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.