

# HbL Medication-Risk Questionnaire

HbL Medication-Risk Questionnaire  
Are You At Risk of Having a Medication-Related Problem?  
Answer the following 10 questions to find out

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|--|-------------|-----------------|
| 1. Do you currently take 5 or more medications?  | Yes         | No              |
| 2. Do you take 12 or more medication doses each day?   | Yes         | No              |
| 3. Do you take any of the following medications:   | Yes         | No              |
| ◦ Carbamazepine  | ◦ Quinidine | ◦ Phenobarbital |
| ◦ Lithium  | ◦ Warfarin  | ◦ Procainamide  |
| ◦ Phenytoin  | ◦ Digoxin   | ◦ Theophylline  |
| 4. Does more than one physician prescribe medications for you on a regular basis?                                  | Yes         | No              |
| 5. Are you currently taking medications for three or more medical problems?  | Yes         | No              |
| 6. Do you get prescriptions filled at more than one pharmacy?  | Yes         | No              |
| 7. Does someone else bring any of your medications to your home for you?   | Yes         | No              |
| 8. Is it difficult for you to follow your medication regimen or do you sometimes choose not to?                    | Yes         | No              |
| 9. Have your medications or the instructions on how to take them been changed four or more times in the past year? | Yes         | No              |
| 10. Of all your medications, is there any particular medicine for which you do not know the reason for taking it?  | Yes         | No              |
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If you marked 2 or more of the Yes buttons, it could indicate that you are at a higher risk of having problems caused by your medications.

It is important to ask your health care professional or pharmacy expert to review your medications to prevent or correct medication-related problems.



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