Participant ID: _____

Please tell us about yourself

1. Gender	□ Male	□ Female
2. Age	_____ years old	
3. Zip code		
4. Ethnicity	□ White □ Hispanic / Latino □ Other: _____	□ Black □ Asian / Pacific Islander
5. Marital status	□ Single – never married □ Separated / divorced	□ Married / live with a partner □ Widowed
6. Approximate annual income	□ Less than $25,000 □ $51,000 – $75,000 □ More than $100,000	□ $25,000 – $50,000 □ $76,000 – $100,000 □ Prefer not to disclose
7. Highest education	□ Less than high school □ Some college □ Master's degree or above	□ High school diploma □ Bachelor's degree □ Prefer not to disclose
8. Type of insurance (check all that apply)	□ Medicare □ Private	□ Medicaid □ Other: _____
9. Do you have any of the following conditions which you take medication for?	□ High blood pressure □ Diabetes □ Heart disease (e.g. A-fib) □ COPD / Asthma □ Chronic pain □ Other: _____	□ High cholesterol □ Cancer □ Depression □ Arthritis □ Complications from a stroke
10. How would you rate your overall health?	□ Excellent □ Fair	□ Good □ Poor
11. Do you have prescription drug insurance?	□ Yes	□ No

Participant ID: _____

Participant ID: _____

Screening Questions (All patients before enrollment)

1. Are you at least 18 years old?
2. Do you speak and understand English or Spanish?
3. Do you live at an institutional setting such as nursing home?
4. Do you have at least 1 chronic condition which you regularly take medication for?

Data Collection Sheet (Baseline)

1. Assigned group based on Priming Question	□ UNA □ PNA □ ONA	
2. Assigned study group	□ Control	□ Intervention
3. Present chronic condition(s)	□ Hypertension □ Dyslipidemia □ Diabetes	□ Stroke / A-fib □ Other: _____
4. Chronic medication(s)	1. 2. 3. 4.	5. 6. 7. 8.
5. Baseline clinical measure	□ A1C: _____ □ INR: _____	□ BP : _____ □ Cholestech: _____
6. Baseline 6-month PDC		
7. (For the pharmacist) At any time during this interview, did you sense an issue about decreased cognitive function?	□ Yes	□ No

Participant ID: _____

Data Collection Sheet (Follow-up)

1. Assigned group based on Priming Question	□ UNA	□ PNA □ ONA
2. Assigned study group	□ Control	□ Intervention
3. Present chronic condition(s)	□ Hypertension □ Dyslipidemia □ Diabetes	□ Stroke / A-fib □ Other: _____
4. Chronic medication(s)	1. 2. 3. 4.	5. 6. 7. 8.
5. Follow-up clinical measure	□ A1C: _____ □ INR: _____	□ BP : _____ □ Cholestech: _____
6. Follow-up 3-month PDC		
7. Remaining 3-month PDC		
8. Follow-up survey item #1 (intervention only)	□ Not at all helpful □ Very helpful	□ Somewhat helpful
9. Follow-up survey item #2 (intervention only)	□ No change □ Significant change	□ Little change

Follow-up Survey (only for intervention group)

1. Was the interview you received 3 months ago helpful?

   Not at all helpful / Somewhat helpful / Very helpful

2. Do you feel like there has been a change in the way you take your medication because of the interview you received?

   No change / Little change / Significant change