**ClereMed – Linking Pre-Screening and Screening Game Results to Recommendations**

Recommendations for pharmacists following ClereMed pre-screening and screening game are as follows (and can use 15-point font):

[HEADING]

1. Patient was able to read standard label [heading - green]
2. Patient was NOT able to read regular label [heading – red]
3. Patient was NOT able to read large print label [heading – red]

[BOX 1: When labeling:]

1. Compliance packaging recommended
2. Use regular label on vial
3. Print duplicate paper label in **15-point font** (Arial or Verdana)
4. Print duplicate paper label in **18-point font** (Arial or Verdana)
5. Match duplicate label to vial with large-print numbers or colored stickers
6. Do NOT tape labels
7. ALWAYS use numbers instead of text
8. ALWAYS use simple language: e.g., “Take 1 tablet in the morning and in the evening” NOT “Take 1 tablet twice daily”
9. ALWAYS use upper and lower case, NOT ALL CAPS

[BOX 2: Talk to the patient about:]

1. Difficulty reading [prescription/non-prescription/worn/glossy] labels
2. When they need [large print reading materials/a magnifying glass]
3. How [corticosteroids/anticholinergics/hypertension/diabetes/cognitive impairment/glaucoma/cataracts/macular degeneration/free-text meds,conditions] may affect their ability to read or understand labels

[BOX 2: Patient likely needs:]

1. Compliance aids (e.g., dosing calendars, diaries, charts, dose reminders)
2. To protect labels from wear (e.g., using a daily or weekly pill box)
3. Follow-up with a physician for further assessment
4. Regular monitoring by a physician or vision specialist [for diabetes/hypertension/cognitive impairment/long-term corticosteroids]
5. A magnifying glass to read prescription/non-prescription labels.

**Table 1.** Links between ClereMed pre-screening and screening game results and recommendations

|  |  |
| --- | --- |
| **Pre-Screening Question** | **Recommendation** |
| **General** |  |
| Everyone | 9-12 ->Everyone EXCEPT people who cannot complete the task |
| **When reading medication labels…** |  |
| Do you wear glasses, bifocals, reading glasses or contacts | If answer ‘yes’ then POP-UP 1 |
| POP-UP 1: Are you wearing your glasses, bifocals, reading glasses or contacts now? | If answer if ‘no’ then POP-UP 2 says, “This app is checking how you read medication labels. Please repeat the test when you have your glasses or contacts with you.” |
| Do you use a magnifier? | 14 -> If answer is ‘yes’  If answer ‘yes’ then POP-UP 3 |
| POP-UP 3: Are you using a magnifier now? | If answer if ‘no’ then POP-UP 4 says “This app is checking how you read medication labels. Please ask the pharmacist for a magnifier to complete the test if needed.” |
| Do you use large print reading material? | 14 -> if answer is ‘yes’ |
| Does anyone help you? | If the answer if “yes” then POP-UP 5 |
| POP-UP 5: Is the person who helps you here now? If yes, they can help you complete the test. | If answer ‘no’ then POP-UP 6 says: “This app is checking how you read medication labels. Please repeat the test when your support person is with you.” |
| **Do you have difficulty reading…** |  |
| Prescription labels? | 13,19 -> If answer is ‘yes’ AND the task is completed with 9-12 pt font |
| Non-prescription labels? | 13, 19 -> If answer is ‘yes’ |
| Worn prescription labels? | 13,17-> if answer is ‘yes’ |
| Glossy papers (magazines)? | 13 -> if answer ‘yes’ |
| **Screening Results** |  |
| Able to complete task using 9-18 pt (standard) font | 1,5 |
| Requires 15 pt font to complete the task | 2,5,6,8 |
| Requires 18 pt font to complete the task | 2,5,7,8 |
| Cannot complete the task | 3,4,18 |
| Select any conditions or drugs that may affect patient's ability to read or understand labels |  |
| Any drugs or conditions | 15 -> if answer is ‘yes’ |
| Cognitive impairment | 16 -> if answer is ‘yes’ |
| Diabetes, hypertension, cognitive impairment, corticosteroids | 19 -> if answer ‘yes’ |