

Satisfaction Questionnaire

Your feelings about the medication packaging and supply

1. How would you rate the medication packaging you received?

Excellent

Good

Fair

Poor

2. To what extent has your medication packaging met your needs?

Almost all of my needs have been met

Most of my needs have been met

Only a few of my needs have been met

None of my needs have been met

Please describe any problems you experienced or changes you would recommend:

3. Are you satisfied with the medication packaging that you were offered?

Very satisfied

Mostly satisfied

Mildly dissatisfied

Very dissatisfied

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

As a result of my medication packaging and supply I feel :

Much less Less The same More Much more

4. My confidence in my ability to take my medicines correctly is

5. The amount of time I spend worrying about taking my medicines is

6. My confidence in my ability to manage my health and wellbeing is

7. The difficulties that I had in taking my medicines are

8. My level of anxiety about taking my medicines wrongly is

9. My confidence in my ability to manage my 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:

10. How satisfied are you with the amount of help and information you received from the research team during the study?

Not satisfied

Indifferent or mildly satisfied

Mostly satisfied

Very satisfied

11. If you were asked to take part in a similar study in the future, what would be your response?

No, definitely not

No, I don't think so

Yes I think so

Yes, definitely

We welcome your feedback. Thinking about the study, is there anything that we could have changed to improve your experience of being involved in the study?

Thank you for completing this questionnaire