

# USAID AMPATH Uzima



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## Morisky Medication Adherence Scale (MMAS-8)

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Unique no: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F  
 ART Initiation date: \_\_\_\_/\_\_\_\_/\_\_\_\_ ART regimen: \_\_\_\_\_  
 Other illnesses/ medication (Tick as appropriate): TB Diabetes Hypertension Epilepsy  
 Other (specify) \_\_\_\_\_  
 Contact: \_\_\_\_\_ Rx Supporter Contacts: \_\_\_\_\_ Physical address: \_\_\_\_\_

### Instructions:

1. Fill this form at every visit to the clinic as indicated
2. Ask the patient each question below.
3. Indicate the corresponding score for each response.
4. After completion of all questions, add up all the points that you have circled for the total score.
5. Interpret the scores as per the provided chart

Question	Date of visit(dd/mm/yy)											
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1. Do you ever forget to take your medicine? ( If Yes = 1 No = 0)	1	0	1	0	1	0	1	0	1	0	1	0
2. Are you careless at times about taking your medicine? ( If Yes = 1 No = 0)	1	0	1	0	1	0	1	0	1	0	1	0
3. Sometimes if you feel worse when you take the medicine, do you stop taking it? ( If Yes = 1 No = 0)	1	0	1	0	1	0	1	0	1	0	1	0
4. When you feel better do you sometimes stop taking your medicine? ( If Yes = 1 No = 0)	1	0	1	0	1	0	1	0	1	0	1	0
5. Did you take your medicine yesterday? ( If yes= 0 No = 1)	0	1	0	1	0	1	0	1	0	1	0	1
6. When you feel like your symptoms are under control, do you sometimes stop taking your medicine? ( If Yes = 1 No = 0)	1	0	1	0	1	0	1	0	1	0	1	0
7. Taking medication every day is a real inconvenience for some people. Do you ever feel under pressure about sticking to your treatment plan? ( If Yes = 1 No = 0)	1	0	1	0	1	0	1	0	1	0	1	0
8. How often do you have difficulty remembering to take all your medications? (Please circle the correct number)												
___ A. Never/Rarely	0		0		0		0		0		0	
___ B. Once in a while	¼		¼		¼		¼		¼		¼	
___ C. Sometimes	½		½		½		½		½		½	
___ D. Usually	¾		¾		¾		¾		¾		¾	
___ E. All the time	1		1		1		1		1		1	
<b>Total Score (sum of all items)</b>												

Interpretation of MMAS-8 Score		
MMAS-8 Score	Adherence Rating	Action Required
0	Good	<ul style="list-style-type: none"> <li>• Continue with routine monitoring, counselling and support</li> </ul>
1-2	Inadequate	<ul style="list-style-type: none"> <li>• Discuss as an MDT</li> <li>• Assign a case manager</li> <li>• Assess for and address barriers to adherence</li> <li>• Engage treatment supporter in adherence counselling sessions</li> <li>• Follow up in 2-4 weeks</li> </ul>
3-8	Poor	<ul style="list-style-type: none"> <li>• Discuss as an MDT</li> <li>• Assign a case manager</li> <li>• Assess for and address barriers to adherence</li> <li>• Engage treatment supporter in adherence counselling sessions</li> <li>• Implement DOTs</li> <li>• Follow up in 1-2 weeks</li> </ul>