

**Appendix 1** Registration form of medication use

Name	No of hospitalization			date
Drug	dose	usage	blood drug concentration	ADR
Immunosuppresant	cyclosporine A(CsA)	__ mg/d	<input type="checkbox"/> qd <input type="checkbox"/> bid	__ ng/ml  <input type="checkbox"/> yes <input type="checkbox"/> no specificity_____
	TAC (FK506)	__ mg/d	<input type="checkbox"/> qd <input type="checkbox"/> bid	
	MMF	__ mg/d	<input type="checkbox"/> qd <input type="checkbox"/> bid	-
	Prednisone (Pred)	__ mg/d	<input type="checkbox"/> qd <input type="checkbox"/> bid	-
Other drugs	_____			
	_____			
	_____			
	_____			

MMF, mycophenolate mofetil; mg, milligram; d, day; ng, nanogram; ml, ml, milliliter; qd, once a day; bid, twice a day; ADR, adverse drug reaction.

**Appendix 2** Questionnaire on medication compliance of pediatric kidney transplantation patients

Name:	Gender:	Age:	ID:
Height: cm	Weight: kg		

Please answer the following questions according to your latest acupuncture experience.

1.Information of the child's chaperone

1) education background of the child's chaperone\_\_\_\_\_

2)How would you rate your awareness of your child's illness?

- a. Poor b. Fair c. Good d. Excellent

3) How would you rate your awareness of the function, contraindication, and adverse reactions of the medications your child is taking.

- a. Poor b. Fair c. Good d. Excellent

4) How would you rate your trustness of the medical staff?

- a. Poor b. Fair c. Good d. Excellent

2. The medication compliance of the child.

How would you rate your child's drug compliance on

- Poor
- Fair
- Good
- Excellent

the times of administration

the dosage of administration

the type of drugs

the punctuality

the persistence

cm, centimeter; kg, kilogram