

## **Appendix 1: Physical/Mental Health Dimension**

### Physical Dimension

- 1-How do you feel about your health condition now? *very bad, bad, not bad, good, very good*
- 2-Does your health condition restrict you from performing your normal daily activities? *yes, a little, no*
- 3-To what degree does your physical health prevent you from doing your daily activities? *Absolute prevention, large prevention, medium prevention, little prevention, no prevention*
- 4-Does your health condition restrict you from going up the stairs? *yes, a little, no*
- 5-Does your health condition restrict you from doing a certain activity you love? *yes, a little, no*

### Mental Dimension

- 1-Does your mental health condition causes you to lower the physical activities you wanted to achieve? *yes, a little, no*
- 2-Does your mental health condition prevent you from doing things you wished to achieve in your daily life? *yes, a little, no*
- 3-In the last 4 weeks, how much time did you feel calm? *not at all, few times, sometimes, many times, most of the time, all the time*
- 4-In the last 4 weeks, how much time you did feel energetic? *not at all, few times, sometimes, many times, most of the time, all the time*
- 5-In the last 4, weeks how much time did you feel exhausted? *not at all, few times, sometimes, many times, most of the time, all the time*

### Belief Dimension

- 1-How do you think your medical condition is going?  
*a- being eradicated    b- the same    c-worsening*
- 2-How do you feel about the medications you take?  
*a- important for my health    b-necessary only for short term symptoms    c-will terminate my chronic condition    d- effective in preventing future health complications    e-worthless*
- 3-Do you have any concerns or worries about your medications?  
*a- they harm my stomach    b-they harm my kidneys    c- I worry about the side effects the most    d-they may interact with the other drugs I am already taking    e-once I start a medication, I can never stop it, so it is better to delay it as long as I can.*

**Recall Dimension**

During the last three months have you:

- 1- Have you been careless about taking your medications?  
*never, rarely, sometimes, usually, all the time*
- 2- Did you forget to take your medications?  
*never, rarely, sometimes, usually, all the time*
- 3- Did you stop taking your medications because you felt better?  
*never, rarely, sometimes, usually, all the time*
- 4- Did you stop taking your medications because you felt worse?  
*never, rarely, sometimes, usually, all the time*

**Medication Problems Dimension**

Below is a list of problems that people sometimes have with their medications. Please tell me how hard it is for you to do each of the following?

Problem	Very hard	Somewhat hard	Not hard at all	Comments (which medicines and why)
1- Open or close the medicine bottle				
2- Read the print on the bottle				
3- Remember to take all the pills/injections on time				
4- Get your refills on time				
5- Take so many medicines on the same time (complex regimen)				
6- Give yourself injections				