|  |
| --- |
| Date |

Are you taking any of the following medications? (tick all that apply)

|  |  |
| --- | --- |
| * Methotrexate | * Golimumab (Simponi) |
| * Etanercept (Enbrel or Benepali) | * Tocilizumab (Actemra) |
| * Adalimumab (Humira) | * Abatacept (Orencia) |
| * Certolizumab (Cimzia) |  |

If NOT you do not need to fill out this questionnaire. If yes to any of the above, please see below.

We are aware that people may not take their medication as it is prescribed and we want to understand what gets in the way, and why you are not able to take it as prescribed. We appreciate your honesty and please note all responses are anonymous. We will not be able to identify you in this questionnaire.

1. When you were last due to take your medication stated above, did you take it:

**Medication 1**

**Please state which medication you are referring to** ……………………………..

**If you answered 2,3,4 or 5 please state why** (e.g. wanted to have a drink, forgot etc.)

1. On your set day of the week?
2. A day before or after the set day?
3. Within a week of the set day?
4. More than a week before or after the set day?
5. Not at all?
6. When you were last due to take your medication stated above, did you take it:

**Medication 2**

**Please state which medication you are referring to** ……………………………..

**If you answered 2,3,4 or 5 please state why**

(e.g. wanted to have a drink, forgot etc.)

1. On your set day of the week?
2. A day before or after the set day?
3. Within a week of the set day?
4. More than a week before or after the set day?
5. Not at all?
6. When you were last due to take your medication stated above, did you take it:

**Medication 3**

**Please state which medication you are referring to** ……………………………..

**If you answered 2,3,4 or 5 please state why**

(e.g. wanted to have a drink, forgot etc.)

1. On your set day of the week?
2. A day before or after the set day?
3. Within a week of the set day?
4. More than a week before or after the set day?
5. Not at all

* **Are you taking any other medications for your rheumatological conditions?………………………...........................**
* **Do you always remember to take it regularly? (please circle): YES/ NO**
* **If no, please tell us why not…………………………………………………………………………………………………………………………….**