

Supplementary file: Survey on medication self-management problems (English translation)**Instructions**

- When answering the questions below, think about all medications you use at home on a daily basis.
- If one of the questions applies to only one of the medications you take, answer for that medication.
- For each statement, check the answer that you believe is most applicable to your situation before your hospital admission/ after hospital discharge.

Phase medication self-management	Statements	Always	Often	Sometimes	Rarely	Never
Picking up medicines in the pharmacy	I take fewer medications than prescribed or do not take my medications at all to save money.					
	I have the necessary medications in stock.					
	I have the necessary medication prescriptions available.					
	I can collect my medications from the pharmacy myself, someone helps me collect the medications, or my medications are delivered to my home.					
Knowledge and understanding of medications	I know the name of each medication I take.					
	I know how much of each medication to take.					
	I know how to take each medication (by mouth, nose, etc.).					
	I know why I need to take each medication.					
	I know the time at which to take each medication.					
	I know what each medication looks like (shape, color).					
	I know the usage instructions for taking my medications, such as taking them on an empty stomach or with food.					
	I experience difficulties in understanding explanations about my medications and/or instructions on how to use them.					
	I experience difficulties in understanding the information on packaging, leaflets, and/or labels.					

Phase medication self-management	Statements	Always	Often	Sometimes	Rarely	Never
Practical organization and planning of medication intake	It is difficult to set up my medications in a pill organizer (if applicable).					
	It is difficult to remove medications from the packaging.					
	If tablets need to be broken or halved, this is difficult for me (if applicable).					
	I experience difficulties in <u>reading</u> information on packaging, leaflets, and labels.					
	I find it difficult to plan my medication intake and sometimes take medications at the wrong time or forget to take them.					
	I know how to store each medication (e.g., in the refrigerator or at room temperature).					
	I regularly check the expiration dates of my medications.					
Medication intake	I have difficulty swallowing my medications.					
	I sometimes take the wrong dose of my medications (too much or too little).					
	I have difficulty administering medications correctly (inhaling, injecting, instilling, etc.).					
	I choose not to take my medications occasionally.					
Monitoring therapeutic and adverse effects of medicines	I know the benefits of my medications.					
	I am aware of the main side effects of my medications.					
	I know what to do if I experience side effects from my medications.					
Sustaining safe and appropriate medication use	I discontinue taking my medications without consulting my doctor.					
	If I encounter problems taking my medications, I know who to consult.					