

HbL MEDICATION RISK QUESTIONNAIRE

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

Source: Levy HB. Self-administered medication risk questionnaire in an elderly population. *Ann Pharmacother* 2003;37:982-7.

Completed by	Title	Date
Patient name		Age