

PRIVATE AND CONFIDENTIAL

Medicines Adherence

Name: _____ Age: _____ Gender: F/M

Surgery: _____ Dr: _____

Date: _____

1. Do you ever forget to take your medicine?
2. Do you ever have problems remembering to take your medication?
3. When you feel better, do you sometimes stop taking your medicine?
4. Sometimes if you feel worse when you take your medicine, do you stop taking it?

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE

STAFF USE ONLY

Participants NHS Number:

Researchers Name:

NHS Site Number:

NHS Site Name:

Postcode: