



Are You Taking Your Medicine?

Many people have trouble taking their medicine all the time. Fill out this form and give it to your provider or pharmacist. It will help them better understand your health needs.

1 Do you ever forget to take your medicine?

Yes No

2 When you feel better, do you sometimes stop taking your medicine?

Yes No

3 If you feel worse when you take your medicine, do you sometimes stop taking it?

Yes No

4 Are there other things that get in the way of taking your medication?

5 Do you sometimes take your medicine differently from how your provider prescribed?
For example, taking less or skipping days?

Yes No

Note to Providers: Use the Hypertension Management Guide for additional resources related to medication adherence.