

Patient Name: _____ Date: _____ Respondent: _____

QUIZ: All things considered, how much of the time do you use ALL of your medicines EXACTLY as directed?

Please place a mark (|) anywhere on the line below to indicate your answer.

**STEP 2: ASK
PT. TO ASSESS
MEDICATION
ADHERENCE**

None of the time

All of the time



If adherence is anything LESS THAN all of the time, **proceed to Medication Adherence Work-up**

**STEP 3:
EVALUATE/CIRCLE
REASONS FOR
MEDICATION NON-
ADHERENCE AND
WHICH MEDS ARE
MISSED**

Some patients find it difficult taking their medication for many different reasons.

Do any of the following sound like something you may do? Circle the item(s).

- A.** I have too many medicines and I can't keep track of taking them.
- B.** I am having side effects or I'm afraid of having side effects.
- C.** The costs of the medications keep me from taking them as prescribed.
- D.** I don't think the medicine helps me or that I need it.
- E.** I intend to take my medications, but forget them sometimes.

Other reason _____

Medication(s) I am not taking as prescribed _____

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**STEP 4: PHARMACIST
OR PROVIDER
INTERVENTION**

TAILORED MEDICATION ADHERENCE INTERVENTION

Tailored Intervention Strategies - Delivered Face-to-Face with Monthly Phone F/U

PROBLEM	OVERALL STRATEGY	EXAMPLE
 <p>A. TOO MANY PILLS/DOSES</p>	<p>Review meds. Can regimen be simplified (fewer pills/fewer doses)? Contact provider. F/U and insure changed; correct med list. Write on bottle what each is for. Review change with pt./caregiver</p>	<p>Can any meds be given as combination tablets without increasing cost? Can meds be given once per day? Can any medications be stopped?</p>
 <p>B. MEDS MAKE ME SICK</p>	<p>Counsel pt. (e.g. take with food; manage symptom). Contact provider. Change Rx. F/U and insure changed; correct med list Review change with pt./caregiver</p>	<p>Mild symptoms can often be managed with dosing schedule changes or OTCs. More serious side effects require that the provider be called for drug/dose change</p>
 <p>C. MEDS COST TOO MUCH</p>	<p>Contact Social Work or Pharmacist for local help. Or Contact provider. Change Rx. F/U and insure changed; correct med list. Review change with pt./caregiver</p>	<p>Local social service agencies or pharmacists can often provide temporary assistance/ideas. Check drug company website for coupons; or call provider and ask for a cheaper alternative/generic.</p>
 <p>D. DON'T NEED IT; NOT HELPING ME</p>	<p>Counsel pt. using shared decision-making tool on next pg. Educate pt. on importance of meds; F/U and insure pt. changes view/behavior.</p>	<p>Talk to the patient about the importance of taking medications, even when they no longer feel bad, in order to meet their long-term personal goals.</p>
 <p>E. I CAN'T REMEMBER; I FORGET</p>	<p>Pill box/adherence aid; phone alarm; med calendar; identify family member or caregiver to help</p>	<p>Pill boxes, calendars and phone/email/text reminders help; also special medication packaging and associating with daily activities (eating or brushing teeth). Family members or caregivers can also help</p>

WHAT INTERVENTION DID YOU IMPLEMENT:

Patient Name: _____ Date: _____ Respondent: _____

OPTIONAL STEP 5: FOR NONADHERENCE:
HELP PT. IDENTIFY **SELF-DETERMINED ACTION STEPS**, WRITE THEM BELOW, AND F/U MONTHLY.

**MY PLAN FOR MY MEDICATIONS:
HELPING ME GET TO MY GOALS**

RESULTS OF NOT TAKING MY MEDICINES AS PRESCRIBED	THINGS THAT KEEP ME FROM TAKING MY MEDICINES AS PRESCRIBED	THOUGHTS/PROBLEMS THAT GET IN THE WAY	WHERE I WANT TO BE MY VALUES

