

Patient Adherence Questionnaire

1. How often have you taken your medication (or medications) during the last week? Please check the description that best describes your medication use.

- a. I have taken my medications every day without missing a day.
- b. I have missed taking my medications only one day.
- c. I have only missed taking my medication two days.
- d. I have missed taking my medications three or four days.
- e. I have missed taking my medications five or more days.
- f. I have stopped taking my medications.

2. Have you made any changes in how you take your medication (medications)? Please check any that apply for the past week.

- a. I have reduced my dose at times because I am feeling better.
- b. I have reduced my dose at times because of the medication's side-effects.
- c. I have increased my dose at times because I am feeling worse.
- d. I have not taken my medication as directed because I cannot afford it.
- e. I have always taken my medication as prescribed.

Scoring

Total Score

Add response choices **1c through 1f** and **2a through 2d** (one point for each item marked) to calculate the **Total Score**.

Interpretation of Score

"0" (zero) = Adherent

"1" (one) or more = Non-adherent