

Managing Medication Use

Primary Care-3

Please respond to the statements below with the appropriate response to the right.

Name _____

Date _____

Strongly Agree Agree Not Sure Disagree Strongly Disagree

1. There are medications I take on an on-going basis SA A NS D SD

2. I can list each of the medications I take SA A NS D SD

3. I understand the benefits of the medications I take SA A NS D SD

4. I understand the side effects and/or costs of the medications I take SA A NS D SD

5. I believe if I take my medications properly they will help me SA A NS D SD

6. I question whether one or more of the medications I take is really helping me SA A NS D SD

7. I question whether one or more of the medications I take is really worth the side effects SA A NS D SD

8. I am good at taking my medications on the prescribed schedule SA A NS D SD

9. Within the last two or three days I have not taken my medications on their prescribed schedule SA A NS D SD

10. I have one or more other people that help me arrange or take my medications SA A NS D SD

11. I am satisfied with how well I explain myself to my medication prescriber SA A NS D SD

12. It's very hard for me to express disagreement with my medication prescriber SA A NS D SD

13. I feel like I still have symptoms my medications don't help me with SA A NS D SD

14. If there is one thing I could change about my medical care it would be: _____

FOR DEMONSTRATION ONLY

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