

Dear potential participant,

Before we begin, please take a moment to consider the following information about the study.

We are doing a survey and need your help to see how often people do not stick to their antidepressant medication, and what some of the reasons may be.

To take part, you must be 18 years or older, AND, currently prescribed at least 1 antidepressant medication.

We would appreciate your time to answer some questions about you, your diagnosis, and medication.

There are no risks involved in taking part.

You can withdraw from the study at any time, and this will not count against you in any way.

No personal information will be made available to anyone other than the study team, and is strictly confidential.

There are no direct benefits involved, financial or otherwise, but this information may help others in similar circumstances.

If you have questions about the study, you can email Lian at research@anxiety.org.za.

If you have an emergency, you can call 0800 33 33 77, or sms 31393.

INFORMED CONSENT TO PARTICIPATE IN THE STUDY

By signing this form below, you are indicating that you understand the study, the form and what is expected from you as participant; you understand how the information may be used and how your privacy will be protected; you are agreeing to participate in the survey and; does not mean that you have waived any of your legal rights.

- I have read and understood the information above on the study and what will happen during the study. I understand that:
 - (1) participation in this study is voluntary
 - (2) I can decline to participate in this study on invitation or at any other time during the study without prejudice and that it can or will in no way be used to my disadvantage
 - (3) I may refuse to answer any questions I would prefer not to
 - (4) no information that could identify me will be included in the research report and all responses and assessment scores will remain confidential
 - (5) in the event of the study results are being published, that my identity and responses to questions will remain confidential
 - (6) there are no direct risks or benefits involved in participation in this study
 - (7) there is no remuneration or reimbursement for participating and there are no direct costs to me

- All questions about the purpose and process of and reporting on the study were answered by the investigator to my satisfaction.
- I hereby consent to take part in the Research Study by Mr Lian Taljaard

NAME (PRINT) _____

SIGNATURE _____

DATE _____

Please go to the next page to complete the survey

1. Information about you

1.1. **In what year were you born?** (enter 4-digit birth year; for example, 1976) : _____

1.2. **Are you:** Male **OR** Female

1.3. **What language do you mainly speak at home?**

English Afrikaans Ndebele Northern Sotho Sotho Swazi Tswana
 Tsonga Venda Xhosa Zulu

1.4. **What is your relationship status?**

Married Single Widowed Divorced Relationship Engaged

1.5. **Please specify your race**

Asian Black Coloured Indian White Mixed race

1.6. **In which province do you currently live in?**

Eastern Cape Free-State Gauteng Kwazulu Natal Limpopo
 Mpumalanga Northern Cape North West Western Cape

1.7. **Who do you live with at the moment?**

On my own A Partner Family (Parents/ siblings) Friends

Other (please specify) _____

1.8. **Which of the following categories best describes your employment status?**

Employed, working **Full-time** Employed, working **Part-time**
 Not employed, **looking** for work Not employed, **NOT looking** for work
 Student Retired Disabled, not able to work

1.9. **Do you have Medical Aid Support?** Yes No

1.10. **Do you receive a Government/ Social Grant?** Yes No

1.11. **What is the highest level of education you have completed?**

Did not attend school Primary School (7th grade) Some High School (9th Grade)
 High School (12th Grade) Diploma / Degree Post-Graduate Degree

2. Information about your Diagnosis

2.1. What is your diagnosis?

- | | |
|--|--|
| <input type="checkbox"/> Major Depression (MD) | <input type="checkbox"/> Bipolar Mood Disorder (BMD) |
| <input type="checkbox"/> Post-Natal Depression (PND) | <input type="checkbox"/> Generalised Anxiety Disorder (GAD) |
| <input type="checkbox"/> Obsessive-Compulsive Disorder (OCD) | <input type="checkbox"/> Panic Disorder (PD) |
| <input type="checkbox"/> Post-Traumatic Stress Disorder (PTSD) | <input type="checkbox"/> Social Anxiety Disorder (SAD) |
| <input type="checkbox"/> Specific Phobia (SP) | <input type="checkbox"/> Substance Use - Alcohol (Alc) |
| <input type="checkbox"/> Substance Use -Cannabis (Can) | <input type="checkbox"/> Substance Use -Cocaine (Coc) |
| <input type="checkbox"/> Brief Psychotic Disorder (BPD) | <input type="checkbox"/> Schizophrenia (Sch) |
| <input type="checkbox"/> Schizoaffective Disorder (ScD) | <input type="checkbox"/> Anti-Social Personality Disorder (ASPD) |
| <input type="checkbox"/> Borderline Personality Disorder (BPD) | |

If your diagnosis is not on the list, please specify which here: _____

2.2. Approximately when did you receive your diagnosis? (month & year, e.g. June 2010)

2.3. Have you been hospitalised in the past 6 months? Yes No

2.4. Do you think or feel your condition makes it difficult for you to do your daily activities? Yes No

2.5. Do you think your condition needs to be treated with medication? Yes No

3. Information about your medication

3.1. Do you get your antidepressant(s) prescription from a Psychiatrist OR General Practitioner (GP)?

Psychiatrist General Practitioner (GP) Other _____

3.2. Approximately when did you start taking the antidepressant(s) you are currently prescribed? (month & year, e.g. June 2010)

I _____

3.3. What medication(s) are you currently prescribed?

(1): _____ (2): _____

(3): _____ (4): _____

(5): _____ (6): _____

(7): _____ (8): _____

3.4. How often do you have to take your medication(s)?

Once a day Twice a day Three times daily More than four times a day

Other (please specify) _____

3.5. Do you know how to deal with potential side-effects of antidepressants? Yes No

3.6. Are you currently experiencing any side-effects? Yes No

3.7. Do you feel you need more support to help you stick to your medication? Yes No

3.8. Do you think it's necessary for you to take your antidepressant medication? Yes No

3.9. Are you afraid of what some people may think about you taking antidepressant medication? Yes No

3.10. What is the name of the hospital or clinic that you get your medication from?

Please read the section below very carefully

We would like to ask you some questions about sticking to your antidepressant medication. This will not count against you in any way whatsoever and no personal information is linked to your answers. You will still be able to see your doctor and receive your medication as always, regardless of your response. For the purpose of this study, it is important to answer as honestly as you can.

4. Information about Adherence

1. Do you sometimes forget to take your antidepressant medication?

Yes No

2. People sometimes miss taking their medicines for reasons other than forgetting. Thinking over the past 2 weeks, were there any days when you did not take your antidepressant medication?

Yes No

3. Have you ever cut back or stopped taking your antidepressant medication without telling your doctor because you felt worse when you took it?

Yes No

4. When you travel or leave home, do you sometimes forget to bring along your antidepressant medication?

Yes No

5. Did you take your antidepressant(s) yesterday?

Yes No

6. When you feel like your symptoms are under control, do you sometimes stop taking your antidepressant medication?

Yes No

7. Taking medicine every day is a real inconvenience for some people. Do you ever feel hassled about sticking to your treatment plan?

Yes No

8. How often do you have difficulty remembering to take all your medicine?

Never/ Rarely Once in a while Sometimes Usually All the time

Thank you for taking the time to complete this survey!