

Appendix 2. Morisky Adherence Scale<sup>31</sup> Adapted to Glaucoma<sup>a</sup>

1. Do you sometimes forget to take your **glaucoma drops**?  
Yes (1) No (0)
2. Over the past two weeks, were there any days when you did not take your **glaucoma drops**?  
Yes (1) No (0)
3. Have you ever cut back or stopped taking your **glaucoma** medication without telling your doctor because you felt worse when you took it?  
Yes (1) No (0)
4. When you travel or leave home, do you sometimes forget to bring along your **glaucoma** medications?  
Yes (1) No (0)
5. Did you take your **glaucoma drops** yesterday?  
Yes (0) No (1)
6. When you feel like your **eye** pressure is under control, do you sometimes stop taking your **eyedrops**?  
Yes (1) No (0)
7. Taking medication every day is a real inconvenience for some people. Do you ever feel hassled about sticking to your **glaucoma** treatment plan?  
Yes (1) No (0)
8. How often do you have difficulty remembering to take all of your **glaucoma** medications?  
All of the time (4) Usually (3) Sometime (2) Once in a while (1) Never/rarely (0)

<sup>a</sup>Words changed from the original Morisky Adherence Scale are denoted in bold; A score of  $\geq 2$  is measured as self-reported non-adherence