

Appendix 1: Structured assessment form for evaluating compliance in patients receiving polypharmacy [as supplied by the authors]

Name: _____ (Chinese) _____ Age/Sex: _____ Assessment Date: _____
 ID no: _____ Tel: _____ Doctor's name: _____

| Drug | Prescribed Regimen | Patient's Regimen | Drug left | % | Comments | Drug Compliance <input type="checkbox"/> Good <input type="checkbox"/> Doubtful <input type="checkbox"/> Poor Main Problems: <input type="checkbox"/> Forgetting <input type="checkbox"/> Lack of understanding <input type="checkbox"/> Deliberate non-compliance Self-administered drugs <input type="checkbox"/> yes <input type="checkbox"/> no Ability to read label <input type="checkbox"/> yes <input type="checkbox"/> no Live alone <input type="checkbox"/> yes <input type="checkbox"/> no <i>Home monitoring</i> BP: H'stix: (f) (2hpp) Urine stix: <input type="checkbox"/> no home monitoring <i>Puff Technique</i> <input type="checkbox"/> Good <input type="checkbox"/> Poor _____ With Volumatic <input type="checkbox"/> ✓ <input type="checkbox"/> ✗ _____ <i>TNG</i> Administration <input type="checkbox"/> ✓ <input type="checkbox"/> ✗ _____ Storage <input type="checkbox"/> ✓ <input type="checkbox"/> ✗ _____ Expiry Date <input type="checkbox"/> ✓ <input type="checkbox"/> ✗ _____ |
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| Remarks | | | | | | |

Compliance level: 80-120% (good), <80% or >120% (poor)

Patient Satisfaction: Yes No

Overall Compliance _____