

What is your opinion about your relative's medication?

Questionnaire for caregivers

Please, read through the questions and mark with an X of your choice.

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| 1. Do you think that your relative takes the medication regularly? | Yes | No |
| 2. Do you think they forget to take the medication at any time? | Yes | No |
| 3. Do you think that at any time they have stopped taking the medication of their own accord? | Yes | No |
| 4. Do you suspect that the patient is concealing a negative attitude towards their medication? | Yes | No |
| 5. Do you think the patient sees the medication as being something beneficial for him/her? | Yes | No |
| 6. Has taking the medication become a topic of frequent discussion? | Yes | No |
| 7. Would it be more convenient for you to have a treatment which is only administered once every few weeks? | Yes | No |

References:

Sung-Wan Kim et al, Hum Psychopharmacol Clin Exp 2006; 21: 533-537.

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