General Information	
1	Do you help a relative who suffers from dementia with everyday tasks? ❑ Yes ❑ No *If you answer 'No' to this question, you do not need to complete the rest of the questionnaire!*
	Below, we ask a few questions about you.
2	How old are you? _____
3	In which federal state do you life?
	❑ Baden-Württemberg ❑ Bavaria ❑ Berlin ❑ Brandenburg ❑ Bremen ❑ Hamburg ❑ Hesse ❑ Mecklenburg-Vorpommern ❑ Lower-Saxony ❑ North Rhine-Westphalia ❑ Rhineland-Palatinate ❑ Saarland ❑ Saxony ❑ Saxony-Anhalt ❑ Schleswig-Holstein ❑ Thuringa
4	What is your gender? ❑ male ❑ female ❑ divers
5	What is your relationship to the relative you are supporting? The relative is your ... ❑ Spouse ❑ Parent ❑ Brother / Sister ❑ Child ❑ Friend or Neighbour ❑ Other: _____
6	What is your highest level of education? ❑ No education certificate ❑ Secondary school diploma ❑ University entrace qualification ❑ Vocational training ❑ University degree
7	What is your current employment status? ❑ Full-time employment ❑ Part-time employment ❑ Retired ❑ In Training ❑ Currently unemployed
8	*How many medications you take on a regular basis?* *Please tick the appropriate box:* 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20
Patient (person with dementia)	
	Below, we would like to ask you a few questions about your relative who has dementia.
1	How old is your relative? _____
2	❑ What is your relative's gender? ❑ male ❑ female ❑ divers

4 Which type of dementia does your relative suffer from?

- ❑ I don't know
- ❑ from the Alzheimer's spectrum
- ❑ vasculare dementia
- ❑ Frontotemporal dementia (FTD)
- ❑ Lewy-Body dementia
- ❑ Mild Cognitive Impairment (MCI)
- ❑ Mixed form

5 *How would you personally rate the severity of your relative's dementia on a scale of 1-5?*
1 = no impairment due to dementia
5 = most severe impairment due to dementia
Please tick the appropriate box:

❑ 1	❑ 2	❑ 3	❑ 4	❑ 5

6 *How many medications does your relative take on a regular basis?*
Please tick the appropriate box:

0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20

Medication knowledge and Medication process related burden

The following section deals with your knowledge of your relative's medication and possible burdens for you.

1 Do you receive support from a community nurse when caring for your relative?

- ❑ No
- ❑ Once a day
- ❑ Twice a day
- ❑ 3 times a day
- ❑ 1 time a week
- ❑ Other: _____

2 *How burdensome are the following support activities for you?*
Please tick the appropriate box:

	I do not assist with this activity.	No burden	Low burden	Moderate burden	High burden	Very high burden
1. Accompanying the patient to medical appointments	❑	❑	❑	❑	❑	❑
2. Obtaining prescribed medications from the pharmacy	❑	❑	❑	❑	❑	❑
3. Preparing medications for administration	❑	❑	❑	❑	❑	❑
4. Reminding the patient to take medications	❑	❑	❑	❑	❑	❑
5. Monitoring and reporting potential drug interactions and side effects	❑	❑	❑	❑	❑	❑
6. Seeking information about medications (eg. adverse reactions)	❑	❑	❑	❑	❑	❑
7. Communicating medication-related information to the patient	❑	❑	❑	❑	❑	❑
8. Assisting with the administration of medications	❑	❑	❑	❑	❑	❑

3 How well do you know the purpose of each of your relative's medications?
I know the purpose...

- ❑ ... of every medicine
- ❑ ... of most medicines
- ❑ ... of about half of all medicines
- ❑ ... of a few medicines
- ❑ ... of no medicines

4	How well informed do you feel about the side effects of your relative's medication? ❑ Very good ❑ Good ❑ Partly ❑ Poor ❑ Very poor
5	Do you know the names of the medications your relative is taking? I know the name... ❑ ... of every medicine ❑ ... of most medicines ❑ ... of about half of all medicines ❑ ... of a few medicines ❑ ... of no medicines
6	Where do you obtain information about your relative's medication? ❑ I do not seek information ❑ From my doctor ❑ From my pharmacist ❑ From the internet ❑ From package inserts/patient information leaflets ❑ Other: _____

Taking your own medication

1 How well do you adhere to taking your doctor-prescribed medication regularly?

- ❑ I never forget to take my medication
- ❑ I forget to take my medication once a month
- ❑ I forget to take my medication 2-4 times a month
- ❑ I forget to take my medication once a week
- ❑ I forget to take my medication several times a week

Self-medication refers to medicines you take without a doctor's prescription.
This also includes nutrients, vitamins, medicinal teas and herbal products from pharmacies, drugstores, supermarkets or the internet.

2 How often have you self-medicated in the last 2 weeks?

- ❑ No self-medication used
- ❑ Less than once a week
- ❑ Approximately once a week
- ❑ Approximately 3 times a week
- ❑ Daily
- ❑ Several times a day

3 Please rate the following statement.
'Self-medication helps me to better cope with my everyday life and caring for my relative.'

- ❑ I completely agree
- ❑ I agree
- ❑ Neutral
- ❑ I disagree
- ❑ I completely disagree

4 Do you take any medications or supplements to prevent dementia?

- ❑ Yes
- ❑ No

5 If so, what medications are you taking? (Multiple answers possible)B-Vitamine

- ❑ Vitamin D
- ❑ Other vitamins
- ❑ Ginkgo
- ❑ Minerals (magnesium, calcium, selenium, zinc, etc.)
- ❑ Medicinal substances from traditional Chinese medicine
- ❑ Homeopathic medicines
- ❑ Other:

6 How important are the following when visiting a community pharmacy?
Please tick the appropriate box:

	Very important	Important	Partly/partly	not important	Not important at all	Not specified
1. Fast Service	❑	❑	❑	❑	❑	❑
2. Detailed consultation on self-medication	❑	❑	❑	❑	❑	❑
3. Detailed consultation on prescription-medication	❑	❑	❑	❑	❑	❑
4. Detailed consultation on non-medicinal treatment options	❑	❑	❑	❑	❑	❑
5. Home delivery service	❑	❑	❑	❑	❑	❑
6. Ordering medicines via email, telephone or apps	❑	❑	❑	❑	❑	❑

Zarit Burden Interview	
1	Do you feel you don't have enough time for yourself? ❑ Never ❑ Rarely ❑ Sometimes ❑ Frequently ❑ Nearly Always
2	Do you feel stressed between caring and meeting other responsibilities? ❑ Never ❑ Rarely ❑ Sometimes ❑ Frequently ❑ Nearly Always
3	Do you feel your relative affects your relationship with others in a negative way? ❑ Never ❑ Rarely ❑ Sometimes ❑ Frequently ❑ Nearly Always
4	Do you feel strained when you are around your relative? ❑ Never ❑ Rarely ❑ Sometimes ❑ Frequently ❑ Nearly Always
5	Do you feel your health has suffered because of your involvement with your relative? ❑ Rarely ❑ Sometimes ❑ Frequently ❑ Nearly Always
6	Do you feel you have lost control of your life since your relative's illness? ❑ Never ❑ Rarely ❑ Sometimes ❑ Frequently ❑ Nearly Always
7	Overall, how burdened do you feel in caring for your relative? ❑ Never ❑ Rarely ❑ Sometimes ❑ Frequently ❑ Nearly Always