

Supplementary material 2

How do you feel about your medication?

You will soon consult your doctor to discuss your medication. This form may help you and your doctor decide whether your medication should be changed.



The questions concern your experience with the medication.

Do you experience adverse drug reactions that bother you significantly?

Yes

No

Do not know

Do you sometimes think that you get too much medication?

Yes

No

Do not know

Would you take less medication if your doctor said that it was possible?

Yes

No

Do not know

Are you overall satisfied with your current medication?

Yes

No

Do not know

Is there something about your medication that you or your relatives would like to discuss with the doctor?

Yes

No

If yes, please elaborate:

The questionnaire can be downloaded at www.feap.au.dk/PREPAIR.

Please select the **green** button with the questionnaire for residential care homes.