

## Medication Adherence Survey – Vascular Prevention

### Instructions:

Please answer spontaneously according to how you currently take your medication. Remember that this survey is anonymous; do not include names, identification numbers, or phone numbers. Thank you very much!

### \*Required

### First Part – Demographic Information

Age \*

Sex \*

Female

Male

What is your educational level? \*

Incomplete primary school

Complete primary school

Incomplete secondary school

Complete secondary school

Incomplete tertiary/university

Complete tertiary/university

How many people live with you in your household? \*

Only myself

Two

Three or more

## **Second Part – Medical History and Health Coverage**

Do you have a history of any of the following conditions? \*

- Stroke (ischemic stroke or brain hemorrhage)
- Myocardial infarction, coronary artery disease, angina
- Hypertension
- Diabetes (type I or type II)
- High cholesterol
- Overweight or obesity
- None of the above

Do you have health coverage for the purchase of your medications? \*

- Yes
- No

What is your estimated monthly expenditure on medication? \*

- Less than \$1000
- Between \$1000 and \$5000
- More than \$5000

Do you use any tool to control and remind you of the timing of your medication intake?  
Which one? \*

- Pillbox
- Notes/Notebook
- Mobile phone application
- Control by a family member / caregiver / assistant
- I do not use any tool
- Other: \_\_\_\_\_

## **Third Part – Healthcare Team and Medication Instructions**

Do you understand the purpose of each medication you take? \*

- Yes, I understand
- No, there are some pills I do not understand the reason for

Do you consider the explanations provided by your physician to be clear? \*

- Yes
- No

Is it easy for you to obtain prescriptions for your medication? \*

- Yes
- No

Do you take any of the following medications? \*

- Aspirin or clopidogrel
- Anticoagulants
- Cholesterol-lowering medication
- Blood pressure medication
- Diabetes medication
- None of the above

#### Aspirin or Clopidogrel – Questions

Do you take aspirin or clopidogrel? \*

- Yes → Go to Question 14
- No → Go to Question 16

Since you were prescribed aspirin or clopidogrel, have you ever stopped taking it? \*

- I have continued taking it up to now
- I stopped taking it on medical advice
- I take it, but with some “missed doses” or “forgetfulness”
- I stopped taking it on my own decision or for personal reasons

If you have had missed doses, forgetfulness, or discontinued the medication on your own, which of the following do you consider the most important reason in your case? \*

- Medical instruction
- Forgetfulness
- Lack of prescription
- Too expensive
- Adverse effects
- I have not had any failures, forgetfulness, or discontinuation of the medication
- Other: \_\_\_\_\_

#### Anticoagulants – Questions

Do you take anticoagulants? \*

- Yes → Next
- No → Skip

Since you were prescribed anticoagulants, have you ever stopped taking it? \*

- I have continued taking it up to now
- I stopped taking it on medical advice
- I take it, but with some “missed doses” or “forgetfulness”
- I stopped taking it on my own decision or for personal reasons

If you have had missed doses, forgetfulness, or discontinued the medication on your own, which of the following do you consider the most important reason in your case? \*

- Medical instruction
- Forgetfulness
- Lack of prescription
- Too expensive
- Adverse effects
- I have not had any failures, forgetfulness, or discontinuation of the medication
- Other: \_\_\_\_\_

#### Cholesterol-lowering Medication – Questions

Do you take cholesterol-lowering medication? \*

- Yes → Next
- No → Skip

Since you were prescribed cholesterol-lowering medication, have you ever stopped taking it? \*

- I have continued taking it up to now
- I stopped taking it on medical advice
- I take it, but with some “missed doses” or “forgetfulness”
- I stopped taking it on my own decision or for personal reasons

If you have had missed doses, forgetfulness, or discontinued the medication on your own, which of the following do you consider the most important reason in your case? \*

- Medical instruction
- Forgetfulness
- Lack of prescription
- Too expensive
- Adverse effects
- I have not had any failures, forgetfulness, or discontinuation of the medication
- Other: \_\_\_\_\_

### Diabetes Medication – Questions

Do you take diabetes medication? \*

- Yes → Next
- No → Skip

Since you were prescribed diabetes medication, have you ever stopped taking it? \*

- I have continued taking it up to now
- I stopped taking it on medical advice
- I take it, but with some “missed doses” or “forgetfulness”
- I stopped taking it on my own decision or for personal reasons

If you have had missed doses, forgetfulness, or discontinued the medication on your own, which of the following do you consider the most important reason in your case? \*

- Medical instruction
- Forgetfulness
- Lack of prescription
- Too expensive
- Adverse effects
- I have not had any failures, forgetfulness, or discontinuation of the medication
- Other: \_\_\_\_\_

### Blood Pressure Medication – Questions

Do you take blood pressure medication? \*

- Yes → Next
- No → Skip

Since you were prescribed blood pressure medication, have you ever stopped taking it? \*

- I have continued taking it up to now
- I stopped taking it on medical advice
- I take it, but with some “missed doses” or “forgetfulness”
- I stopped taking it on my own decision or for personal reasons

If you have had missed doses, forgetfulness, or discontinued the medication on your own, which of the following do you consider the most important reason in your case? \*

- Medical instruction
- Forgetfulness
- Lack of prescription

- Too expensive
- Adverse effects
- I have not had any failures, forgetfulness, or discontinuation of the medication
- Other: \_\_\_\_\_

**Final Comments**

Before finishing, we invite you to leave your comments on this topic in the following space: