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Measures of Patient Adherence

Name: _____

Age: _____

Gender: F/M

Surgery: _____

Dr: _____

Date: _____

PLEASE ANSWER THE FOLLOWING **QUESTIONS** OF THIS **HEALTH SURVEY** COMPLETELY,
HONESTLY AND WITHOUT INTERRUPTIONS.

MEDICAL OUTCOMES STUDY GENERAL ADHERENCE ITEMS

How often was each of the following statements true for you during the past 4 weeks?

1. I had a hard time doing what the doctor suggested I do

2. I followed my doctor's suggestions exactly

3. I was unable to do what was necessary to follow my doctor's treatment plans

4. I found it easy to do the things my doctor suggested I do

5. Generally speaking, how often during the **past 4 weeks** were you able to do what the doctor told you?

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MEDICAL OUTCOMES STUDY SPECIFIC ADHERENCE RECOMMENDATIONS

This is a list of things your doctor, a nurse, or other health care professional may have recommended that you do as part of your treatment. Please indicate if your doctor, a nurse or other health care professional has recommended that you do this now.

1. Follow a low salt diet?
2. Follow a low salt or weight loss diet?
3. Follow a diabetic diet?
4. Take a prescribed medication?
5. Check your blood for sugar?
6. Take part in a cardiac rehabilitation program?
7. Exercise regularly?
8. Socialize more than usual with others?
9. Cut down on the alcohol you drink?

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10. Stop or cut down on smoking?

11. Check your feet for minor bruises, injuries, and ingrown toenails?

12. Cut down on stress in your life?

13. Use relaxation techniques like biofeedback or self-hypnosis?

14. Carry something with sugar in it as a source of glucose for emergencies?

15. Carry medical supplies needed for your self-care?

MEDICAL OUTCOMES STUDY SPECIFIC ADHERENCE BEHAVIOURS

How often have you done each of the following in the past 4 weeks?

1. Followed a low salt diet

2. Followed a low fat or weight loss diet

3. Followed a diabetic diet

4. Took prescribed medication

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5. Checked your blood for sugar
6. Took part in a cardiac rehabilitation program
7. Exercised regularly
8. Tried to socialize more with others
9. Cut down on the alcohol you drank
10. Stopped/cut down on smoking?
11. Checked your feet for minor bruises, injuries, and ingrown toenails
12. Cut down on stress in your life?
13. Used relaxation techniques (biofeedback, self-hypnosis, yoga, etc.)
14. Carried something with sugar in it (a source of glucose) for emergencies when outside your home
15. Carried medical supplied needed for your self-care when outside your home

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE

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STAFF USE ONLY

Participants NHS Number:

Researchers Name:

NHS Site Number:

NHS Site Name:

Postcode: