

# Drug Attitude Inventory (DAI-30)

## Purpose:

The DAI-30 is crafted to delve into one's perceptions and experiences concerning medications, primarily those related to mental health. By discerning attitudes towards these medications, we can better anticipate an individual's adherence, ensuring optimal care and understanding.

## Population:

Adults

## Source:

Derived from "A self-report scale predictive of drug compliance in schizophrenics: reliability and discriminative validity", by Hogan TP, Awad AG, and Eastwood R, published in Psychological Medicine (1983), 13, pp. 177-183.

## Instructions for Completing the DAI-30:

- 1. Reading & Understanding:** Carefully read through each statement presented.
- 2. Your Personal Belief:** Decide if the statement is mainly true or false as it relates to your personal experiences and beliefs.
- 3. Marking Responses:**
  - If you find a statement TRUE or LARGELY TRUE as per your experience, mark the 'T'.
  - If you deem a statement FALSE or LARGELY FALSE from your perspective, mark the 'F'.
- 4. Accuracy:** Always ensure that you mark your genuine opinion, not what you think might be the expected answer.
- 5. Time:** Spend only a minute or two per question, going with your initial instinct.
- 6. Completeness:** Aim to respond to every question for the most accurate results.
- 7. Specificity:** Remember, the medications mentioned are solely those intended for mental health.

## Scoring Mechanism:

- The DAI-30 consists of 30 queries, with 15 scoring as True and 15 as False.
- Positive affirmations are scored as +1, and negative ones as -1.
- Your final score is the sum of the positives and negatives. This score is a reflection of your subjective orientation towards medication.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

| No | Question  | Response   |
|----|---|--|
| 1  | Once I feel better, I no longer see the need to continue my medication.                         | <input type="checkbox"/> T<br><input type="checkbox"/> F |
| 2  | I firmly believe that the advantages of my medication far outweigh any potential disadvantages. | <input type="checkbox"/> T<br><input type="checkbox"/> F |
| 3  | Medications often make me feel detached or "out of it".   | <input type="checkbox"/> T<br><input type="checkbox"/> F |
| 4  | I recognize the necessity of consistent medication, even outside of hospital environments.      | <input type="checkbox"/> T<br><input type="checkbox"/> F |
| 5  | External pressures, rather than personal belief, drive my decision to take medications.         | <input type="checkbox"/> T<br><input type="checkbox"/> F |
| 6  | On medication, I am more attuned to my surroundings and actions.                                | <input type="checkbox"/> T<br><input type="checkbox"/> F |
| 7  | I trust that the medications prescribed to me are safe and beneficial.                          | <input type="checkbox"/> T<br><input type="checkbox"/> F |
| 8  | My decision to consume medications is entirely voluntary.                                       | <input type="checkbox"/> T<br><input type="checkbox"/> F |
| 9  | Medications instill a sense of relaxation in me.  | <input type="checkbox"/> T<br><input type="checkbox"/> F |

|    |  |  |
|----|--|--|
| 10 | I don't perceive any change in myself, whether I'm on medication or not. | <input type="checkbox"/> T<br><input type="checkbox"/> F |
| 11 | I constantly experience the side effects of my medication.               | <input type="checkbox"/> T<br><input type="checkbox"/> F |
| 12 | Medications tend to make me feel lethargic and slow.                     | <input type="checkbox"/> T<br><input type="checkbox"/> F |
| 13 | I resort to medication only when symptoms become unbearable.             | <input type="checkbox"/> T<br><input type="checkbox"/> F |
| 14 | I view medications as potentially harmful in the long run.               | <input type="checkbox"/> T<br><input type="checkbox"/> F |
| 15 | Social interactions become smoother for me when I'm medicated.           | <input type="checkbox"/> T<br><input type="checkbox"/> F |
| 16 | My focus dwindles significantly when I'm on medication.                  | <input type="checkbox"/> T<br><input type="checkbox"/> F |
| 17 | I trust my judgment over doctors when deciding to halt medication.       | <input type="checkbox"/> T<br><input type="checkbox"/> F |
| 18 | I feel more like my genuine self when I'm on medication.                 | <input type="checkbox"/> T<br><input type="checkbox"/> F |
| 19 | I'd prefer enduring illness over constant medication.                    | <input type="checkbox"/> T<br><input type="checkbox"/> F |

|    |   |  |
|----|---|--|
| 20 | Relying on medications to control my mind and body feels unnatural.     | <input type="checkbox"/> T<br><input type="checkbox"/> F |
| 21 | Medication clarifies my thought process.                                | <input type="checkbox"/> T<br><input type="checkbox"/> F |
| 22 | Even during good phases, continuous medication is essential.            | <input type="checkbox"/> T<br><input type="checkbox"/> F |
| 23 | Regular medication can avert potential mental breakdowns.               | <input type="checkbox"/> T<br><input type="checkbox"/> F |
| 24 | The decision to stop my medication should rest with my doctor.          | <input type="checkbox"/> T<br><input type="checkbox"/> F |
| 25 | Simple tasks seem daunting when I'm medicated.                          | <input type="checkbox"/> T<br><input type="checkbox"/> F |
| 26 | My mood and overall well-being enhance when I'm on medication.          | <input type="checkbox"/> T<br><input type="checkbox"/> F |
| 27 | Others prescribe medication to me to curb behaviors they disapprove of. | <input type="checkbox"/> T<br><input type="checkbox"/> F |
| 28 | Medication prevents me from truly relaxing.                             | <input type="checkbox"/> T<br><input type="checkbox"/> F |
| 29 | I have better self-control and restraint when on medication.            | <input type="checkbox"/> T<br><input type="checkbox"/> F |

|    |  |  |
|----|--|--|
| 30 | Regular medication intake is my shield against deteriorating health. | <input type="checkbox"/> T<br><input type="checkbox"/> F |
|----|--|--|

**Notes:**

Please utilize this section to jot down any additional information, observations, or thoughts about the questionnaire or your medication experiences.