# **Self-Medication Assessment Tool**

Section 1: Demographics	Patient Name:							
Identification #	Medicare #:							
Date of Admission:	Address:							
Date of Test Assessment:	Phone #:							
	Physician:							
Educational Level/Work History:	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.	<u>Ease</u>	Difficulty	<u>Unable</u>
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	Ease	<b>Difficulty</b>	<u>Unable</u>

*on this bottle out loud.* 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:

(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	<u>Unable</u>
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	<b>Difficulty</b>	<u>Unable</u>

(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	<b>Difficulty</b>	<u>Unable</u>

(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.

		Ease	<u>Difficulty</u>	<u>Unable</u>
C5. Please point to the slot for Tuesday at noon.				
F8/C6. Please take out the pills for Friday morning.	(F score)			
	(C score)			

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

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

		Ease	Difficulty	Unable
C8. Please point to the bubble for Monday evening.				
F9/C9. <i>Please take out the tablets for</i> (select a day and time).				
(sereet a day and time).	(Fscore)			
	(C score)			

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

	Ease	Unable		Ease	Unable
White			White		
(Light) Yellow			(Dark) Yellow		
(Light) Green			(Dark) Green		
(Light) Blue			(Dark) Blue		
(Light) Purple			(Dark) Purple		

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

Do you have any difficulty swallowing tablets?

Pharmacist's estimate of hearing difficulty.

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	Ease	<u>Difficulty</u>	<u>Unable</u>
Pharmacist's estimate of visual difficulty.			
		Yes	<u>No</u>
Do you have a daily routine that helps to remind you to take your medi	cations?		
If yes, please specify:			
IJ yes, pieuse 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		l	
(who?)		ſ	
• other		l	
		Yes	No
Do you have a regular pharmacist/pharmacy?			110
		<u> </u>	
If yes, please specify:			

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	Patient Recall Score				Self-reported adherence Score											
Note to Assessor:	Drug		Drug		Dose		Descri		Did yo	ou	How r	nuch	How r	nany	At wh	at
It may be necessary to use more than one page for long medication	Name		Indica		Freque	ency	(colour	r,	take it	every	did yo	u take	times	per	times	
lists.			(what a	lo you			shape, form,	dosage	day or	less	each ti				you ta	ke it?
			take it	tor?)			strengt		often?				take it			
<b>Reference Drug List</b>	А	U	Α	U	Α	U	Α	U	А	U	Α	U	A	U	Α	U
A= Able U=Unable U indicates patient is unable to respond correctly,	Max r Task s						ugs x 4 es				nce sco Count (					x 4

even when prompted or cued by the tester.

Recall score = (task score / max score) x 100 Adherence score = (task score / max score) x 100

# Adherence – Purposeful non-adherence score

Reference Drug List	Did this med ever bother you in any way? 0 = not at all 1 = not sure 2 = somewhat 3 = a lot	In your opinion is this med helping you? 0 = a lot 1 = somewhat 2 = not sure 3 = not at all	Sometimes, people decide that it is best for them not to take a medication they've been prescribed. Did you ever decide not to take this medication? Why?	How often do you think you've decided not to take this medication? 4 = more than once per week 3 = once to twice per month 2 = every few months 1 = almost never 0 = never

Purposeful non-adherence score: sum of ranks assigned for Q1, Q2, & Q4 = 10 \* (sum of ranks/ # meds) = % non-adherence