**Pharmaceutical pictograms improve adherence in real-world community pharmacy practice**

**Supplementary material.**

Supplementary Table 1. Questions and answers options with their interpretation

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| **Questions** | **Answer indicating total adherence** | **Answer indicating partial or no adherence** |
| How many days did you take this medicine over the last week? | 7 days | 0 – I did not use drug  1, 2, 3, 4, 5, 6 – per day/I do not know/I cannot remember |
| Usually, how often did you take this medicine during the last 7 days? | Once per day | Twice a day, three times a day, differently, I do not remember |
| How many tablets did you usually use in the last 7 days per day? | One tablet | Half a tablet, 2 tablets, 3 tablets, I do not know, I cannot remember |
| Have you ever crushed or chewed tablets in the last 7 days? | No | Yes/I do not know/I cannot remember |
| How often did you swallow tablets with the water in the last 7 days? | Always | Usually, sometimes, never, do not know / do not remember |
| What time of day did you usually use your medicine in the last 7 days? | In the morning | Around noon, afternoon, evening, differently, I do not know / cannot remember |