

# THE COMPLIANCE EVALUATION TEST

1. This morning did you omit to take your treatment ?  
 Yes  No
2. Since the last visit, have you been run out of treatment ?  
 Yes  No
3. Have you ever taken your treatment with delay in comparison with usual schedule ?  
 Yes  No
4. Have you ever missed your treatment because of bad memory ?  
 Yes  No
5. Have you ever decided not to take your treatment because of side effects ?  
 Yes  No
6. Do you feel that the number of pills you have to take daily is too high ?  
 Yes  No

## INTERPRETATION :

YES (0) : Good compliance

YES (1 OR 2) : Minor noncompliance

YES (3 OR MORE) : Noncompliance