

PRIVATE AND CONFIDENTIAL

Medicines survey

Name: _____ Age: _____ Gender: F/M

Surgery: _____ Dr: _____

Date: _____

1. Do you sometimes forget to take your [health concern] pills?
2. People sometimes miss taking their medications for reasons other than forgetting. Thinking over the past two weeks, were there any days when you did not take your [health concern] medicine?
3. Have you ever cut back or stopped taking your medication without telling your doctor, because you felt worse when you took it?
4. When you travel or leave home, do you sometimes forget to bring along your [health concern] medication?
5. Did you take your [health concern] medicine yesterday?
6. When you feel like your [health concern] is under control, do you sometimes stop taking your medicine?
7. Taking medication every day is a real inconvenience for some people. Do you ever feel hassled about sticking to your [health concern] treatment plan?
8. How often do you have difficulty remembering to take all your medications?

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE

STAFF USE ONLY

Participants NHS Number:

Researchers Name:

NHS Site Number:

NHS Site Name:

Postcode: