
ENDOCRINE THERAPY MEDICATION USAGE

1. Were you prescribed endocrine/anti-hormonal therapy for breast cancer?

Circle one: Yes No **(if no, please skip the following section)**

2. Please write in the type of medication you were prescribed:

_____ (Example: Tamoxifen, Arimidex, Femara, Aromasin, Faslodex, Evista, Fareston)

3. For how long were you prescribed this medication:

_____ (Example: 5 years)

4. Are you currently taking your prescribed endocrine therapy?

Circle one: Yes No

5. When was the last time you took your endocrine therapy?

_____ (Example: today, last week, 6 months ago, 1 year ago, I never started)

6. If you are currently taking endocrine therapy, how many doses have you missed in the last month?

_____ (Example: 0-31 doses)

For the following statements, please indicate the how often each applies to you. Write your answer on the line.

- 0 = Never
- 1 = Rarely
- 2 = Sometimes
- 3 = Often
- 4 = Always

_____ 7. How often do you/did you forget to take your current endocrine therapy?

_____ 8. Are you/were you inconsistent at times about taking your endocrine therapy?

_____ 9. Sometimes if you feel/felt worst when you take/took your endocrine therapy, do/did you stop taking it?

-
-
- _____ 10. I alter(ed) the dose of my current endocrine therapy from what has/had been prescribed by my doctor.
- _____ 11. I sometimes take/took a smaller dose of my endocrine therapy than what has/had been prescribed by my doctor.
- _____ 12. I sometimes take/took a larger dose of my endocrine therapy than what has/had been prescribed by my doctor.
- _____ 13. I decide/decided to miss a dose of my endocrine therapy.

Instructions: If you have never skipped your endocrine medication, please SKIP the following section. Otherwise, please continue and answer the following questions by writing your answer on the line.

People may miss taking their endocrine medications for various reasons. Here is a list of possible reasons why you may miss taking your endocrine medications. How often have you missed taking your endocrine medications because you:

- 0 = Never
1 = Rarely
2 = Sometimes
3 = Often

- _____ 1. Were away from home.
- _____ 2. Was too fatigued.
- _____ 3. Felt like the medication would not prevent a recurrence.
- _____ 4. Had too many pills to take.
- _____ 5. Wanted to avoid side effects.
- _____ 6. Did not want others to notice you taking medications.
- _____ 7. Had a change in daily routine.
- _____ 8. Felt like the drug was toxic/harmful.
- _____ 9. Fell asleep/slept through dose time.
- _____ 10. Felt sick/ill from side effects.
- _____ 11. Felt depressed/overwhelmed.
- _____ 12. Had problems taking pills at specific times (with meals, on empty stomach, etc.).
-
-