



Safer Prescribing Survey

Easy read



We want to give people medicines in the safest way that we can.



We want to find out about the medicine that you take and how we can make it safer.



The medicine you take is used for people who have epilepsy or headaches, or to help with their mental health.



This is a really good medicine but it can be dangerous if you want to have children. The medicine can hurt the baby before it is born.



If you are worried about the medicine that you take, please talk to your doctor.



You can answer the questions by yourself, or get someone to help you. Your carer can answer the questions for you if you want them to.



Please tick the boxes or write your answer in the box. Each question will tell you how many boxes you can tick.



About you



1. Which medicine do you take?

Please tick **one** box.



Valproate

Topiramate



2. How long have you been taking this medicine?



3. Why do you take this medicine?



You can tick more than one box.



Epilepsy



Headaches

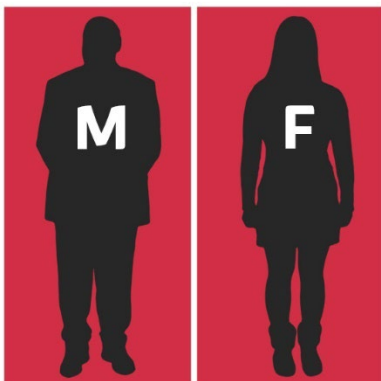


Mental health

Other (please tell us why).



4. How old are you?



5. Are you (tick **one** box).



Male

or

Female



Deciding to take your medicine



The medicine you take is really good but it can be dangerous if you want to have children. The medicine can hurt the baby before it is born. This is called a **risk**.



We want to know if the doctor who gave you the medicine told you about this **risk** when they first gave you your medicine.



6. Did the doctor tell you about the **risk** of taking your medicine?
Tick **one** box.

Yes

No

Don't know





7. If you were told about the **risk**, did you understand what it was about? Tick **one** box.



Yes

No

Don't know



8. Did the doctor ask you if you still wanted to take the medicine?

Tick **one** box.



Yes

No

Don't know



9. Did the doctor ask your carer if they still wanted you to take the medicine? Tick **one** box.



Yes

No

Don't know



10. When the doctor gave you your medicine, what help did you get to decide if it was right for you? Tick as many boxes as you want on the next two pages.



I had the chance to ask questions.



I was given a leaflet.



I was given a website to look at.



I was told I could come back for another appointment.



I was given more time to talk about the medicine.



I was sent to another place to get help to have safe sex.



I was given easy read information.



I was given the chance to talk to someone about my worries.



11. Is there anything else the doctor could have done to help you decide if the medicine was right for you?



Having safe sex

It is very important to have safe sex if you are taking this medicine.



12. Did the doctor talk to you about safe sex?

Tick **one** box.



Yes

No

Don't know



13. If you said yes, what did the doctor tell you?

A photograph of a hand holding a black pen, positioned as if about to write on a large white rectangular box.

14. Have you tried to have a baby while you have been taking your medicine? Tick **one** box.

Yes

No

Don't know





Deciding if your medicine is still right for you

Your doctor should talk to you once a year to keep checking that your medicine is right for you.



15. Please tell us when your doctor last talked to you about your medicine.

16. How did your doctor talk to you about your medicine?
Tick **one** box.



At an appointment



On the phone



By text



Video call



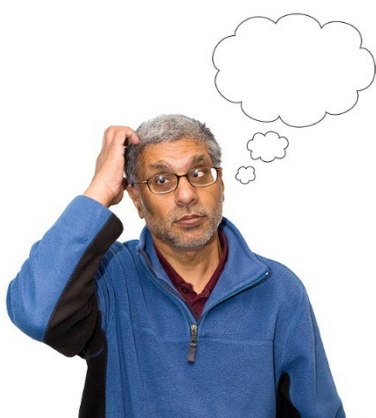
17. Is this the best way for your doctor to talk to you about your medicine? Tick **one** box.

Yes



No

Don't know



18. Is there anything else you want to tell us about your medicine?

Thank you



Thank you for answering our questions.

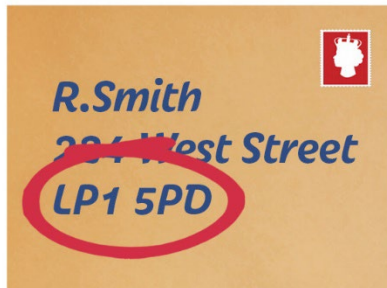


Easy read made by the Easy Info Team at Skills for People, employing people with a learning disability.



More about you

Please tell us a bit more about you. You can ask someone to help you do this.



Please tell us the first part of your postcode.



Do you have any long term conditions that affect your day to day life? **Long term** means it has lasted more than a year.

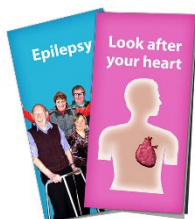


Tick **one** box.

Yes

No

If you said yes, please tell us what long term condition you have.





Please tick **one** box to tell us your **sexual orientation**. This means who you are attracted to.



Straight



Gay or lesbian



Bi or Bisexual



I don't want to say



Something else. I am:



Please tell us your **ethnicity**?

This means your culture or background.

Tick **one** box.



White



Asian



Black



Mixed



I do not want to say



My background is not on the list.
I am:



Please tell us your religion or belief.

Tick **one** box.



Atheist

I do not believe in God

Buddhist



Christian



Hindu



Muslim



Jain



Jewish



Sikh



I do not want to say



Something else.

I am: