Many people have trouble taking their medicine all the time. Fill out this form and give it to your provider or pharmacist. It will help them better understand your health needs.

1. Do you ever forget to take your medicine?
   - Yes
   - No

2. When you feel better, do you sometimes stop taking your medicine?
   - Yes
   - No

3. If you feel worse when you take your medicine, do you sometimes stop taking it?
   - Yes
   - No

4. Are there other things that get in the way of taking your medication?
   ____________________________________________________________
   ____________________________________________________________

5. Do you sometimes take your medicine differently from how your provider prescribed? For example, taking less or skipping days?
   - Yes
   - No

**Note to Providers:** Use the Hypertension Management Guide for additional resources related to medication adherence.

Questions 1-3 are adapted from Morisky DE, Green LW, Levine DM. Concurrent and predictive validity of a self-reported measure of medication adherence. Med Care. 1986 Jan;24(1):67-74