



To answer the following questions, just tick the box (✓) that best describes your situation with your medication.

## Your medication

1. Do you find it an inconvenience to prepare your medication?

Yes, and I don't find this easy to accept

<sub>1</sub>

Yes, but I find this easy to accept

<sub>2</sub>

No

<sub>3</sub>

My medication doesn't need any preparation

<sub>4</sub>

2. Do you find that the administration method for your medication is an inconvenience? (examples of medication administration methods: swallowed, injected with a syringe, inhaled through the nose, etc.)

Yes, and I don't find this easy to accept

<sub>1</sub>

Yes, but I find this easy to accept

<sub>2</sub>

No

<sub>3</sub>

3. Do you find that the form of your medication is an inconvenience? (examples of medication forms: tablet, capsule, powder in sachets, syringe, drip, inhaler, etc.)

Yes, and I don't find this easy to accept

<sub>1</sub>

Yes, but I find this easy to accept

<sub>2</sub>

No

<sub>3</sub>

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## Length of your treatment

4. **Have you been taking your medication for a long time?**

Yes, and I don't find this  
easy to accept

 <sub>1</sub>

Yes, but I find this  
easy to accept

 <sub>2</sub>

No

 <sub>3</sub>

5. **Will you have to take your medication for a long time?**

Yes, and I don't find this  
easy to accept

 <sub>1</sub>

Yes, but I find this  
easy to accept

 <sub>2</sub>

No

 <sub>3</sub>

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## Constraints with your medication

6. Do you find that having to remember to take your medication is a constraint?

Yes, and I don't find this easy to accept	Yes, but I find this easy to accept	No
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

7. Do you find that having to find time to collect your medication from the pharmacy is a constraint?

Yes, and I don't find this easy to accept	Yes, but I find this easy to accept	No
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

8. Do you find that having to remember to take your medication with you is a constraint?

Yes, and I don't find this easy to accept	Yes, but I find this easy to accept	No	I never need to take my medication with me
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

9. Do you find that always having your medication on you is a constraint?

Yes, and I don't find this easy to accept	Yes, but I find this easy to accept	No	I don't always need to have my medication on me
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

10. Does your medication need special storage conditions for journeys?

Yes, and I don't find this easy to accept	Yes, but I find this easy to accept	No
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

11. Do you find that you have a lot of medications to take?

Yes, and I don't find this easy to accept	Yes, but I find this easy to accept	No
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

12. **Can your medication be taken discreetly?**

No, and I don't find this easy to accept	No, but I find this easy to accept	Yes
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

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13. **Do you find having to take your medication regularly has become part of your normal routine?**

No, and I don't find this easy to accept	No, but I find this easy to accept	Yes	I don't have to take my medication regularly
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

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14. **Do you find the frequency at which (how often) you have to take your medication is a constraint?**

Yes, and I don't find this easy to accept	Yes, but I find this easy to accept	No
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

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## Side effects of your medication

15. Does your medication have any side effects on you?

Yes, and I don't find this easy to accept	Yes, but I find this easy to accept	No
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

If yes, what side effects? .....

16. Are these side effects unpleasant?

Yes, and I don't find this easy to accept	Yes, but I find this easy to accept	No	I don't have any side effects
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

17. Are these side effects disabling?

Yes, and I don't find this easy to accept	Yes, but I find this easy to accept	No	I don't have any side effects
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

18. Do you have to take extra medication because of the side effects from your medication?

Yes, and I don't find this easy to accept	Yes, but I find this easy to accept	No	I don't have any side effects
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

19. Does your medication carry the risk of serious side effects for your health?

Yes, and I don't find this easy to accept	Yes, but I find this easy to accept	No	I don't know
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

## Effectiveness of your medication

20. Do you find that your medication is effective for you?

No, and I don't find this  
easy to accept

 <sub>1</sub>

No, but I find this easy  
to accept

 <sub>2</sub>

Yes

 <sub>3</sub>

I don't know

 <sub>4</sub>

21. Do you find your medication protects you enough?

No, and I don't find  
this easy to accept

 <sub>1</sub>

No, but I find this  
easy to accept

 <sub>2</sub>

Yes

 <sub>3</sub>

I don't know

 <sub>4</sub>

My medication isn't  
supposed to  
protect me

 <sub>5</sub>

22. Does your medication have a rapid effect on your condition?

No, and I don't find this  
easy to accept

 <sub>1</sub>

No, but I find this  
easy to accept

 <sub>2</sub>

Yes

 <sub>3</sub>

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## Your medication in general

23. Do you agree with the following statement: "My medication has more advantages than disadvantages"?

Totally disagree

Somewhat disagree

Somewhat agree

Totally agree

I don't know

 <sub>1</sub> <sub>2</sub> <sub>3</sub> <sub>4</sub> <sub>5</sub>

24. Given the advantages and disadvantages of your medication, do you consider it to be an acceptable solution?

Not at all acceptable

Not very acceptable

Somewhat acceptable

Totally acceptable

I don't know

 <sub>1</sub> <sub>2</sub> <sub>3</sub> <sub>4</sub> <sub>5</sub>

25. Are you convinced that in the long term, it is worth taking your medication?

Not at all convinced

Not really convinced

Fairly convinced

Totally convinced

I don't know

 <sub>1</sub> <sub>2</sub> <sub>3</sub> <sub>4</sub> <sub>5</sub>

**Please check that you have answered all the questions.**

**Thank you for your time.**