

Motivation to Take Medicine Inventory (MTMI) – Short Form (12 items, English)

Instruction: Please think about your current experience of taking your medicine(s). For each statement, select how much you agree or disagree. Please answer every item.

1 = Strongly disagree, 2 = Disagree, 3 = Agree, 4 = Strongly agree

No	Content	1	2	3	4
1	I take my medicine because I am willing to try anything that might help my symptoms improve.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	In fact, I am afraid that the medicine will accumulate in my body and damage my organs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	I take my medicine because it reassures someone I love.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	I think my illness can be cured by other methods, so it is not necessary to take medicine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	I take my medicine because I want to feel proud that I am taking care of myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	In fact, I do not want to take the medicine because it makes me feel worse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	I took my medicine because my family forced me to take it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	I take my medicine because it is my chosen way to lessen my suffering from illness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	I prefer natural methods rather than using chemical substances.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	I take my medicine because if I do not take it, my condition may get worse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	In fact, I worry that taking medicine may put me at risk of other problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	I do not trust medicine because it is made of chemical substances.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>