

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

### **PART 4. Adherence Questionnaire**

**THIS SECTION IS ADMINISTERED WEEKLY WHEN MEDICATIONS ARE MISSED. IF PATIENT DID NOT MISS ANY MEDICATION CHECK THIS BOX  AND SKIP QUESTIONNAIRE**

NHN Script: People may miss taking their study medications for various reasons. I am going to read to you a list of possible reasons why you may miss taking your medications. Please tell me how often you have missed using the scale – never, rarely (monthly), sometimes (weekly), and often (daily). How often have you missed taking your medications because you: NHN: Circle one response for each item and provide response card for participant.

	Never	Rarely (Monthly)	Sometimes (Weekly)	Often (Daily)
1. Were away from home?	0	1	2	3
2. Were busy with other things?	0	1	2	3
3. Simply forgot?	0	1	2	3
4. Had too many pills to take?	0	1	2	3
5. Wanted to avoid side effects?	0	1	2	3
6. Did not want others to notice you taking medications?	0	1	2	3
7. Had a change in daily routine?	0	1	2	3
8. Felt like the drug was toxic/harmful?	0	1	2	3
9. Fell asleep/slept through dose time?	0	1	2	3
10. Felt sick/ill from side effect?	0	1	2	3
11. Felt depressed/ overwhelmed?	0	1	2	3
12. Had problem taking pills at specific times (with meals, on empty stomach, etc.)?	0	1	2	3
13. Ran out of pills?	0	1	2	3
14. Felt good?	0	1	2	3