

Supplementary File 5: Patient interview grid (telephone interviews)

<u>Themes</u>	<u>Questions</u>	<u>Follow-up questions</u>	<u>Notes</u>
Siscare	<ul style="list-style-type: none"> • What are the reasons for participating in this program? 	<ul style="list-style-type: none"> • How much do you think you need a pharmacist's help with your daily medications? 	
Pharmacist interviews	<ul style="list-style-type: none"> • How would you rate the usefulness of the interviews with the pharmacist? • What did you get out of the interviews with the pharmacist? • [If you discuss the adherence chart with the pharmacist] What do you get out of discussing adherence charts with the pharmacist? 	<ul style="list-style-type: none"> • How would you rate the length of your visit to the pharmacist? • How would you rate the frequency of meetings with the pharmacist? • If so, how were they helpful? • If not, what improvements would you recommend? • How has the program helped you talk to your pharmacist about medication use? • How did you feel during the follow-up? 	
Electronic pillboxes	<ul style="list-style-type: none"> • How do you rate the usefulness of these pillboxes ? 	<ul style="list-style-type: none"> • How did you integrate the pillboxes into your daily life? • What are the advantages and disadvantages of the pillbox? 	

Interprofessional collaboration	<ul style="list-style-type: none"> How do you perceive the collaboration between your pharmacist and your referent physician? 	<ul style="list-style-type: none"> Do you think the collaboration between your physician and pharmacist has improved your care? 	
Continuation/stop	<ul style="list-style-type: none"> [If patient still in program] Would you like to continue this program? [If patient has discontinued program] Why did you stop tracking? 	<ul style="list-style-type: none"> Why? 	
Recommendation	<ul style="list-style-type: none"> Would you recommend the program to another person with diabetes? 	<ul style="list-style-type: none"> Why? 	
Improvement	<ul style="list-style-type: none"> What recommendations would you make to improve the program? 	<ul style="list-style-type: none"> Would you change anything in the program? 	
Ending	<ul style="list-style-type: none"> Is there anything else we haven't talked about that you think is important to talk about now? 	-	
Questions (verification)	<ul style="list-style-type: none"> Can you confirm your date of birth? (DD.MM.YYYY) Do you have a weekly pillbox at home? (Whoever prepares it) Are you taking more than 4 oral medications over a period of at least 3 months? 		<p>.....</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
Acknowledgements			