



BAASIS

The Basel Assessment of Adherence to immunoSuppressive medications Scale®

The Basel Assessment of Adherence to immunoSuppressive medications Scale (BAASIS®) – *written questionnaire (self-report)*

Introduction to questionnaire

Anti-rejection medications are the tablets you take to prevent your body from rejecting your transplanted organ. Taking anti-rejection medications correctly *every day at the same time*, can be difficult for many patients.

We would like to learn how you manage these medications in daily life.

Please answer the following questions as correctly and honestly as you can.



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1A. Did you miss any doses, even one, of any of your anti-rejection medications in the past 4 weeks?

☐ Yes

☐ No

(If yes): How often did this happen in the past 4 weeks?

☐ Once

☐ Twice

☐ Three times

☐ Four times

☐ More than four times

1B. If you answered yes to question 1A, did you ever skip two or more doses in a row in the past 4 weeks?

☐ Yes

☐ No

(If yes): How often did this happen in the past 4 weeks?

☐ Once

☐ Twice

☐ Three times

☐ Four times

☐ More than four times



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- 2. Did you take any of your anti-rejection medications *more than 2 hours before or after the time you usually take them* in the past 4 weeks?**

☐ Yes ☐ No

(If yes): How often did this happen in the past 4 weeks?

- ☐ Once
☐ Two to three times
☐ About once weekly
☐ A couple of times per week
☐ Almost every day

- 3. Have you changed the prescribed amount of any of your anti-rejection medications during the past 4 weeks, on your own initiative without your doctor telling you to? For example, have you taken more or fewer pills or changed the dose, maybe by cutting a pill in half?**

☐ Yes ☐ No

- 4. Have you completely stopped taking any of your anti-rejection medications within the past year, on your own initiative without your doctor telling to do that?**

☐ Yes ☐ No



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5. Did your family doctor or specialist give you any prescription for new medication in the past year (Maybe high blood pressure medication or cholesterol/lipid lowering drugs)?

☐ Yes

☐ No

(If yes): Did you fill the prescription at the pharmacy and start taking this new medication?

☐ Yes

☐ No