

BROWN BAG MEDICATION REVIEW PARISH NURSE WELLNESS PROGRAM

PARTICIPANT ASSESSMENT

NAME _____

Thank you for participating in the Parish Nurse Wellness Program. In order to maximize the benefit of this program, we ask you to provide some information about yourself so that we can best meet your educational needs. Please answer the following questions by marking the appropriate space or writing your response. If there are any questions you do not wish to answer, feel free to leave them blank.

1. Please rate the overall quality of your **health** @ this time (10=high, 1=low)

2. Please rate the overall quality of your **life** at his time (10=high, 1=low)

3. How many medications are you taking on a daily basis?
 - a. Prescribed by a health care provider _____
 - b. Over-the-counter, herbal supplements, vitamins _____
4. What problems (if any) are you experiencing with the medications you are taking? _____

5. What specific questions do you have about your medications that you would like addressed? _____

6. About how many times in the last six months have you:

a. visited a pharmacy	_____ times
b. a physician?	_____ times
c. visited an urgent care center?	_____ times
d. visited an emergency room?	_____ times
e. visited a dentist?	_____ times
f. has your dentist prescribed any medications?	_____ times
g. talked with a pharmacist about your medications?	_____ times
h. talked with a parish nurse about your medications?	_____ times
i. been admitted to a hospital?	_____ times
j. had lab tests to monitor medicines when ordered by doctor	_____ times
k. other, please specify _____	

7. Were any of the above visits or communications related to a problem or question about your medications? _____ yes _____ no
8. In this section, we would like to ask some questions about your experiences with taking medications. Check yes or no for each statement.
- | | Yes | No |
|---|-------|-------|
| a. I usually take my medications exactly as directed. | _____ | _____ |
| b. I ask questions concerning the medications I purchase. | _____ | _____ |
| c. I am knowledgeable about the medications that I purchase. | _____ | _____ |
| d. Sometimes I forget to take my medications. | _____ | _____ |
| e. Sometimes I take an extra dose of my medication by mistake. | _____ | _____ |
| f. I keep medication that I don't currently use in case I need it in the future | _____ | _____ |
| g. My medications are meeting my health care needs. | _____ | _____ |
| h. I use more than one pharmacy to fill my prescriptions. | _____ | _____ |
9. Please answer the following
- a. Check the two main sources of information regarding your medications:
- _____ MD _____ Pharmacist _____ Office nurse
- _____ Family member/friend _____ Reference book (PDR) _____ Internet
- _____ media (magazines, TV, radio)
- b. What is the highest level of education you have completed?
- _____ less than high school _____ high school
- _____ some college _____ college _____ post graduate degree
10. What is your age? _____ years
11. What is your gender? _____ female _____ male
12. If you have any comments, please write them in the space provided.

Thank you

BROWN BAG MEDICATION REVIEW

PARISH NURSE WELLNESS PROGRAM

THREE MONTH FOLLOW-UP DOCUMENTATION

Name _____

Site _____ Parish Nurse _____

Date of Brown Bag Event _____ Date of 3-month follow-up _____

1. Please rate the overall quality of your **health** @ this time (10=high, 1=low) ____
2. Please rate the overall quality of your **life** at his time (10=high, 1=low) ____
3. How many medications and over the counter supplements are you taking on a daily basis?
____ (number)
4. What problems (if any) are you experiencing with the medications you are taking?

5. Has your behavior in regards to any of your medication practices changed since the educational session? _____yes _____no
Please specify: _____
6. Do you do anything different now in the taking of your medications than before? _____yes _____no
Please specify: _____
7. Have you sought out more information from your health care provider? _____yes _____no
What did you ask? _____
8. Are you more comfortable in requesting information than before the educational session? _____yes _____no
9. Did you do any of the things the pharmacist or parish nurse recommended? _____yes _____no
If yes, What was it? _____
What were the results? _____
10. About how many times in the last three months have you:

a. visited a pharmacy	_____ times
b. visited a physician?	_____ times
c. visited an urgent care center?	_____ times
d. visited an emergency room?	_____ times
e. visited a dentist?	_____ times

- f. has your dentist prescribed any medications? _____ times
- g. talked with a pharmacist about your medications? _____ tiimes
- h. talked with a parish nurse about your medications? _____ times
- i. been admitted to a hospital? _____ times
- j. had lab tests to monitor medicines when ordered by doctor? _____ times
- k. other, please specify _____

11. Were any of the above visits or communications related to a problem or question about your medications? _____yes _____no

12. We would like to ask some questions about your experiences with taking medications.

YES NO

- | | | |
|--|-------|-------|
| a. I usually take my medications exactly as directed. | _____ | _____ |
| b. I ask questions concerning the medications I purchase. | _____ | _____ |
| c. I am knowledgeable about the medications that I purchase. | _____ | _____ |
| d. Sometimes I forget to take my medication. | _____ | _____ |
| e. Sometimes I take an extra dose of my medication by mistake? | _____ | _____ |
| f. I keep medication that I don't currently use in case I need it in the future. | _____ | _____ |
| g. My medications are meeting my health care needs. | _____ | _____ |
| h. I use more than one pharmacy to fill prescriptions. | _____ | _____ |

13. Concerning the Brown Bag Session, please respond to the following: YES NO

- | | | |
|--|-------|-------|
| a. Providing this program at a church facility is appropriate. | _____ | _____ |
| b. I learned new information about my medications. | _____ | _____ |
| c. I learned new information about my health. | _____ | _____ |
| d. The program took too much time. | _____ | _____ |
| e. I felt like I could ask questions if I had any. | _____ | _____ |
| f. Attending this program was worth my time. | _____ | _____ |
| g. The presentation on medication use was valuable. | _____ | _____ |
| h. The one-on-one session with the pharmacist was valuable. | _____ | _____ |
| i. The one-on-one session with the parish nurse was valuable. | _____ | _____ |

14. Which of the following factors had the greatest effect on making medication or health enhancing changes in the past three months?

- _____My own initiative
- _____Help from Pharmacist
- _____Help from Parish Nurse
- _____Help from Physician
- _____If Other, please list _____

15. Any suggestions or further comments from the participant?

Additional comments or observations from the parish nurse: