

Adherence measures used in

Voils, C. I., King, H. A., Neelon, B., Hoyle, R. H., Reeve, B. B., Maciejewski, M. L., & Yancy Jr., W. S. (2014). Characterizing weekly self-reported antihypertensive medication nonadherence across repeated occasions. *Patient Preference and Adherence*, 8, 643-650. PMID: 24855340.

Part 1: Extent of Nonadherence

In order for blood pressure medication to work best, people should take it according to the doctor's instructions. For one reason or another, people can't or don't always take all of their pills as prescribed. We want to know how often you have missed your blood pressure medication over the past 7 days.

Over the past 7 days...

1
Never

2
Rarely

3
Sometimes

4
Often

5
Always

1. I took all doses of my blood pressure medication. (reverse-scored)

2. I missed or skipped at least one dose of my blood pressure medication.

3. I was not able to take all of my blood pressure medication.

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 have interfered with your ability to take your medication. Only one of these situations may apply to you, or many may apply to you.

Over the past 7 days, how much did each situation interfere with your ability to take your blood pressure medication?

	1	2	3	4	5
1. I was busy	Not at all <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very much <input type="radio"/>
2. I forgot	Not at all <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very much <input type="radio"/>
3. The medication caused some side effects	Not at all <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very much <input type="radio"/>
4. I worried about taking them for the rest of my life	Not at all <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very much <input type="radio"/>
5. They cost a lot of money	Not at all <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very much <input type="radio"/>
6. I came home late	Not at all <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very much <input type="radio"/>
7. I did not have any symptoms of high blood pressure	Not at all <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very much <input type="radio"/>
8. I was with friends or family members	Not at all <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very much <input type="radio"/>
9. I was in a public place	Not at all <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very much <input type="radio"/>
10. I was afraid of becoming dependent on them	Not at all <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very much <input type="radio"/>
11. I was afraid they may affect my sexual performance	Not at all <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very much <input type="radio"/>
12. The time to take them was between my meals	Not at all <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very much <input type="radio"/>
13. I felt I did not need them	Not at all <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very much <input type="radio"/>
14. I was travelling	Not at all <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very much <input type="radio"/>
15. I was supposed to take them too many times a day	Not at all <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very much <input type="radio"/>
16. I had other medications to take	Not at all <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very much <input type="radio"/>

17. I felt well	Not at all				Very much
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. They make me need to urinate too often	Not at all				Very much
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I ran out of medication	Not at all				Very much
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I was afraid the medication would interact with other medication I take.	Not at all				Very much
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. My blood pressure was too low.	Not at all				Very much
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. I was feeling too ill to take them.	Not at all				Very much
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I was going on a long car/bus/plane.	Not at all				Very much
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. I didn't want to.	Not at all				Very much
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>