

**Devon Medication Concordance Assessment - Personal View**  
**Some questions about how you manage your medicines**

We understand that people may find it difficult to take their medicines every day. This form is designed for you to make notes about how you use your medicines. This will help when you discuss them with a pharmacist or healthcare and social service staff. It will help them assess if you have any problems, so they can any arrange any support you may need to get the best from your treatment. (If there is not enough room please use a separate sheet of paper and attach it to the form).

Your Name: ..... Date of Birth: ..../..../....

Address: .....

Name of Your Doctor:.....

Do you understand what your prescriptions are for?

Yes       Some of them       No

If you answered 'some of them' or 'no', which aspects of your prescriptions do you not understand?

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.....

What medical conditions are you taking your medicines for?  
Please list below:

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Are the instructions on the labels clear and are you able to understand them?

Yes       Sometimes       No

If you answered 'sometimes' or 'no' how could the instructions or labelling be improved?

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.....

Please list your medicines in the table below. You should include all medicines obtained with a prescription plus any over-the-counter medicines you buy for yourself and any complementary medicine preparations e.g. herbal or homeopathic remedies or vitamins.

<b>Prescribed Medicines</b>			
Medication	How often taken	Medication	How often taken
1		11	
2		12	
3		13	
4		14	
5		15	
6		16	
7		17	
8		18	
9		19	
10		20	

<b>Over-the-counter medicines you buy for yourself and complementary medicine preparations e.g. herbal or homeopathic remedies or vitamins</b>			
Medication or preparation	How often taken	Medication or preparation	How often taken
1		6	
2		7	
3		8	
4		9	
5		10	

It is understood that medicines are not always taken as prescribed. Examples why people do not take medicines as prescribed are: they do not like the side effects, timings are inconvenient or it is difficult to identify one from another. Are there any medicines that you do not like taking or are not always taking as prescribed? If there are, please list them below and say why you do not take them:

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Medicines can be difficult to handle.

Do you have any problems with the following?

- Accessing your medicines because of the packaging or type of containers e.g. managing foil strips or opening or closing tops
- The tablets are too small to handle

Yes

No

If 'yes' please give details below:

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.....  
.....

Getting medicines out of their containers e.g. cream out of tubes or eye/ear drops?

Yes

No

If 'yes' please comment below:

.....  
.....  
.....

Managing injections e.g. attaching needles to syringes etc?

Yes

No

If 'yes' please comment below:

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.....  
.....

It is not always easy to remember to take medications. Sometimes they get missed.

Do you sometimes miss taking your medicines?

Yes

No

If 'yes' please explain why you might miss taking your medicines:

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Do you have a system to remind you when to take your medicines?

Yes

No

If 'yes' please explain the system you use below:

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