

N-MARS Patient Survey

Patient ID: _____ Patient initials: _____ Date of survey: _____

Survey completed by: _____ Role: _____

(Role 1= practice pharmacist, 2= doctor, 3= nurse, 4= AHW, 5= Other)

Question No.	Patient Survey Questions	Answer	
		Yes	No
EXTENT TO WHICH DOSES ARE MISSED			
Q1	Did you forget to take any of your medicines yesterday? Notes:		
	Explore: How many days in the last week have you taken this medication? {Response = number between 0-7} Medicine 1 _____ Medicine 6 _____ Medicine 2 _____ Medicine 7 _____ Medicine 3 _____ Medicine 8 _____ Medicine 4 _____ Medicine 9 _____ Medicine 5 _____ Medicine 10 _____ Notes:		
REASONS FOR NON-ADHERENCE			
Q2	Is it hard for you to remember to take your medicines? Notes:		
Q3	Do you know when, and how, to take your medicines? Notes:		
Q4	Is it hard for you to take your medicines in the right way? (like the Dr/Nurse/AHW said) Notes:		

Q5	Do you feel that taking your medicines will be good for your health? Notes:		
Q6	Do you sometimes take less medicine to make the medicine last longer? Notes:		
Q7	Do you sometimes stop taking your medicines because you think you are ok? Notes:		
Q8	Do you sometimes stop taking your medicine because you think it might make you sick? Notes:		
Q9	Do you sometimes 'run out' of medicines because it costs too much, or it is hard to get more? Notes:		
Q10	Do you sometimes run out of medicines because you give them away or share them with other people? Notes:		
Q11	Do you go without your medicines when you are away from home? Notes:		

Additional self-perception of health status question:

SF1. In general would you say your health is (please tick one):

- Excellent ___
- Very good ___
- Good ___
- Fair ___
- Poor ___
- Very poor ___