

Admin No:

--	--	--	--	--	--

# Patient, Lifestyle, Wellbeing and Medications questionnaire

This questionnaire is designed to find out about you and how you feel about your illness and your medicines. There are 8 sections and 52 questions in total.

For each question, please tick the box that you think best describes you or your feelings



For the following questions, please tick the response that best describes you.

- 1 Your sex: Male  Female
- 2 Employment: I am working  I am retired
- 3 Living arrangement: I live with my spouse/partner  I live alone   
I live with others
- 4 Are you currently involved in any trials of medicines? Yes  No
- 5 Are you currently using a pill box? Yes  No

If you have answered 'No' to question 5, please tell us about anything that you do or use to help you to take your medicines correctly.

.....  
.....  
.....  
.....

- 6 Do you take your medication without help from anybody? Yes  No

If you have answered 'No', please tell us who usually helps you and what sort of help they give.

.....  
.....  
.....  
.....  
.....

## Section 2: Written information

This section is about how easy you find reading written materials provided by medical staff. For example, these could be instructions included in a box of medication or information leaflets about your condition.

	Never	Occasionally	Sometimes	Often	Always
7 How often do you ask someone to help you understand medical information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Section 3: Your beliefs about medicines

An 11 item measure of patient beliefs regarding their prescribed medicines was inserted here.

Horne, R., Weinman, J. & Hankins, M. 1999. The beliefs about medicines questionnaire: The development and evaluation of a new method for assessing the cognitive representation of medication. *Psychology and Health*, 14, 1-24.

## Section 4: Your mental health and behaviour

Your mental health is as important to us as your physical health. It is very useful for us to know whether or not you have a current or past history of mental illness. The most common form of mental illness is depression.

16 I have no diagnosed history of depression	<input type="checkbox"/>	I have a current or past diagnosis of depression	<input type="checkbox"/>
I have a current or past diagnosis of a different mental illness (Please tell us the name)	-----		
I prefer not to say	<input type="checkbox"/>		

Many people drink alcohol. If you drink alcohol, please indicate how many drinks you have in a typical week: (half pints of beer/lager, small glasses of wine, or single measures of spirits).

17 I do not drink alcohol	<input type="checkbox"/>	I normally have around	<input type="text"/>	drinks per week
---------------------------	--------------------------	------------------------	----------------------	-----------------

Many people smoke tobacco. If you smoke, please indicate how often you smoke:

18 I do not smoke tobacco	<input type="checkbox"/>	When I smoke, I normally smoke about	<input type="text"/>	cigarettes per day
---------------------------	--------------------------	--------------------------------------	----------------------	--------------------

## Section 5: Using your medicine

A four item measure of self-reported adherence was inserted here.

Morisky, D., Green, L., Levine, D. Concurrent and predictive validity of a self-reported measure of medication adherence. *Med Care*. 1986;24:67-74.

## Section 6: Mental wellbeing and happiness

A four item measure of perceived stress was inserted here.

Cohen, S., Kamarck, T. & Mermelstein, R. 1983. A global measure of perceived stress. *Journal of Health and Social Behaviour*, 24, 385-396

A four item measure of anxiety and depression was inserted here.

Kunik, M.E. *et al.* 2007. A practical screening tool for anxiety and depression in patients with chronic breathing disorders. *Psychosomatics*, 48, 16-21.

## Section 7: Adjusting to your medicines

Thinking about your medicine and your condition, please show how much you agree or disagree with each statement by ticking the appropriate box.

		Strongly disagree	Disagree	Uncertain	Agree	Strongly Agree
32	I think my medicines are giving me side effects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	If my medicines are making me feel worse than my illness, I think it makes sense to stop taking it for a while	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	I think my medicines make me feel better than I would without them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	I think my illness would be worse without my medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	I think my medicines help to keep me feeling as healthy as possible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37	I find it hard to remember to take all of my medicines each day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- |    |   |                          |                          |                          |                          |                          |
|----|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 38 | I think I can cope with the number of medicines I am prescribed at the moment   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 39 | I am concerned about how others will react if I tell them what medicines I take | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40 | There are people who will help me with my medicines if needed                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 41 | I have people I can talk to about my illness                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 42 | I can count on my family and friends to help me deal with my illness            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 43 | I find it hard or inconvenient to get my supply of medicine                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Section 8: About your doctor

A nine item measure of doctor - patient relationship was inserted here.

Van Der Feltz-Cornelis, C.M., Van Oppen, P., Van Marwijk, H.W.J., De Breurs, E. & Van Dyck, R. 2004. A patient-doctor relationship questionnaire (PDRQ-9) in primary care: development and psychometric evaluation. *General Hospital Psychiatry*, 26, 115-120.

*“Thank you for completing this questionnaire”*