

You indicated that you are taking medication for your (identify health concern, such as “high blood pressure”). Individuals have identified several issues regarding their medication-taking behavior and we are interested in your experiences. There is no right or wrong answer. Please answer each question based on your personal experience with your [health concern] medication. Interviewers may self identify regarding difficulties they may experience concerning medication-taking behavior.

(Please circle the correct number)

	No=0	Yes=1
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 everyday is a real inconvenience for some people. Do you ever feel hassled about sticking to your blood pressure treatment plan?		

8. How often do you have difficulty remembering to take all your medications? **(Please circle the correct number)**

- Never/Rarely.....**0**
- Once in a while.....**1**
- Sometimes.....**2**
- Usually.....**3**
- All the time.....**4**

Source: Morisky DE, Ang A, Krousel-Wood M, Ward H. Predictive Validity of a Medication Adherence Measure for Hypertension Control. *Journal of Clinical Hypertension* 2008; 10(5):348-354.

For additional information, contact: Donald E. Morisky, Sc.D., M.S.P.H., Sc.M., e-mail: dmorisky@ucla.edu; phone: (310) 825-8508