YOU AND YOUR MEDICATION: HOW EASY IS IT TO ACCEPT?

Name of medication taken by the patient *(to be completed by the pharmacist)*:

.....

Before filling in this questionnaire, please give today's date:

/__/__/ /__/__/ /__/__/__/__/
day month year

Dear patient,

You have agreed to participate in a scientific study; this questionnaire is designed to help us to get to know more about your experience and your opinion about the medication you take. Once you have filled in the questionnaire, please return it to your pharmacist.
The information in this questionnaire will remain strictly anonymous and confidential.

When answering the questions below, simply pick the answer that best describes your situation with your medication.
If you are not sure how to answer, pick the answer closest to your situation. There are no "right" or "wrong" answers.

Please fill in this questionnaire somewhere quiet and if possible on your own.

Thank you for your participation.

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

Your medication

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

Yes, and I don't find this easy to accept	Yes, but I find this easy to accept	No	My medication doesn't need any preparation
☐1	☐2	☐3	☐4

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	Yes, but I find this easy to accept	No
☐1	☐2	☐3

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	Yes, but I find this easy to accept	No
☐1	☐2	☐3

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	Yes, but I find this easy to accept	No
☐1	☐2	☐3

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

Yes, and I don't find this easy to accept	Yes, but I find this easy to accept	No
☐1	☐2	☐3

Constraints with your medication

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

Yes, and I don't find this easy to accept	Yes, but I find this easy to accept	No
☐1	☐2	☐3

7. Do you find that <u>having to find time</u> 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
☐1	☐2	☐3

8. Do you find that <u>having to remember to take</u> your medication <u>with you</u> 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
☐1	☐2	☐3	☐4

9. Do you find that <u>always having</u> your medication <u>on you</u> 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
☐1	☐2	☐3	☐4

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
☐1	☐2	☐3

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
☐1	☐2	☐3

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
☐1	☐2	☐3

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
☐1	☐2	☐3	☐4

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
☐1	☐2	☐3

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
☐1	☐2	☐3

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
☐1	☐2	☐3	☐4

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
☐1	☐2	☐3	☐4

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
☐1	☐2	☐3	☐4

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
☐1	☐2	☐3	☐4

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	No, but I find this easy to accept	Yes	I don't know
☐1	☐2	☐3	☐4

21. Do you find your medication protects you enough?

No, and I don't find this easy to accept	No, but I find this easy to accept	Yes	I don't know	My medication isn't supposed to protect me
☐1	☐2	☐3	☐4	☐5

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

No, and I don't find this easy to accept	No, but I find this easy to accept	Yes
☐1	☐2	☐3

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
☐1	☐2	☐3	☐4	☐5

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
☐1	☐2	☐3	☐4	☐5

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

Not at all convinced	Not really convinced	Fairly convinced	Totally convinced	I don't know
☐1	☐2	☐3	☐4	☐5

Please check that you have answered all the questions.

Thank you for your time.