

Medication Use Questionnaire

This questionnaire will help you think about how you use your medications.



When thinking about your medications include:

- Prescriptions
- Over the counter drugs
- Homeopathic medicines
- Vitamins
- Minerals
- Herbs
- Natural supplements
- Other alternative health products

For more information about the questionnaire please visit www.cje.net/research

To complete the questionnaire:

- Think about all the medications you take on a regular or “as needed” basis.
- If the question applies to even one of your medications, answer with that medication in mind.
- If a question does not apply to you, check “Never”.
- Answer each question by checking the **one** response that fits you best.

During the past three months . . .

1. How often have you had problems taking a medication as instructed because of changes in its color, size or shape?

Never

Once in a while

Often

2. How often have you had problems taking a medication as instructed because of changes in your normal routine? (Examples: travel, caring for others or illness)

Never

Once in a while

Often

3. How often have you had problems taking a medication as instructed because the directions were too complicated?

Never

Once in a while

Often

4. How often have you had problems getting your prescriptions on time because of hassles? (Examples: long waits at the pharmacy, problems with mail order, not being able to reach your doctor to get a refill, bad weather or no transportation)

Never

Once in a while

Often

5. How often have you had problems taking a medication as instructed because you couldn't read or hear the instructions?

Never

Once in a while

Often

During the past three months . . .

6. How often have you had problems taking a medication as instructed because physical difficulties made it hard for you to take it? (Examples: swallowing a pill, opening a container, measuring a dose or using eye drops)

Never

Once in a while

Often

7. How often have you had problems taking your medications as instructed because you didn't have an organized way to keep track of them?

Never

Once in a while

Often

8. How often have you had problems taking a medication as instructed because you needed help and it wasn't available?

Never

Once in a while

Often

9. How often did you take less of a medication than instructed or skip it because of the side effects?

Never

Once in a while

Often

10. How often did you take less of a medication than instructed or skip it because its effects restricted your daily activities? (Examples: needing to go to the bathroom too often, feeling tired or not being able to think clearly)

Never

Once in a while

Often

11. How often did you take less of a medication than instructed or skip it because you were trying to save money?

Never

Once in a while

Often

During the past three months . . .

12. How often did you take less of a medication than instructed or skip it because you were worried about how your medications might interact with each other?

Never

Once in a while

Often

13. How often did you take less of a medication than instructed or skip it because you didn't like the way you had to take it? (Examples: injections or eye drops)

Never

Once in a while

Often

14. How often did you take less of a medication than instructed or skip it because you didn't think you needed it?

Never

Once in a while

Often

15. How often did you take less of a medication than instructed or skip it because you thought the medication was not working?

Never

Once in a while

Often

16. How often did you take less of a medication than instructed or skip it because you were afraid of becoming addicted?

Never

Once in a while

Often

17. How often have you forgotten to take a medication?

Never

Once in a while

Often

18. How often have you taken an over the counter medication, supplement or alternative product without knowing how it interacts with your prescriptions?

Never

Once in a while

Often

During the past three months . . .

19. How often have you taken an alternative product instead of a medication your provider prescribed or recommended?

Never

Once in a while

Often

20. How often have you decided on your own what medication you should take?

Never

Once in a while

Often

21. How often have you taken more of a medication than instructed to get more relief from your symptoms?

Never

Once in a while

Often

22. How often have you had alcoholic beverages when the instructions for a medication said not to use alcohol?

Never

Once in a while

Often

23. How often have you taken a pain reliever, tranquilizer, anxiety medication, or sleep aid when you really didn't need it?

Never

Once in a while

Often

24. How often have you gone to more than one health care provider because you needed or wanted more of a medication than prescribed?

Never

Once in a while

Often

You have now completed the Medication Use Questionnaire. If you answered "Once in a while" or "Often" to any question, please review the *Strategies for Managing Your Medications* guide.