

Zone No.	Ward No.	PHC No.	Cluster No.	Household ID No.	Subject No.

### Enrollment Visit Questionnaire 4

**Self-reported Medication-taking Scales and Item-to-total Correlation Coefficients\* (please fill this questionnaire if you are already taking epilepsy medications)**

		Corrected item-to-total correlation
1.	Do you ever forget to take your medicine?	<input type="checkbox"/>
2.	Are you careless at times about taking your medicine?	<input type="checkbox"/>
3.	When you feel better do you sometimes stop taking your medicine?	<input type="checkbox"/>
4.	Sometimes if you feel worse when you take the medicine, do you stop taking it?	<input type="checkbox"/>

Scoring: high-low; yes =1; no = 0

Range: 0 -4

\*This scale will be administered once a month.