INTERVENTION NON-COMPLIANCE ASSESSMENT (INCA)

1. Have you missed your medication/Device use ever?		Yes		No

2. If Yes:		Stopped		Forgot		Others

3. Duration of stopping medication/device in the past 6 months

	0-5 days		5-15 days		15-30 days		more than 30 days

4. Number of medication/Sessions stopped	

5. Name of medication/device stopped if multiple			

6. Reasons:

a) Stopped		**b) Forgot**		**c) Others**	
Felt better		**Patient Related Factors**		Long distance to purchase the medicine	
Complex regime		Cognitive impairment		Non-availability of medicine	
Cost of medication		Travelling		Others 1.	
Treatment anxiety		Major life events			
Misunderstood instructions		**Caregiver Related Factors**		2.	
Fear of dependence on medicines		Illness of the care giver		3.	
Length of treatment		Travel			
Lost hope of life		Major life events			
Re-hospitalization		Others			

Instructions: Put tick mark where applicable.