

Questionnaire:

| Question | Response |
|---|--|
| Biographical data | |
| This questionnaire is intended for adult patient who take more than 3 medications aged above 18 years | |
| 1. Gender | <ul style="list-style-type: none"> • Male • Female |
| 2. Age | <ul style="list-style-type: none"> • ----- |
| 3. Level of education | <ul style="list-style-type: none"> • Primary • Intermediate • Secondary • University and above |
| 4. Occupational status | <ul style="list-style-type: none"> • Employed • Unemployed • Housewife • Retired • (Other) |
| 5. Average monthly income "Saudi Riyal" | <ul style="list-style-type: none"> • > 10.000 • 9999-7500 • 7499-5000 • 4999-2500 • <2500 • Missing |
| 6. Marital status | <ul style="list-style-type: none"> • Married • Polygamy • Single • Separated • Divorced |
| Health condition | |
| 7. Do you have Chronic condition | <ul style="list-style-type: none"> • Hypertension • Diabetes • Asthma • Arthritis • Heart disease • Other |
| 8. Height | <ul style="list-style-type: none"> • ----- |
| 9. Weight | <ul style="list-style-type: none"> • ----- |
| 10. How many medications do you take? | <ul style="list-style-type: none"> • Less than five • Five and more |
| 11. Do you take the medications regularly? | <ul style="list-style-type: none"> • Yes "always on time" • Sometimes missed • No |
| 12. Types of medication that you are used | <ul style="list-style-type: none"> • Antidepressant • Antidiabetic • Heart medications • Psychiatric medications • Neurological medications • Eye medication • Pain killer • Asthma medication • Joint pain medication • Multivitamins • GI medication • Chronic lung medication • Antihyperlipidemia • ENT medication • Others ... |

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| 13. Is there any difficulty managing all these medication | <ul style="list-style-type: none"> • Yes • Sometimes • Rarely • No |
| 14. Did you develop any side effects from these medications | <ul style="list-style-type: none"> • Yes • No |
| 15. If yes, write what side effects did you experience | • ----- |
| Medication - Related Quality of life | |
| Role limitations due to medication | |
| 1. Cut down the amount of time you spent on work or daily activities | <ul style="list-style-type: none"> • Always • Sometimes • Never |
| 2. Accomplish the work less than you would like | <ul style="list-style-type: none"> • Always • Sometimes • Never |
| 3. Were limited in the work or other daily activities | <ul style="list-style-type: none"> • Always • Sometimes • Never |
| 4. Took extra effort or had difficulty performing the work or daily activities | <ul style="list-style-type: none"> • Always • Sometimes • Never |
| 5. Interfered with your social activities with family or friends | <ul style="list-style-type: none"> • Always • Sometimes • Never |
| 6. Interfered with your recreational activities, such as exercise or watching TV | <ul style="list-style-type: none"> • Always • Sometimes • Never |
| Self-control | |
| 7. Felt frustrated or downhearted | <ul style="list-style-type: none"> • Always • Sometimes • Never |
| 8. Thought of yourself as a burden to others | <ul style="list-style-type: none"> • Always • Sometimes • Never |
| 9. Worried about disappointing others | <ul style="list-style-type: none"> • Always • Sometimes • Never |
| 10. Didn't do work or other activities as a result of medication problems | <ul style="list-style-type: none"> • Always • Sometimes • Never |
| 11. Reduced the number of days feeling full of pep | <ul style="list-style-type: none"> • Always • Sometimes • Never |

All participants were asked to obtain consent before being involved in the study. The information was used only for scientific purposes.