

ASK-12-Modified (Sangobion)

date dd/mm/yy: ____ - ____ -20____

FORGETFULNESS

- 1¹ *I forget to take my medicines some of the time*
- 2² *I run out of my medicine because I don't get refills on time.*

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

TREATMENT BELIEFS**Attitudes and beliefs**

- 3⁴ *I feel confident that one of my medicines will help me.*

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

Help from others

- 4⁶ *I have someone I could come to the clinic with questions about my medicines.*

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Talking with the health care team

- 5⁷ *My doctor/medic/midwife and I work together to make decisions.*

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BEHAVIOUR**Taking Medicines. Have you.....**

- 6⁸ Taken a medicine more or less often than prescribed?
- 7⁹ Skipped or stopped taking a medicine because you didn't think it was working?
- 8¹⁰ Skipped or stopped taking a medicine because it made you feel bad?
- 9¹² Not had the medicine with you when it was time to take it

in the last week	in the last month	in the last 3 months	more than 3 month ago	never
		N.A	N.A	
		N.A	N.A	
		N.A	N.A	
		N.A	N.A	



APPROVED
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