

Path For Triples		Michael Blank, Ph.D.
Patient Initials: _____	Patient ID #: _____	Date M: ____ / D: ____ / Yr: _____
Interviewer Initials: _____		Week # ____

Part 2. ADHERENCE QUESTIONNAIRE

Instruction: NHN will administer the form WEEKLY to participant. Please use calendars as an aid in helping participant recall dosing.

NHN Script: The answers you give on this form will be used to plan ways to help other people who must take pills on a difficult schedule. Please do the best you can to answer all the questions. If you do not wish to answer a question, please let me know. Ask if you do not know how to answer a question.

The next section of the questionnaire asks about your medications that you took over the last four days. Most people have many pills to take at different times during the day. Many people find it hard to always remember their pills:

- Some people get busy and forget to carry their pills with them.
- Some people find it hard to take their pills according to all the instructions, such as “with meals” or “on an empty stomach,” “every 8 hours,” “with plenty of fluids.
- Some people decide to skip pills to avoid side effects or to just not be taking pills that day.

We need to understand what people are really doing with their pills. Please tell us what you are actually doing. Don’t worry about telling us that you don’t take all your pills. We need to know what is really happening, not what you think we “want to hear.” The next section of the questionnaire asks about the medications that you may have missed taking over the last four days. Here is a calendar to help you remember if you took your medication over the last 4 days.

IF PARTICIPANT REPORTS TAKING ONLY A PORTION OF A DOSE ON ONE OR MORE OF THESE DAYS, PLEASE REPORT THE DOSE(S) AS BEING MISSED. SEE NEXT PAGE.

