

Medication Management Survey

This survey is being used for educational purposes, specifically University of Delaware's Human-Computer Interaction course. We are collecting data to better understand medication users, caregivers, and health professionals. This information will be used to create a mobile app to assist those with medication management. Participation in each question is optional. If you are uncomfortable answering a question, feel free to skip it. We appreciate your time and contribution.

Thank you!

* Required

1. Select which best describes you *

Mark only one oval.

- ☐ Caregiver (Family/Friends)
- ☐ Professional Caregiver
- ☐ Healthcare Professional (Nurse, Doctor, etc)
- ☐ Individual Taking Medication(s)
- ☐ None of the above
- ☐ Other: _____

2. If you are a caregiver, how many people do you care for?

3. How many different medications do you or the person you care for currently take on a regular basis?

Mark only one oval.

- ☐ 1
- ☐ 2
- ☐ 3-4
- ☐ 5 or more
- ☐ Other: _____

4. What do you use for medication reminders?

Mark only one oval.

- ☐ Alarms
- ☐ Notes
- ☐ Medication in certain area
- ☐ Other: _____

5. What is the tool you use most often to track medication use (if a dosage is missed or taken late)? This can be for you or someone you care for.

Mark only one oval.

- ☐ Paper notes
- ☐ Mobile App
- ☐ Physical markers (pill box, medication cap, etc)
- ☐ No tools used
- ☐ Other: _____

6. How reliable are your current techniques for managing medications?

Mark only one oval.

	1	2	3	4	5	
Not at all Reliable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Extremely Reliable

7. What methods do you use to track symptoms for future appointments?

Mark only one oval.

- ☐ Paper Notes
- ☐ Memory
- ☐ Electronic Notes
- ☐ Other: _____

8. What medication information do you keep take note of?

Check all that apply.

- ☐ Physical Descriptions
- ☐ Ranking of Serverity
- ☐ General Commonality (ex. once per week)
- ☐ Specific Commonality (ex. specific dates and times)
- ☐ Other: _____

9. How do you keep track of appointments?

Mark only one oval.

- ☐ Mobile Calendar
- ☐ Physical Calendar
- ☐ Appointment Cards from Doctors
- ☐ Other: _____

10. Which prompt best describes how you feel about medication management?

Mark only one oval.

- ☐ Overwhelmed
- ☐ Stressed
- ☐ Organized
- ☐ No Specific Feeling
- ☐ Other: _____

11. How often do you or the person you are caring for forget to take medication? This can either be missing a dosage or a late dosage

Mark only one oval.

- ☐ Never
- ☐ Almost never
- ☐ 1 -2 times a week
- ☐ Nearly every day
- ☐ Every day

12. In your opinion, what is the hardest part of medication management?

In the next section, please select the option that best describes how you feel.

13. I am often overwhelmed with keeping track of medication.

Mark only one oval.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neutral
- ☐ Agree
- ☐ Strongly Agree

14. I have good system for tracking medication usage.

Mark only one oval.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neutral
- ☐ Agree
- ☐ Strongly Agree

15. I have a good system for tracking doctor's appointment and notes.

Mark only one oval.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neutral
- ☐ Agree
- ☐ Strongly agree

16. Alarms are a useful tool to ensure medication is taken.

Mark only one oval.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neutral
- ☐ Agree
- ☐ Strongly Agree

17. If I am feeling stressed about medication management, I know where to find mental health resources.

Mark only one oval.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neutral
- ☐ Agree
- ☐ Strongly Agree

18. If I have questions about medication management or general care giving, I know where/who to ask

Mark only one oval.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neutral
- ☐ Agree
- ☐ Strongly Agree

19. Talking to other medication managers is helpful for my own medication management. (Medication managers can include individuals, care givers, or health professionals)

Mark only one oval.

☐ Strongly disagree

☐ Disagree

☐ Neutral

☐ Agree

☐ Strongly agree

20. Is there anything else you would like us to know?

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