

Patient Name: _____ Patient Study ID _____

Brief Medication Questionnaire 1 (BMQ 1)

This form asks about the medications you currently take for high blood pressure. Please include any medication that you might be taking for high blood pressure, including water pills.

1. Did you bring your medications with you today?

¹ ☐ No

² ☐ Yes

2. How many medications do you currently take for high blood pressure?

____ medication(s)

3. What medication(s) do you currently take for high blood pressure?

Medication name(s) or description	Leave blank
Drug A:	
Drug B:	
Drug C:	
Drug D:	

4. Did you STOP taking any blood pressure medication in the past six months?

¹ ☐ Yes

² ☐ No (Skip to next page)

5. What blood pressure medication was stopped? For what reason was it stopped?

a. Medication Stopped

b. Reason stopped

1. _____

2. _____

The following questions ask about your use of certain medication(s) in the PAST WEEK. For each question, please **circle the number** that best describes your experience. Answer the questions for each drug listed. Use extra pages if needed.

Drug A: _____

5. How often does your doctor want you to take this drug?	1 Every day 2 As needed 3 Don't know
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6. How is this drug supposed to help you? (CIRCLE ALL THAT APPLY.)	1 Get rid of water 2 Lower my pressure 3 Prevent a stroke 4 Prevent heart problems 5 Relieve headaches 6 Other: _____ 7 Don't know
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7. In the **PAST WEEK**

- | | |
|--|---|
| a. Did you take <u>any</u> of this drug? | 1 Yes 2 No |
| b. How many <u>days</u> did you take this drug? | I took it: 0 1 2 3 4 5 6 7 days |
| c. How many <u>times a day</u> did you usually take it? | I took it: 0 1 2 3 times a day |
| d. How much did you usually take each time? | I took: 0 pills, 1 pill, 2 pills, 3 pills each time |
| e. How many times did you MISS taking it? | I missed it: 0 1 2 3 4 5 6 7 times |

8 How well does this drug work for you?	1 Not at all well 2 Moderately well 3 Very well 4 Don't know
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9. How much does this drug bother you?	1 Not at all 2 Bothers a little 3 Bothers a lot 4 Don't know
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10. How much difficulty are you having in each area?	0 None	1 A little	3 A lot
a. It is hard to remember all the doses	0	1	2
b. It is hard to pay for this drug	0	1	2
c. It is hard to get my refill on time	0	1	2
d. I still get unwanted side effects from this drug.	0	1	2
e. I worry about the long-term effects of this drug.	0	1	2
f. This drug causes other concerns or problems.	0	1	2

Drug B: _____

5. How often does your doctor want you to take this drug?	1 Every day 2 As needed 3 Don't know
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6. How is this drug supposed to help you? (CIRCLE ALL THAT APPLY.)	1 Get rid of water 2 Lower my pressure 3 Prevent a stroke 4 Prevent heart problems 5 Relieve headaches 6 Other: _____ 7 Don't know
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7. In the **PAST WEEK**

a. Did you take any of this drug?	1 Yes 2 No
b. How many days did you take this drug?	I took it: 0 1 2 3 4 5 6 7 days
c. How many times a day did you usually take it?	I took it: 0 1 2 3 times a day
d. How much did you usually take each time?	I took: 0 pills, 1 pill, 2 pills, 3 pills each time
e. How many times did you MISS taking it?	I missed it: 0 1 2 3 4 5 6 7 times

8 How well does this drug work for you?	1 Not at all well 2 Moderately well 3 Very well 4 Don't know
---	---

9. How much does this drug bother you?	1 Not at all 2 Bothers a little 3 Bothers a lot 4 Don't know
--	---

10. How much difficulty are you having in each area?	0 None	1 A little	3 A lot
a. It is hard to remember all the doses	0	1	2
b. It is hard to pay for this drug	0	1	2
c. It is hard to get my refill on time	0	1	2
d. I still get unwanted side effects from this drug.	0	1	2
e. I worry about the long-term effects of this drug.	0	1	2
f. This drug causes other concerns or problems.	0	1	2

Drug C: _____

5. How often does your doctor want you to take this drug?	1 Every day 2 As needed 3 Don't know
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6. How is this drug supposed to help you? (CIRCLE ALL THAT APPLY.)	1 Get rid of water 2 Lower my pressure 3 Prevent a stroke 4 Prevent heart problems 5 Relieve headaches 6 Other: _____ 7 Don't know
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7. In the PAST WEEK

a. Did you take <u>any</u> of this drug?	1 Yes 2 No
b. How many <u>days</u> did you take this drug?	I took it: 0 1 2 3 4 5 6 7 days
c. How many <u>times a day</u> did you usually take it?	I took it: 0 1 2 3 times a day
d. How much did you usually take each time?	I took: 0 pills, 1 pill, 2 pills, 3 pills each time
e. How many times did you MISS taking it?	I missed it: 0 1 2 3 4 5 6 7 times

8 How well does this drug work for you?	1 Not at all well 2 Moderately well 3 Very well 4 Don't know
---	---

9. How much does this drug bother you?	1 Not at all 2 Bothers a little 3 Bothers a lot 4 Don't know
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10. How much difficulty are you having in each area?	0 None	1 A little	3 A lot
a. It is hard to remember all the doses	0	1	2
b. It is hard to pay for this drug	0	1	2
c. It is hard to get my refill on time	0	1	2
d. I still get unwanted side effects from this drug.	0	1	2
e. I worry about the long-term effects of this drug.	0	1	2
f. This drug causes other concerns or problems.	0	1	2

Drug D: _____

5. How often does your doctor want you to take this drug?	1 Every day 2 As needed 3 Don't know
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6. How is this drug supposed to help you? (CIRCLE ALL THAT APPLY.)	1 Get rid of water 2 Lower my pressure 3 Prevent a stroke 4 Prevent heart problems 5 Relieve headaches 6 Other: _____ 7 Don't know
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7. In the **PAST WEEK**

a. Did you take any of this drug?	1 Yes 2 No
b. How many days did you take this drug?	I took it: 0 1 2 3 4 5 6 7 days
c. How many times a day did you usually take it?	I took it: 0 1 2 3 times a day
d. How much did you usually take each time?	I took: 0 pills, 1 pill, 2 pills, 3 pills each time
e. How many times did you MISS taking it?	I missed it: 0 1 2 3 4 5 6 7 times

8 How well does this drug work for you?	1 Not at all well 2 Moderately well 3 Very well 4 Don't know
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9. How much does this drug bother you?	1 Not at all 2 Bothers a little 3 Bothers a lot 4 Don't know
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10. How much difficulty are you having in each area?	0 None	1 A little	3 A lot
a. It is hard to remember all the doses	0	1	2
b. It is hard to pay for this drug	0	1	2
c. It is hard to get my refill on time	0	1	2
d. I still get unwanted side effects from this drug.	0	1	2
e. I worry about the long-term effects of this drug.	0	1	2
f. This drug causes other concerns or problems.	0	1	2