Appendix-1 Patient Follow-Up Form

Recorded by:

Date:

Sociodemographic Information

Name-Surname:

Age:

Gender:

Height/Weight:

Smoking/Alcohol:

Allergy:

Education level: Insurance status:

Medication-related Information:

Visited Clinic/s:

Reason for visit:

Comorbidities:

Frequency of hospital visits:

CCI score:

MARS-5 score:

Chronic medication use?

Total number of prescribed medications:

Total number of non-prescription medications:

Number of medications in the new prescription:

Number of medications used:

Total number of medications:

Experienced Side effects:

Number of experienced side effects:

Patient’s renal status (if available, creatinine value):

Patient’s current laboratory information:

Patient’s Medication List (prescription, OTC, and natural products):

Medication name Indication Dose Administration method Adherence Duration of use

1. …….
2. …….
3. …….
4. …….
5. …….
6. …….
7. …….
8. …….
9. …….
10. …….

Sources of medical/drug information:

- o Patient themselves
- o Patient’s relative
- o Medication records
- o Other:

Number of Drug Related Problems:

Appendix-2 Medication Adherence Report Scale (MARS-5)

Questions	1	2	3	4	5
1.Do you forget to take your medications?					
2.Do you change the doses of your medications?					
3.Do you stop taking your medications?					
4.Do you skip doses of your medications?					
5.Do you take less of your medications than your doctor recommended?					

1-Always 2-Frequently 3-Sometimes 4-Rarely 5-Never

Total MARS score: