

HbL MEDICATION RISK QUESTIONNAIRE

Answer the questions below to assess if you are at increased risk of having a problem related to the medicines you take.

1. Do you currently take <u>5 or more</u> medications (on a regular basis)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Do you take <u>12 or more</u> medication doses each day? <i>Hint: Add up the number of times a day that you take <u>each of your medicines</u>; for example: a medicine that you take 3 times a day = 3 doses; a medicine you take once a day = 1 dose; 3+1=4 doses, etc..</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Do you take any of the following medications? <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Warfarin (Coumadin®) <input type="checkbox"/> Digoxin (Lanoxin®) <input type="checkbox"/> Lithium (Lithobid®, others) <input type="checkbox"/> Phenytoin (Dilantin®) <input type="checkbox"/> Phenobarbital </div> <div style="width: 45%;"> <input type="checkbox"/> Procainamide (Procan®) <input type="checkbox"/> Theophylline (TheoDur®, others) <input type="checkbox"/> Carbamazepine (Tegretol®) <input type="checkbox"/> Quinidine </div> </div>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Does <u>more than one</u> physician prescribe medications for you on a regular basis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Are you currently taking medications for <u>3 or more</u> medical problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Do you get prescriptions filled at <u>more than one</u> pharmacy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Does <u>someone else</u> bring any of your medications to your home for you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Have your medications OR the instructions on how to take them been changed <u>4 or more times</u> in the past year?	<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.

Patient name	Age	Date
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- ◆ **What can you do to prevent problems from the medications you take?** Two or more “yes” answers suggest that you would benefit from having a thorough medication review by a geriatric medication expert. The purpose of the review is to identify actual or preventable medication-related problems.
 - ◆ **A certified geriatric pharmacist** is specially trained in the use of medications in older adults. Visit www.seniorcarepharmacist.com for a listing of geriatric pharmacists nationwide.
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