

SECTION 5: TAKING MEDICATION

The following questions are about your medication. If you **DO NOT** take any medication for your long-term conditions, please move to **section 6 (on next page)**.

5.1 How many different types of medication do you take on a regular basis, like every day or every week? Please include prescription medication, over the counter medication, and dietary supplements.

Please write the number of types of medications in the box

5.2 Thinking about the medication you take for your long term conditions:

	NO	YES
1. Do you sometimes forget to take your medicine?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁
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 medicine?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁
3. Have you ever cut back or stopped taking your medicine without telling your doctor because you felt worse when you took it?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁
4. When you travel or leave home, do you sometimes forget to bring along your medicine?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁
5. Did you take your medicine yesterday?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁
6. When you feel like your symptoms are under control, do you sometimes stop taking your medicine?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁
7. Taking medicine every day is a real inconvenience. Do you ever feel hassled about sticking to your treatment plan?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁

8. How often do you have difficulty remembering to take all your medicine?

- Never/rarely Once in a while Sometimes Usually All the time
- ₁ ₂ ₃ ₄ ₅

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