

Study number:
Participant number:

Information about Phosphate Binder Medicines

A Patient Satisfaction Survey

Dear Sir/Madam,

At Barts NHS Trust we are committed to providing high quality care for our patients. As a way of trying to make sure this happens, we ask patients who use our services about their views.

We are trying to find out about the information you have received about your phosphate binder medicine.

If you can, please spare some time to complete this survey. Once you are finished, please hand it back to the pharmacist before you leave hospital.

The completion of this survey is voluntary. The information you provide will remain confidential and the survey is anonymous. If you decide not to take part, this will not affect the care you receive from the NHS in any way.

We will use the results to find out more about the care we deliver and about any areas where we can make improvements.

If you have any questions or would like more information about the survey, please contact Ankur Patel (Specialist Renal Pharmacist) or Priya Patel (Renal Pharmacist).

Thank you.

Yours faithfully,

Priya Patel (Pharmacist)

Section 1: Information about your Phosphate Binder medicines

What is the name of the phosphate binder(s) medicine you currently take?

(a) Calcium Carbonate (Calcichew)	<input type="checkbox"/>
(b) Calcium Acetate (Phosex)	<input type="checkbox"/>
(c) Calcium Acetate (Phos-Lo)	<input type="checkbox"/>
(d) Sevelamar (Renagel)	<input type="checkbox"/>
(e) Sevelamar (Renvela)	<input type="checkbox"/>
(f) Lanthanum (Fosrenol)	<input type="checkbox"/>
(g) Aluminium Hydroxide (Alu-caps)	<input type="checkbox"/>
(h) Do not know name	<input type="checkbox"/>

Please rate the information you have received about each of the following aspects of your **phosphate binder** medicines.

'None received' means you DID NOT RECEIVE any information and you would have liked some information

'None needed' means you DID NOT NEED any information because you already knew this or this was not important to you

	Too much	About right	Too little	None received	None needed
1. What your phosphate binder medicine is for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. What it does	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. How it works	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. How long it will take to act	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. How you can tell if it is working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Too much	About right	Too little	None received	None needed
6. How long you will need to be on your phosphate binder medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. How to use your phosphate binder medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. How to get a further supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Whether the phosphate binder medicine has any unwanted effects (side effects)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. What are the risks of you getting side effects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. What you should do if you experience unwanted side effects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Whether the phosphate binder medicine interferes with other medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. What you should do if you forget to take a dose of your phosphate binder medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2: How you use your medicines

Many people find a way of using their medicines which suits them. This may differ from the instructions on the label or from what their doctor has said.

1. Do you take your phosphate binder medicines everyday?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If answered **YES**, please state when you take your phosphate binder

(a) Before Meals	<input type="checkbox"/>
(b) With Meals	<input type="checkbox"/>
(c) After Meals	<input type="checkbox"/>

If answered **NO**, please tick the statement(s) which applies to you as to why you do not take them as directed

(a) I forget to take them	<input type="checkbox"/>	How many times a week do you forget?	1-2 <input type="checkbox"/>	7-8 <input type="checkbox"/>
			3-4 <input type="checkbox"/>	9-10 <input type="checkbox"/>
			5-6 <input type="checkbox"/>	>10 <input type="checkbox"/>
(b) I alter the dose	<input type="checkbox"/>	Please state how you take your tablets	
(c) I stop taking them for a while	<input type="checkbox"/>	When do you stop taking them?	
(d) I decide to miss out a dose	<input type="checkbox"/>	Which dose do you miss, and why?	
(e) I take less than instructed	<input type="checkbox"/>	Please state why	

2. Do you feel the following statements about your phosphate binder tablets apply to you?

	Yes	No
(a) They are too difficult to chew/swallow	<input type="checkbox"/>	<input type="checkbox"/>
(b) The taste of the tablets is unpleasant	<input type="checkbox"/>	<input type="checkbox"/>
(c) They are too difficult to carry around/transport	<input type="checkbox"/>	<input type="checkbox"/>
(d) I feel like they are not working	<input type="checkbox"/>	<input type="checkbox"/>
(e) I am having bad side effects because of the medicine	<input type="checkbox"/>	<input type="checkbox"/>

GOING OUT

1. If you go out (e.g. for meals/dialysis) do you take your phosphate binder tablets with you?

Yes	Sometimes	No	Not Applicable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If answered **YES**, then please state how you take your tablets with you? (e.g. In a pill box/in original container/wrapped in tissue)

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If answered **SOMETIMES** or **NO**, then please state why?

	Yes	No
(a) You forget to take them	<input type="checkbox"/>	<input type="checkbox"/>
(b) You feel embarrassed taking them out	<input type="checkbox"/>	<input type="checkbox"/>
(c) They are too difficult to carry around	<input type="checkbox"/>	<input type="checkbox"/>

2. Do you think you would benefit from having a pill box for your **phosphate binder medicine** when you go out (e.g. for meals/dialysis)?

Yes	No	Not Applicable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 3: About you

1. What is your year of birth?

2. What is your gender? (please circle)

Male / Female

3. To which of these ethnic groups would you say you belong (**Tick ONE only**)

a. White

British

Irish

Any other White background

(Please write in box)

b. Black or Black British

Caribbean

African

Any other Black background

(Please write in box)

c. Mixed

White & Black Caribbean

White & Black African

White & Asian

Any other Mixed background

(Please write in box)

d. Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background

(Please write in box)

e. Chinese or other ethnic group

Chinese

Any other ethnic group

(Please write in box)

If you have any other comments about the information you have received about your medicines, please write them here:

Thank you for participating