Adherence measures used in

Voils, C. I., Maciejewski, M. L., Hoyle, R. H., Reeve, B. B., Gallagher, M. P., Bryson, C. L., & Yancy Jr., W. S. (2012). Initial validation of a self-report measure of the extent of and reasons for medication nonadherence. *Medical Care, 50(12),* 1013-1019. PMID 22922431.

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3494794/pdf/nihms401121.pdf

Part 1: Extent of Nonadherence
In order for blood pressure medicines to work best, people should take them according to the doctor's instructions. For one reason or another, people can't or don't always take all of their medicines as prescribed. We want to know how often you have missed your blood pressure medicines over the past 7 days. You may be taking more than one medicine for your blood pressure. As you answer these questions, please think about all of your blood pressure medicines. Please rate your agreement with the following statements.

Over the past 7 days…

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. I took my blood pressure medication as prescribed. (eliminated from final version)	○	○	○	○	○
2. I took all doses of my blood pressure medication. (reverse-score)	○	○	○	○	○
3. I missed or skipped at least one dose of my blood pressure medication.	○	○	○	○	○
4. I took at least one dose of my blood pressure medication later than usual. (eliminated from final version)	○	○	○	○	○
5. I was not able to take all of my blood pressure medication.	○	○	○	○	○

Note. Items 1 and 4 were eliminated from the final scale.
Scoring instructions: A total score reflecting nonadherence is calculated by averaging responses to items 2 (reverse-scored), 3, and 5.

Part 2: Reasons for Nonadherence
Situations come up that make it difficult for people to take their blood pressure medications as prescribed by their doctors. Below is a list of those situations. We want to know how much these situations contributed to you missing a dose of your medication. Only one of these situations may apply to you, or many may apply to you.

In the past 7 days, how much did each situation contribute to you missing a dose of your blood pressure medication?

1. I was busy	Not at all ○	○	○	○	Very much ○
2. There was no one to remind me	Not at all ○	○	○	○	Very much ○
3. They caused some side effects	Not at all ○	○	○	○	Very much ○
4. I worried about taking them for the rest of my life	Not at all ○	○	○	○	Very much ○
5. They cost a lot of money	Not at all ○	○	○	○	Very much ○
6. I came home late	Not at all ○	○	○	○	Very much ○
7. I did not have any symptoms of high blood pressure	Not at all ○	○	○	○	Very much ○
8. I was with friends or family members	Not at all ○	○	○	○	Very much ○
9. I was in a public place	Not at all ○	○	○	○	Very much ○
10. I was afraid of becoming dependent on them	Not at all ○	○	○	○	Very much ○
11. I was afraid they may affect my sexual performance	Not at all ○	○	○	○	Very much ○
12. The time to take them was between my meals	Not at all ○	○	○	○	Very much ○

13. I felt I did not need them	Not at all ○	○	○	○	Very much ○
14. I was travelling	Not at all ○	○	○	○	Very much ○
15. I was supposed to take them more than once a day	Not at all ○	○	○	○	Very much ○
16. I had other medications to take	Not at all ○	○	○	○	Very much ○
17. I felt well	Not at all ○	○	○	○	Very much ○
18. They make me want to urinate while away from home	Not at all ○	○	○	○	Very much ○
19. I ran out of medication	Not at all ○	○	○	○	Very much ○
20. I was afraid the medication would interact with other medication I take	Not at all ○	○	○	○	Very much ○
21. My blood pressure was too low	Not at all ○	○	○	○	Very much ○
22. I was feeling too ill to take them	Not at all ○	○	○	○	Very much ○
23. I was going on a long car/bus/plane ride.	Not at all ○	○	○	○	Very much ○

Note. Items 17 and 23 were eliminated from the final scale.
Scoring instructions: These items are used individually; no total score is computed.