MAKING THE MOST OF MY MEDICATIONS

1. What are you taking your medication(s) for?

- ❒ Blood Pressure
- ❒ Heart Disease
- ❒ Asthma
- ❒ COPD
- ❒ Kidney Disease
- ❒ High Cholesterol
- ❒ Depression
- ❒ Anxiety
- ❒ Diabetes
- ❒ Supplement
- ❒ Infection
- ❒ I don't know
- ❒ Other_____

2. How often do you forget to take your medication or forget if you took your dose?

- ❒ 5 or more doses in a week
- ❒ 3-4 doses in a week
- ❒ 1-2 doses in a week
- ❒ I never forget to take my medication

3. How well do you feel your medications are working for you?

- ❒ Very well
- ❒ Somewhat well, but not as much as I would like
- ❒ Not well
- ❒ I don't know

4. I have these concerns about my medication(s):

- ❒ Getting refills
- ❒ I don't think I need it
- ❒ Side effects
- ❒ How to take it
- ❒ Reading medication bottles
- ❒ Remembering if I took my medication
- ❒ Remembering to take all my doses
- ❒ Cost
- ❒ Other: _____

5. What changes would make it easier for you to take your medications?

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