once				
No		Never				
2.3 Shortness of breath?						
Yes		Almost every day		24h		
		On a number of days				
		Once				
No		Never				
2.4 Abnormally rapid heart rate or irregular heartbeat? *Please underline as applicable.*						
Yes		Almost every day		24h		
		On a number of days				
		Once				
No		Never				
2.5 Swollen legs / edema?						
Yes						
No						
2.6 Do you think, your tendency to bleed has increased?						
Yes		Did you suffer from one of the following **more than once** during the <u>past two weeks</u>?				
		Bleeding gums?				
		Nosebleed?				
		Prolonged bleeding after a mild injury (e.g. when shaving or after a light cut)?				
		You have bruises that are more than 3 cm in diameter but you do not remember bumping yourself?				
		None of these problems.				
No						
2.7 Did you notice any black feces / melena during the past <u>three months</u>?						
Please take the time frame into consideration!						
Yes		Did the feces really look black and "tarry" (like tar) or was it just dark?				
		Yes, black and tarry. When did you last notice it?				
		Within the past three days				
		Within the past three weeks but not the past three days		24h		
		More than three weeks ago				
		No, only dark				
No						
Was the green box selected to answer questions 2.1 to 2.7? If so, go to question 3. If a different colored box was chosen to answer at least one question, go to question 2.8.						
2.8 Do you think your symptoms/complaints are caused by your medication?						
Yes		What makes you think so?				
		_____				
		_____				
No						

		Contact GP	Follow-up consultation within	Report to the GP	Normal findings
Information	**3. Do you need more information on your medication?**				
	Yes What in particular would you like to know? _____			☐	
	No				☐
Problems to take medicines in	**4.1 Did you have any of the following problems handling your medication during the past <u>two weeks</u>?**				
	Getting medicine out of the box or blister pack?				
	Yes Which drugs? _____			☐	
	No				☐
	Splitting, crushing or dissolving tablets?				
	Yes Which drugs? _____			☐	
	No				☐
	Counting the drops of a solution or applying plasters?				
	Yes Which drugs? _____			☐	
	No				☐
	Inserting suppositories?				
	Yes Which drugs? _____			☐	
	No				☐
	Administering inhalers or nebulizers?				
	Yes Which drugs? _____			☐	
	No				☐
	4.2 Did you have any difficulties swallowing a medicine during the past <u>two weeks</u>?				
	Yes The medicine is too large			☐	
	The taste is bad			☐	
	I have always had difficulties swallowing tablets			☐	
	Other reasons: _____			☐	
	No				☐
Adherence	**5.1 Did you try a medicine which was recommended by relatives, friends, neighbors etc. during the past two weeks ?**				
	Yes Which drugs?			☐	
	No				☐
	5.2 During the past <u>two weeks,</u> did you only take certain medicines when you felt worse?				
	Yes Which drugs? _____			☐	
	No				☐
	5.3 During past two weeks, did you neglect to take your prescribed medicine now and then?				
	Yes Which drugs? _____				
	When do you neglect to take your medicine?				
	_____			☐	
	No				☐
	5.4 Would you like to take fewer medications?				
	Yes Would you like to discuss this with your physician?				
	Yes Anything in particular?			☐	
	No				☐
	No				☐

		Contact GP	Follow-up consultation within	Report to the GP	Normal findings
Adherence	**5.5 Do you take a medicine that you would prefer not to take?**				
	Yes — Which medicine?			☐	
	What don't you like about it?				
	I can't tolerate it.			☐	
	I don't believe it is effective.			☐	
	It is too expensive			☐	
	Because I have to take so many other medications.			☐	
	Other reasons: _____			☐	
	No				☐
Patientent's preferences & treatment goals	**6.1 What are your medications supposed to achieve in your current situation?**				
	Please answer by ticking the blue boxess. ***Several answers possible*** *.*				
	☐ Prolonged survival?			☐	
	☐ Fewer hospitalizations?			☐	
	☐ Less pain?			☐	
	☐ Improved functional status (e.g., able to go shopping)			☐	
	☐ More enjoyment of life?			☐	
	☐ Others: _____			☐	
	6.2 What is most important to you?				
	Please tick one of the yellow boxes above (6.1). *Please note:* ***one answer only!***				
Communication within the practice team	**7. Making an appointment for a consultation with the physician (depending on find**				
	If you ticked any orange boxes, please inform the patient that after checking with the GP, you may well call him up and ask him to come to the practice. If you ticked only yellow and / or green boxes: please follow the procedure you have agreed upon in your practice for dealing with study patients.				
	Date of appointment with the physician: ..... **End of interview**				
	8. Health care assistant's assessment				
	Was there anything striking about the patient, e.g., exceptional circumstances or conflicts?				
	9. Information provided to the health care assistant by the physician after the physician-patient consultation on medication-related problems				
	Order lab tests: _____				
	☐ Electrolytes, creatinine				
	☐ Blood count				
	☐ Others				
	☐ Referral				
	☐ No changes to treatment				
	Treatment changes:				
	☐ Changes in medication				
	☐ Others				
	☐ Next consultation (follow up)				
	☐ Others				

Acknowledged:

....

Date Physician Date Health care assistant

