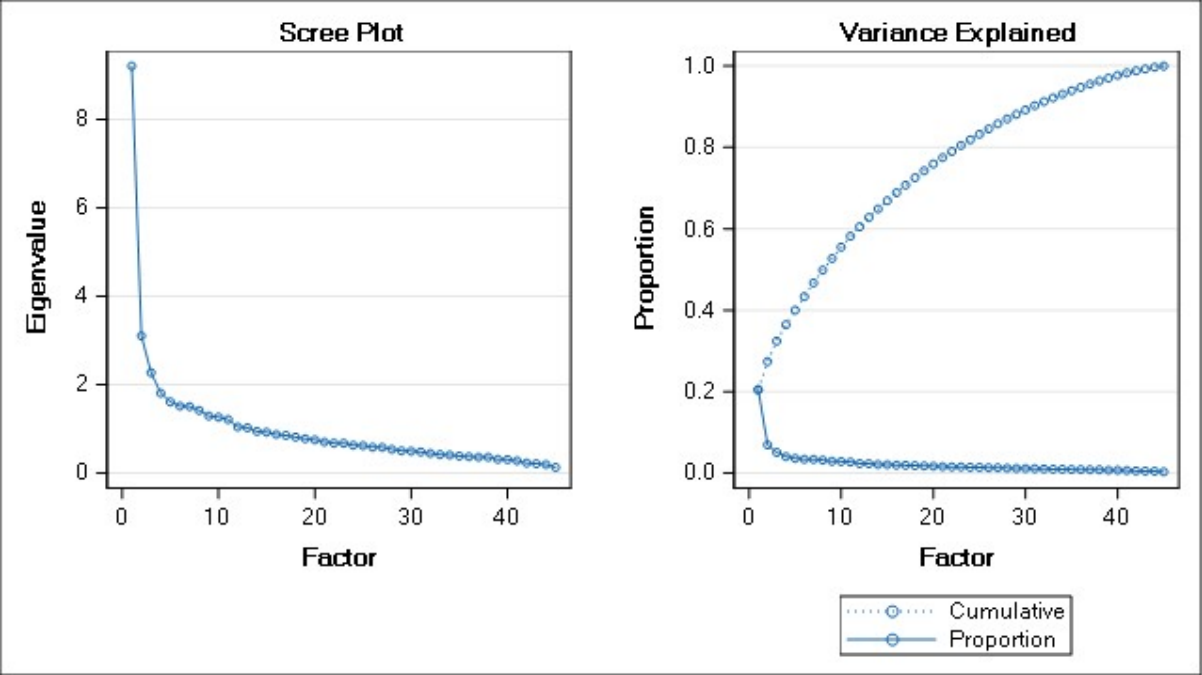


SPUR (Social Psychological Usage Rational) PCA (Principal Component Analysis) Scree Plot



**THE OBSERVIA SPUR (Social Psychological Usage
Rational) QUESTIONNAIRE**
Complete form - 45 items form

THE OBSERVIA TREATMENT BEHAVIOR QUESTIONNAIRE

For each sentence, please tick the box that best applied to you.

1. My [health problem] affects my relationships with those I care about.

1 2 3 4 5

I strongly disagree

I strongly agree

2. My [health problem] affects my social life.

1 2 3 4 5

I strongly disagree

I strongly agree

3. I would be interested in knowing if others with [health problem] follow their treatment plan.

1 2 3 4 5

I strongly disagree

I strongly agree

4. I think that people with [health problem] generally follow their doctors' prescription exactly.

1 2 3 4 5

I strongly disagree

I strongly agree

5. The people in my life help me manage my [health problem].

1 2 3 4 5

I strongly disagree

I strongly agree

6. Fighting for my health is my highest priority.

1

2

3

4

5

I strongly disagree

I strongly agree

7. Precisely following doctors' recommendations is the best way for me to stay healthy.

1

2

3

4

5

I strongly disagree

I strongly agree

8. I trust doctors' recommendations.

1

2

3

4

5

I strongly disagree

I strongly agree

9. It is essential that I follow my treatment plan.

1

2

3

4

5

I strongly disagree

I strongly agree

10. Sometimes my [health problem] seems unreal to me.

1

2

3

4

5

I strongly disagree

I strongly agree

11. I'm the kind of person who will follow their treatment plan exactly.

1

2

3

4

5

I strongly disagree

I strongly agree

12. I will have to take a treatment for my [health problem] for the rest of my life.

1

2

3

4

5

I strongly disagree

I strongly agree

13. I live in the moment.

1

2

3

4

5

I strongly disagree

I strongly agree

14. If my doctor recommends that I do something, I do it.

1

2

3

4

5

I strongly disagree

I strongly agree

15. Sometimes doctors prescribe treatment you don't really need.

1

2

3

4

5

I strongly disagree

I strongly agree

16. Sometimes I don't follow my treatment plan exactly.

1

2

3

4

5

I strongly disagree

I strongly agree

17. I find it easy to get my treatment for my [health problem].

1

2

3

4

5

I strongly disagree

I strongly agree

18. I can easily pay for my treatment.

1

2

3

4

5

I strongly disagree

I strongly agree

19. I am able to follow my treatment plan.

1

2

3

4

5

I strongly disagree

I strongly agree

20. Too many doctors don't listen to what patients tell them.

1

2

3

4

5

I strongly disagree

I strongly agree

21. My [health problem] has led to financial problems.

1

2

3

4

5

I strongly disagree

I strongly agree

22. I find it easy to follow my treatment plan when I am not at home.

1

2

3

4

5

I strongly disagree

I strongly agree

23. I am satisfied with the level of information I have about my treatment.

1

2

3

4

5

I strongly disagree

I strongly agree

24. I find it easy to manage the different medications I take.

1

2

3

4

5

I strongly disagree

I strongly agree

25. I find it easy to take my medication for my [health problem].

1

2

3

4

5

I strongly disagree

I strongly agree

26. I am worried about the side effects of some medications.

1

2

3

4

5

I strongly disagree

I strongly agree

27. I believe I can stop my treatment for my [health problem] when I feel better.

1

2

3

4

5

I strongly disagree

I strongly agree

28. I am worried about taking medications.

1

2

3

4

5

I strongly disagree

I strongly agree

29. My [health problem] should be taken seriously.

1

2

3

4

5

I strongly disagree

I strongly agree

30. I am able to exercise despite my [health problem].

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5

I strongly disagree

I strongly agree

31. My treatment affects my sex life.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5

I strongly disagree

I strongly agree

32. I am satisfied with the level of information I have about my [health problem].

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5

I strongly disagree

I strongly agree

33. I completely understand my [health problem].

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5

I strongly disagree

I strongly agree

34. I don't like taking medications.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5

I strongly disagree

I strongly agree

35. Medications for my [health problem] don't do anything for me.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5

I strongly disagree

I strongly agree

36. My treatment helps my [health problem].

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5

I strongly disagree

I strongly agree

37. There is no point in taking medications for my [health problem].

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5

I strongly disagree

I strongly agree

38. What I do impacts my [health problem].

1

2

3

4

5

I strongly disagree

I strongly agree

39. My [health problem] is likely to get worse if I don't follow my treatment plan.

1

2

3

4

5

I strongly disagree

I strongly agree

40. I feel worse if I don't follow my treatment plan.

1

2

3

4

5

I strongly disagree

I strongly agree

41. Medications are more expensive than they should be.

1

2

3

4

5

I strongly disagree

I strongly agree

42. My [health problem] keeps me from doing things I want to do.

1

2

3

4

5

I strongly disagree

I strongly agree

43. Following my [health problem] treatment plan lets me do the things I want to do.

1

2

3

4

5

I strongly disagree

I strongly agree

44. Non-traditional treatments could replace some of my medications.

1

2

3

4

5

I strongly disagree

I strongly agree

45. I have found ways to deal with my [health problem].

1

2

3

4

5

I strongly disagree

I strongly agree

THE OBSERVIA SPUR QUESTIONNAIRE

Long form - 24 items

THE OBSERVIA TREATMENT BEHAVIOR QUESTIONNAIRE

For each sentence, please tick the box that best applied to you.

1. My [health problem] affects my relationships with those I care about.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5

I strongly disagree

I strongly agree

2. My [health problem] affects my social life.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5

I strongly disagree

I strongly agree

6. Fighting for my health is my highest priority.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5

I strongly disagree

I strongly agree

7. Precisely following doctors' recommendations is the best way for me to stay healthy.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5

I strongly disagree

I strongly agree

8. I trust doctors' recommendations.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5

I strongly disagree

I strongly agree

9. It is essential that I follow my treatment plan.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5

I strongly disagree

I strongly agree

13. I live in the moment.

1

2

3

4

5

I strongly disagree

I strongly agree

14. If my doctor recommends that I do something, I do it.

1

2

3

4

5

I strongly disagree

I strongly agree

15. Sometimes doctors prescribe treatment you don't really need.

1

2

3

4

5

I strongly disagree

I strongly agree

16. Sometimes I don't follow my treatment plan exactly.

1

2

3

4

5

I strongly disagree

I strongly agree

17. I find it easy to get my treatment for my [health problem].

1

2

3

4

5

I strongly disagree

I strongly agree

18. I can easily pay for my treatment.

1

2

3

4

5

I strongly disagree

I strongly agree

19. I am able to follow my treatment plan.

1

2

3

4

5

I strongly disagree

I strongly agree

21. My [health problem] has led to financial problems.

1

2

3

4

5

I strongly disagree

I strongly agree

22. I find it easy to follow my treatment plan when I am not at home.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5

I strongly disagree

I strongly agree

24. I find it easy to manage the different medications I take.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5

I strongly disagree

I strongly agree

27. I believe I can stop my treatment for my [health problem] when I feel better.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5

I strongly disagree

I strongly agree

28. I am worried about taking medications.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5

I strongly disagree

I strongly agree

29. My [health problem] should be taken seriously.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5

I strongly disagree

I strongly agree

33. I completely understand my [health problem].

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5

I strongly disagree

I strongly agree

36. My treatment helps my [health problem].

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5

I strongly disagree

I strongly agree

37. There is no point in taking medications for my [health problem].

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5

I strongly disagree

I strongly agree

39. My [health problem] is likely to get worse if I don't follow my treatment plan.

1

2

3

4

5

I strongly disagree

I strongly agree

42. My [health problem] keeps me from doing things I want to do.

1

2

3

4

5

I strongly disagree

I strongly agree

THE OBSERVIA SPUR QUESTIONNAIRE

Intermediate form - 17 items

THE OBSERVIA TREATMENT BEHAVIOR QUESTIONNAIRE

For each sentence, please tick the box that best applied to you.

1. My [health problem] affects my relationships with those I care about.

1 2 3 4 5

I strongly disagree

I strongly agree

2. My [health problem] affects my social life.

1 2 3 4 5

I strongly disagree

I strongly agree

6. Fighting for my health is my highest priority.

1 2 3 4 5

I strongly disagree

I strongly agree

9. It is essential that I follow my treatment plan.

1 2 3 4 5

I strongly disagree

I strongly agree

14. If my doctor recommends that I do something, I do it.

1 2 3 4 5

I strongly disagree

I strongly agree

16. Sometimes I don't follow my treatment plan exactly.

1 2 3 4 5

I strongly disagree

I strongly agree

17. I find it easy to get my treatment for my [health problem].

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5

I strongly disagree

I strongly agree

18. I can easily pay for my treatment.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5

I strongly disagree

I strongly agree

19. I am able to follow my treatment plan.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5

I strongly disagree

I strongly agree

21. My [health problem] has led to financial problems.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5

I strongly disagree

I strongly agree

22. I find it easy to follow my treatment plan when I am not at home.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5

I strongly disagree

I strongly agree

24. I find it easy to manage the different medications I take .

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5

I strongly disagree

I strongly agree

27. I believe I can stop my treatment for my [health problem] when I feel better.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5

I strongly disagree

I strongly agree

28. I am worried about taking medications.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5

I strongly disagree

I strongly agree

33. I completely understand my [health problem].

1

2

3

4

5

I strongly disagree

I strongly agree

36. My treatment helps my [health problem].

1

2

3

4

5

I strongly disagree

I strongly agree

39. My [health problem] is likely to get worse if I don't follow my treatment plan.

1

2

3

4

5

I strongly disagree

I strongly agree

THE OBSERVIA SPUR QUESTIONNAIRE

Short form - 6 items

THE OBSERVIA TREATMENT BEHAVIOR QUESTIONNAIRE

For each sentence, please tick the box that best applied to you.

2. My [health problem] affects my social life.

1

2

3

4

5

I strongly disagree

I strongly agree

9. It is essential that I follow my treatment plan.

1

2

3

4

5

I strongly disagree

I strongly agree

19. I am able to follow my treatment plan.

1

2

3

4

5

I strongly disagree

I strongly agree

21. My [health problem] has led to financial problems.

1

2

3

4

5

I strongly disagree

I strongly agree

36. My treatment helps my [health problem].

1

2

3

4

5

I strongly disagree

I strongly agree

39. My [health problem] is likely to get worse if I don't follow my treatment plan.

1

2

3

4

5

I strongly disagree

I strongly agree
