

Participant ID

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Nickname

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Date of visit

month	day	year			

C. Barriers and Strategies

Complete this section if the participant had any problems taking his/her metformin pills as prescribed.

1. What are the main problems in taking pills as prescribed?

	<i>CHECK ALL THAT APPLY</i>	
a. Forgets to take pills in general	F08FORG	<input type="checkbox"/>
b. Forgets to take evening dose	F08EVEN	<input type="checkbox"/>
c. Inconvenient to take pills as prescribed.....	F08INCON	<input type="checkbox"/>
d. GI reaction to pills	F08GIRCT	<input type="checkbox"/>
e. Disruption of regular routine	F08DISRP	<input type="checkbox"/>
f. Hospitalization/new illness/medical reason	F08MEDC	<input type="checkbox"/>
g. Lack of motivation	F08MOTV	<input type="checkbox"/>
h. Lost/misplaced pills	F08LOST	<input type="checkbox"/>
i. Other	F08OTHER	<input type="checkbox"/>
1. IF OTHER, specify:	F08OTHSP	<input style="width: 100%;" type="text"/>

2. What plan or strategy will the participant use to deal with this problem?

	<i>CHECK ONE MAIN STRATEGY</i>
Continue current plan	<input type="checkbox"/>
New time routine	<input type="checkbox"/>
New strategy/routine	<input type="checkbox"/>
New reminder device	<input type="checkbox"/>
Change type and/or frequency of staff communication	<input type="checkbox"/>
Does NOT want to deal with the problem	<input type="checkbox"/>
Other main strategy	<input type="checkbox"/>

If option 1 (continue current plan) is selected,

	<i>CHECK ALL THAT APPLY</i>	
a. Time routine (e.g. time of day, meal time).....	F08TIME	<input type="checkbox"/>
b. Strategy routine (e.g. takes with other pills; medication in a convenient place).....	F08STRRO	<input type="checkbox"/>
c. Reminder device (e.g. pill box, calendar).....	F08RMND	<input type="checkbox"/>
d. Other	F08OTHR	<input type="checkbox"/>

If 'Other main strategy' (question 2, option 7) or 'Other [current plan]' (question 2.d),

e. Specify other strategy/plan:

