

ASSESS & ADDRESS IN 5 MINUTES OR LESS

PURPOSE: Place this trigger form into bins/bags with late prescription refills. The pharmacist conducting the consult can use this to identify the patient's adherence barriers.

1. I saw that some of your medications could have been filled around _____.
(Date)
 - a. Do you still have some **left at home?**
 - b. Have you **received samples** of this medication or had it filled at another pharmacy?
 - c. **How are you taking** this medication? What time of day do you take this medication?
 - d. How is taking this medication **fitting into your schedule?**
2. Remembering to take medications can be difficult for a lot of people. Thinking about the past week/month, how many times would you say you **missed a dose** of your medications?
 - a. What **times of day** are you most likely to miss a dose?
 - b. What have you **tried in the past** to help you remember to take your medications? What works well for you?
 - c. What are your **biggest challenges** with taking your medications?
3. How do you feel your medications are working for you?
 - a. Do you do any **home monitoring** of your (blood pressure/blood sugar)?
 - Having concrete numbers can help a lot of people track how well their medications are working. Has your doctor discussed home monitoring with you?