

Patient Name:

Medication Adherence Reporting Scale (MARS)

- **Many people find a way of using their medicines which suits them.**
- **This may differ from the instructions on the label or from what their doctor has said.**
- **We would like to ask you a few questions about how you use your medicines**

Here are some ways in which people have said that they use their medicines
For each of the statements, please tick the box which best applies to you

	Your own way of using your medicines	Always	Often	Sometimes	Rarely	Never
M1	I forget to take them					
M2	I alter the dose					
M3	I stop taking them for a while					
M4	I decide to miss out a dose					
M5	I take less than instructed					

EQ5D

Under each heading, please tick the ONE box that best describes your health TODAY.

MOBILITY

- I have no problems in walking about
- I have slight problems in walking about
- I have moderate problems in walking about
- I have severe problems in walking about
- I am unable to walk about

SELF-CARE

- I have no problems washing or dressing myself
- I have slight problems washing or dressing myself
- I have moderate problems washing or dressing myself
- I have severe problems washing or dressing myself
- I am unable to wash or dress myself

USUAL ACTIVITIES (e.g. work, study, housework, family or leisure activities)

- I have no problems doing my usual activities
- I have slight problems doing my usual activities
- I have moderate problems doing my usual activities
- I have severe problems doing my usual activities
- I am unable to do my usual activities

PAIN / DISCOMFORT

- I have no pain or discomfort
- I have slight pain or discomfort
- I have moderate pain or discomfort
- I have severe pain or discomfort
- I have extreme pain or discomfort

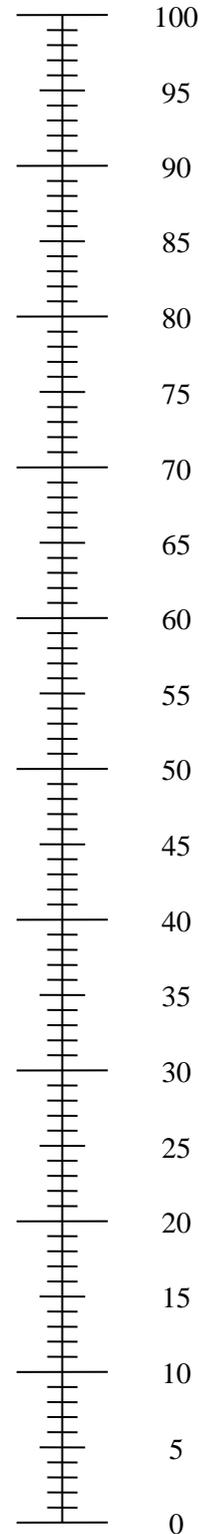
ANXIETY / DEPRESSION

- I am not anxious or depressed
- I am slightly anxious or depressed
- I am moderately anxious or depressed
- I am severely anxious or depressed
- I am extremely anxious or depressed

- We would like to know how good or bad your health is TODAY.
- This scale is numbered from 0 to 100.
- 100 means the best health you can imagine.
0 means the worst health you can imagine.
- Mark an X on the scale to indicate how your health is TODAY.
- Now, please write the number you marked on the scale in the box below.

YOUR HEALTH TODAY =

The best health you
can imagine



The worst health
you can imagine

Health Questionnaire (PAM)

Below are statements people sometimes make when they talk about their health. Please indicate how much you agree or disagree with each statement as it applies to you personally.

	Disagree strongly	Disagree	Agree	Agree strongly	Not applicable
1. I am the person who is responsible for taking care of my health					
2. Taking an active role in my own health care is the most important thing that affects my health					
3. I am confident I can help prevent or reduce problems associated with my health					
4. I know what each of my prescribed medications do					
5. I am confident I can tell whether I need to go to the doctor or take care of a health problem myself					
6. I am confident that I can tell a doctor or nurse concerns I have even when he or she does not ask					
7. I am confident that I can carry out medical treatments I may need to do at home					
8. I understand my health problems and what causes them					
9. I know what treatments are available for my health problems					
10. I have been able to maintain lifestyle changes, like healthy eating or exercising					
11. I know how to prevent problems with my health					
12. I am confident that I can work out solutions when new problems arise with my health					
13. I am confident that I can maintain lifestyle changes, like healthy eating and exercising, even during times of stress.					