How Are Your Medications Working for You?

1. How many times during the day do you take prescription medications?

2. How many different kinds of medication do you take?

3. How many pills do you take each day? (Include over-the-counter medications.)

4. Are any of your medicines are not working as well as they should?

5. How often do you take your medication exactly as prescribed and at the right time? (always/mostly/sometimes/rarely/never)

6. Do you ever take more (or less) medicine than you should? Why?

7. What keeps you from taking your medications as directed?

□ Unpleasant taste □ Forgetfulness

□ Difficulty Swallowing □ Expense

□ Troublesome Side Effects □ Confusing dose schedule

□ Other _____

Note: Share this information with your health care team.

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