CLINICA family health

Self-Assessment Sheet: Medications

1. I know the names and amounts of all my medications.
   a. True
   b. False

2. I have a list of my medications and the amounts I take in case of emergency.
   a. True
   b. False

3. I take my medications
   a. Regularly
   b. Sometimes I forget

4. I sometimes skip doses of my medications because:
   a. They're too expensive
   b. I forget to take them
   c. I don't like how they make me feel
   d. I think I'm taking too many medications
   e. I'm afraid they will harm me
   f. I'm afraid of needles

5. When I suffer side effects of my medications:
   a. I tell my provider
   b. I stop taking my medications without telling my provider
   c. I continue to take the medications and hope the symptoms go away

6. I use herbal medications or supplements along with my diabetes medications.
   a. True
   b. False

7. With herbal medications:
   a. I have told my provider about my herbs.
   b. I gave my provider a list of my herbal medications and supplements.
   c. I showed my provider the containers.
   d. I have questions about possible benefits of herbal medications and supplements
   e. I have questions about whether herbal medications and supplements will interact with my diabetes medications

8. The herbal medications or supplements I'm interested in are:

9. I would like help with:
   a. Purchasing less expensive medications
   b. Remembering to take my medications
   c. Making a list of medications
   d. Talking to my provider about my medications
   e. Preventing reactions between herbs and medication

*Adapted from Centering Pregnancy® Model Handbook