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SUPPORT PERSON(SPECIFIED BY MEDIUM): The intervention was designed to inform patients about their treatment options and to prepare them for a planning talk with their physicians. A printed 16page booklet covering the pros and cons of oral versus depot formulation, first versus secondgeneration antipsychotics, psychoeducation, and type of sociotherapeutic intervention was presented to the patients through the head nurse of the ward as soon as the psychiatrist in charge considered them able to cooperate. Trained nurses assisted the patient to work through the booklet. Within the decision aid, patients were asked to write down their experiences with previous antipsychotic medication and to indicate their preferences regarding the different options on each topic. Nurses were advised to answer any questions of the patients and to encourage them to state any point of view contrary to that of the doctor. They were also instructed to postpone the participation of patients in the study if serious thought disturbances or delusional misinterpretations were detected while working through the booklet. The average time for working through the booklet was 30 to 60 minutes. Patients met their physicians within 24 hours after having worked through the decision aid with their nurse. The aim of these meetings, planning talks, was to reach an agreement between patient and psychiatrist on the further treatment according to the preferences indicated by the patient in the booklet. Like nurses, physicians were also trained about the SDM and required communication skills (n = 108) Intervention: EDM To encourage adherence, all subjects of control and intervention groups were encouraged to register each month with the pharmacy for a laminated monthly medication booklet and a step-by-step entry calendar. Subscribers could pick up their monthly packages of medication kits at the pharmacy. A patient identifying number was assigned to subjects receiving the intervention. Subjects also completed a drug container diary of all medications currently available to them, how often they took the medications, where the medications were kept, as well as their problems associated with the medications. Once a month, they returned their containers to the pharmacy, and the customer service agents printed a report of all the medications taken, along with their prescriptions and the dates they were taken. This report was then reviewed by the pharmacy's medical director and the study team member to ensure no significant negative events had occurred with the medications. Individuals who completed the drug container diaries returned them to the pharmacy for safekeeping and became eligible to receive a $10 gift card. Pharmacists made telephone calls to subjects who did not return the drug diaries to ensure their safety and remind them of the study. A group counselor telephoned the subject if drug diaries were not returned, and a subject's name was placed on a list for six months. During the six-month period, the counselor made as many as three calls a month to the subjects to encourage them to return their diaries and to encourage adherence. The intervention period was 6 months. After the intervention, study team members reviewed the study data with each subject in the intervention group to discuss the results of the pharmacy call and their plans for increasing their drug adherence. They also reviewed the telephone logs with them

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Intervention: NURSE ADMINISTERED ASTHMA EDUCATION PROGRAM The nurse used a standardized questionnaire to evaluate the patient's understanding of the disease and the side effects of treatment. The nurse responded to any questions and informed the patient as thoroughly as possible with the means at his/her disposal, including by using explanatory texts and drawings. The nurse's goal during the consultation was to improve adherence. The following points were systematically covered: a) evaluation of the reasons for any eventual change in adherence; b) improvement of the quality of the patientmedical team relationship; c) explanation of paraclinical tests on therapeutic followup and discussion of the positive aspects of the results; d) facilitation of the quality of the patient's relationship with his/her family and/or professional milieu; e) increasing if necessary social service support for the patient. This consultation with the nurse took place in a standardized fashion, which was set out in a document to guide the consultation. All the nurses involved in these consultations had received prior training in the field of viral hepatitis and its treatment, and on the details of this study. The consultation lasted between 30 and 45 minutes. At the end of the consultation, the nurse filled out a standardized questionnaire build for this study and comprising 34 items in 8 groups. The patient could call the nurse freeofcharge if necessary outside the standard consultation dates. Patients receiving the intervention were educated on HF, their prescribed medication and the management of HF symptoms by the research pharmacist; had a printed booklet developed for this type of education program, which contained information on HF, its symptoms, the aims of treatment, the types of medication used and their possible side effects, diet and lifestyle changes, advice to stick to one brand of digoxin (it having a narrow therapeutic index) and information on the action to take if doses of medication were missed; had a self monitoring program (signs and symptoms of HF; compliance with prescribed medication) in which they were asked to become engaged and involved a monitoring diary card (covering 1 month); had their weights daily recorded in their diary card because they had been instructed to take an extra dose of their diuretic and to contact their physician immediately if their weight increased by 3 kilograms over 48 hours or if there was a marked deterioration in their HF signs/symptoms; had their HF symptoms recorded daily in their diary card because they had been instructed to monitor their symptoms and to contact their physician immediately if their condition worsened or improved by 2 units or if they developed new symptoms. Control group patients received usual care, i.e. excluding counseling and education by the research pharmacist, self monitoring, pharmacist liaison with physicians, etc. 5ec8ef588b