

Self-Medication Assessment Tool

Section 1: Demographics

Identification # _____

Date of Admission: _____

Date of Test Assessment: _____

Patient Name: _____
Medicare #: _____
Address: _____ _____
Phone #: _____
Physician: _____

Educational Level/Work History:

Section 2. Functional & Cognitive Assessment

(Bottle 1: 10pt font; child-resistant [align arrows]; 7 dram vial)

F1. *Please read the medication name and instructions from the label on this bottle out loud.*

Ease Difficulty Unable

Reading the medication name:

Reading the instructions:

F2. *Please open the bottle*

C1. *If this was your medication, how would you take it?*

Dosage correct:

Time correct:

(Bottle 2: 12pt font; child-resistant [push & turn]; 12 dram vial)

F3. *Please read the medication name and instructions from the label on this bottle out loud.*

Ease Difficulty Unable

Reading the medication name:

Reading the instructions:

F4. *Please open the bottle*

C2. *If this was your medication, how would you take it?*

Dosage correct:

Time correct:

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(Bottle 3: 14pt font; non-child-resistant [flip-open cap]; 40 dram vial)

F5. Please read the medication name and instructions from the label on this bottle out loud.

Ease Difficulty Unable

 Reading the medication name:

 Reading the instructions:

F6. Please open the bottle

C3. If this was your medication, how would you take it?

 Dosage correct:

 Time correct:

(Bottle 3: 14pt font; non-child-resistant [flip-open cap]; 40 dram vial)

F7. Please take 2 pills out of the bottle.

Ease Difficulty Unable

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(Bottles 3, 4, & 5: 14pt font; non-child-resistant [flip-open cap]; 40 dram vial)

C4. If you were prescribed all three of these medications, describe when you would take the tablets and how many you would take at each time for a typical day.

Bottle 3 (labelled: Take 1 tablet 3 times a day)

 Dosage correct:

 Time correct:

Bottle 4 (labelled: Take 1 tablet daily)

 Dosage correct

 Time correct

Bottle 5 (labelled: Take 1 tablet daily)

 Dosage correct

 Time correct

Ease Difficulty Unable

(7 x 4 slot dosette)

This is a dosette. The names of the days are printed across the top, and the times of day are printed along the side. Here is Sunday, Monday, Tuesday, and here is Morning, Noon-time meal, evening meal, and before bed.

C5. Please point to the slot for Tuesday at noon.

F8/C6. Please take out the pills for Friday morning.

(F score)

(C score)

Ease Difficulty Unable

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(Bottles 3, 4 & 5 with 7x4 slot dosette)

C 7. Please place the pills from the 3 bottles into the dosette in the correct way for a full week.			
Note to assessor: Allow maximum of 10 minutes to complete this task.			
Time started:		Time Finished:	
<u>Bottle 3:</u> (labelled: Take 1 tablet 3 times a day)	<u>Ease</u>	<u>Difficulty</u>	<u>Unable</u>
Dosage correct			
Time correct			
<u>Bottle 4:</u> (labelled: Take 1 tablet once a day)			
Dosage correct			
Time correct			
<u>Bottle 5:</u> (labelled: Take 1 tablet once a day)			
Dosage correct			
Time correct			

(Blister Pack)

This is blister packaging for medication. The names of the days are printed along the side, and the times of the day are printed across the top. Here is Sunday, Monday, Tuesday, and here is Morning, Noon-time meal, evening meal, and before bed.

C8. Please point to the bubble for Monday evening.

F9/C9. Please take out the tablets for _____
(select a day and time).

(F score)
(C score)

<u>Ease</u>	<u>Difficulty</u>	<u>Unable</u>

F10 & F11. What colour is each of these pills?

	<u>Ease</u>	<u>Unable</u>
White		
(Light) Yellow		
(Light) Green		
(Light) Blue		
(Light) Purple		

	<u>Ease</u>	<u>Unable</u>
White		
(Dark) Yellow		
(Dark) Green		
(Dark) Blue		
(Dark) Purple		

Do you have any difficulty swallowing tablets?

<u>Ease</u>	<u>Difficulty</u>	<u>Unable</u>

Pharmacist's estimate of hearing difficulty.

<u>Ease</u>	<u>Difficulty</u>	<u>Unable</u>

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Pharmacist's estimate of visual difficulty.

<u>Ease</u>	<u>Difficulty</u>	<u>Unable</u>

Do you have a daily routine that helps to remind you to take your medications?

<u>Yes</u>	<u>No</u>

If yes, please specify: _____

Section 3: Medication Recall/Adherence

Do you use anything to help you remember to take your medication?
(please indicate all that apply)

- *daily routine*
- *pill box (dosette)*
- *blister pack*
- *medication calendar*
- *alarm/beeper*
- *someone else reminds me*
(who? _____)
- *other* _____

Do you have a regular pharmacist/pharmacy?

<u>Yes</u>	<u>No</u>

If yes, please specify: _____
