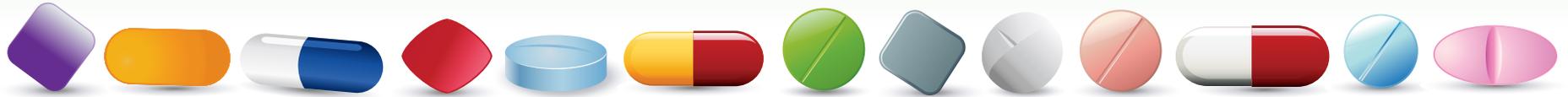


Alaska Medication Education



The following questions will help you check whether you're getting the best out of your medicines or if you could have a problem with them.

For each sentence, click on the answer that is **most true for you**.

To **erase** or **clear** an answer, double-click.

Note: This evaluation works in most browsers and Acrobat Reader. You will not have full functionality with Google Chrome. If you do not have Acrobat Reader, you may download it here.



Med
Check



[Click to Continue](#)

For each sentence, click on the answer that is **most true for you**.



1. I take each of my medicines at the right time every day.

Always	Most of the time	Sometimes	Never or hardly ever
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. I know why I am taking each of my medicines (I know what each medicine does for my health).

Always	Most of the time	Sometimes	Never or hardly ever
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Continue

For each sentence, click on the answer that is **most true for you**.



3. I know what the side effects of the medicines I take could be.

Always	Most of the time	Sometimes	Never or hardly ever
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. I take my medicines even if I am not feeling well.

Always	Most of the time	Sometimes	Never or hardly ever
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Continue

For each sentence, click on the answer that is **most true for you**.

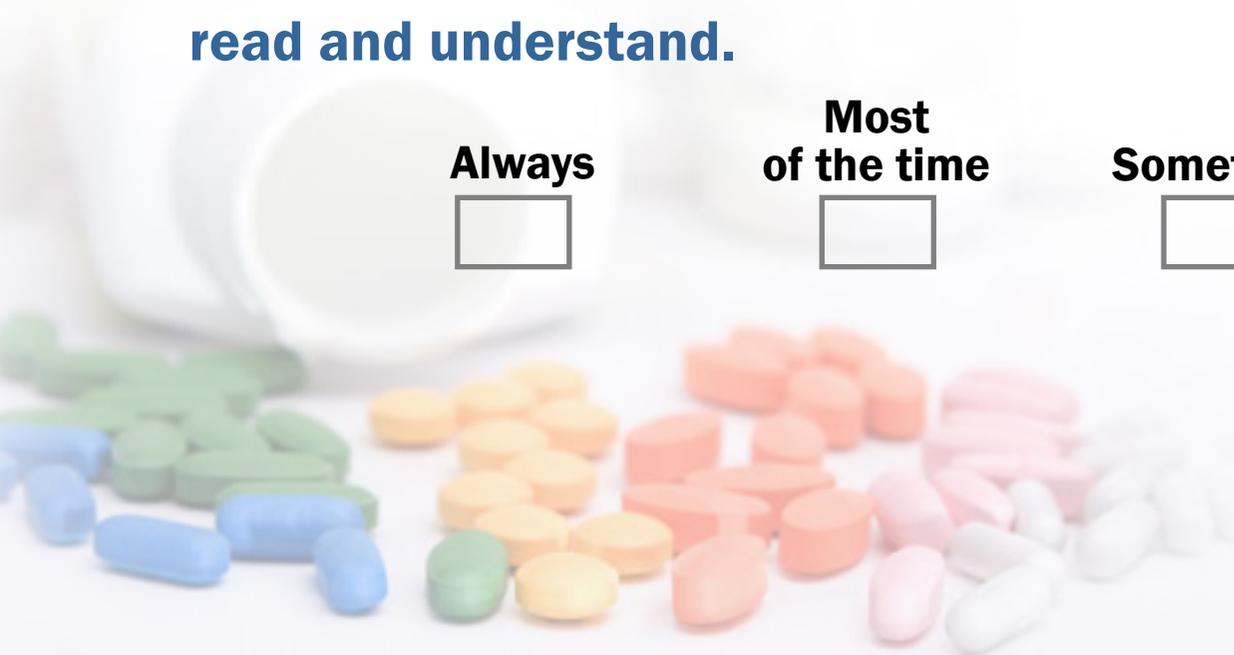


5. I understand and easily follow the directions my health care provider or pharmacist tells me about taking my medications.

Always	Most of the time	Sometimes	Never or hardly ever
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. The written information I get about my medicine is easy for me to read and understand.

Always	Most of the time	Sometimes	Never or hardly ever
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Continue

For each sentence, click on the answer that is **most true for you**.



7. It is easy for me to open pill bottles or packages and to swallow my pills.

Always	Most of the time	Sometimes	Never or hardly ever
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. I know if there are foods I should avoid when I'm taking one or more of my medicines.

Always	Most of the time	Sometimes	Never or hardly ever
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Continue

For each sentence, click on the answer that is **most true for you**.



9. I feel comfortable asking my health care provider to explain again when I don't understand something about my medicines.

Always	Most of the time	Sometimes	Never or hardly ever
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. I am confident I will not become addicted to a medicine I am taking.

Always	Most of the time	Sometimes	Never or hardly ever
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Continue

For each sentence, click on the answer that is **most true for you**.



11. I can afford all my medicines.

Always	Most of the time	Sometimes	Never or hardly ever
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. My medicines are all prescribed by the same health care provider.

Always	Most of the time	Sometimes	Never or hardly ever
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Continue

For each sentence, click on the answer that is **most true for you**.



13. I tell my doctor about everything I take for my health such as vitamins, herbs or natural remedies and medicine I can buy without a prescription (over-the-counter cold remedies, etc).

Always

Most of the time

Sometimes

Never or hardly ever

14. I know what to do if I forget to take a dose of my medicine.

Always

Most of the time

Sometimes

Never or hardly ever

Continue

Results



If you answered **“Always”** to a question, you’re taking your medicine as prescribed.

Keep it up!

If you answered **“Most of the time”** or **“Sometimes”** to a question, you have a challenge taking your medicine as prescribed. At your next appointment, ask your provider or pharmacist for help changing that to **“Always.”**

Keep up the good habits you have!

If you answered **“Never or hardly ever”** to a question, let your provider or pharmacist know that you’re having a problem with your medication. If you don’t already have an appointment scheduled soon, **call your provider.**

Always

**Most
of the time**

Sometimes

**Never or
hardly ever**

Continue

Suggestions



Remember, most people have at least a few problems taking their medication as prescribed. This check is to help you find out if you have any... **so you can fix them!**

You can print your MedCheck out and take it to your next appointment to help you remember to discuss it.

[Back to start](#)

[Print](#)

Alaska Medication Education

