

Diabetes Medication Questionnaire (status): DMQs

This questionnaire is about your experience of taking medication for your diabetes over the past few weeks.

1. For each different diabetes medication prescribed, please indicate in the box below:
 - a) The name of your diabetes medication, how often it is meant to be taken each day, and any other recommendations for taking this medication. Please use **BLOCK CAPITALS**.
 - b) How often you have taken each of your diabetes medications exactly as recommended. Please answer by circling a number from 0 (none of the time) to 6 (all of the time).

	Name of medication	How often per day	When it is meant to be taken (e.g. MORNING, WITH BREAKFAST, BEFORE FOOD, ANY TIME)
1a) Medication 1		□	
1b) How often have you taken the above diabetes medication (1) exactly as recommended?	none of the time		
	0	1	2
	3	4	5
	6	all of the time	
	Name of medication	How often per day	When it is meant to be taken
2a) Medication 2 (if any)		□	
2b) How often have you taken the above diabetes medication (2) exactly as recommended?	none of the time		
	0	1	2
	3	4	5
	6	all of the time	
	Name of medication	How often per day	When it is meant to be taken
3a) Medication 3 (if any)		□	
3b) How often have you taken the above diabetes medication (3) exactly as recommended?	none of the time		
	0	1	2
	3	4	5
	6	all of the time	
Please add any other <u>diabetes</u> medication and further instructions for taking your medication			

This copy is for information only - for use, please contact Professor Bradley

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