

Table S1. Questionnaire used for interview including MMAS-8.

General information:			
Surname: _____		Name: _____	
Gender:	<input type="checkbox"/> M	<input type="checkbox"/> F	Age: _____
Education Level:			
<input type="checkbox"/> Primary school graduation		<input type="checkbox"/> Secondary school graduation	
<input type="checkbox"/> High school graduation		<input type="checkbox"/> Degree graduation	
Smoker: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Diseases:			
<input type="checkbox"/> Hypertension	<input type="checkbox"/> Health failure	<input type="checkbox"/> COPD	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Gastritis	<input type="checkbox"/> Renal failure	<input type="checkbox"/> Osteoporosis	
N. of medications: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 or more			
©Morisky Medication Adherence Scale (MMAS-8-Item).			No
1	Do you sometimes forget to take your medication(s)?		
2	People sometimes miss taking their medications for reasons other than forgetting. Thinking over the past two weeks, were there any days when you did not take your medication(s)?		
3	Have you ever cut back or stopped taking your medication(s) without telling your doctor, because you felt worse when you took it?		
4	When you travel or leave home, do you sometimes forget to bring along your medication(s)?		
5	Did you take your medication(s) yesterday?		
6	When you feel like your is under control, do you sometimes stop taking your medication(s)?		
7	Taking medication(s) everyday is a real inconvenience for some people. Do you ever feel hassled about sticking to your treatment plan?		
8	How often do you have difficulty remembering to take all your medication(s)? <input type="checkbox"/> Never/Rarely <input type="checkbox"/> Once in a while <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> All the time		

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