

DAI-30 questionnaire

Question	True/False	Score
1. I don't need to take medication once I feel better	T/F	<input type="checkbox"/>
2. For me, the good things about medication outweigh the bad	T/F	<input type="checkbox"/>
3. I feel strange, "doped up", on medication	T/F	<input type="checkbox"/>
4. Even when I am not in hospital I need medication regularly	T/F	<input type="checkbox"/>
5. If I take medication, it's only because of pressure from other people	T/F	<input type="checkbox"/>
6. I am more aware of what I am doing, of what is going on around me, when I am on medication	T/F	<input type="checkbox"/>
7. Taking medications will do me no harm	T/F	<input type="checkbox"/>
8. I take medications of my own free choice	T/F	<input type="checkbox"/>
9. Medications make me feel more relaxed	T/F	<input type="checkbox"/>
10. I am no different on or off medication	T/F	<input type="checkbox"/>
11. The unpleasant effects of medication are always present	T/F	<input type="checkbox"/>
12. Medication makes me feel tired and sluggish	T/F	<input type="checkbox"/>
13. I take medication only when I feel ill	T/F	<input type="checkbox"/>
14. Medications are slow-acting poisons	T/F	<input type="checkbox"/>
15. I get along better with people when I am on medication	T/F	<input type="checkbox"/>
16. I can't concentrate on anything when I am taking medication	T/F	<input type="checkbox"/>
17. I know better than the doctors when to stop taking medication	T/F	<input type="checkbox"/>
18. I feel more normal on medication	T/F	<input type="checkbox"/>
19. I would rather be ill than taking medication	T/F	<input type="checkbox"/>
20. It is unnatural for my mind and body to be controlled by medications	T/F	<input type="checkbox"/>
21. My thoughts are clearer on medication	T/F	<input type="checkbox"/>
22. I should keep taking medication even if I feel well	T/F	<input type="checkbox"/>
23. Taking medication will prevent me from having a breakdown	T/F	<input type="checkbox"/>
24. It is up to the doctor to decide when I should stop taking medication	T/F	<input type="checkbox"/>
25. Things that I could do easily are much more difficult when I am on medication	T/F	<input type="checkbox"/>
26. I am happier and feel better when I am taking medications	T/F	<input type="checkbox"/>
27. I am given medication to control behaviour that other people (not myself) don't like	T/F	<input type="checkbox"/>
28. I can't relax on medication	T/F	<input type="checkbox"/>
29. I am in better control of myself when taking medication	T/F	<input type="checkbox"/>
30. By staying on medications I can prevent myself getting sick	T/F	<input type="checkbox"/>
Total		<input type="checkbox"/>

T = True, F = False Answers shown in bold are scored +1; answers in normal font are scored -1



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Comments: You can write them below

Source: <http://www.easacommunity.org/files/Medication%20Adherence%20Scale.pdf>

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