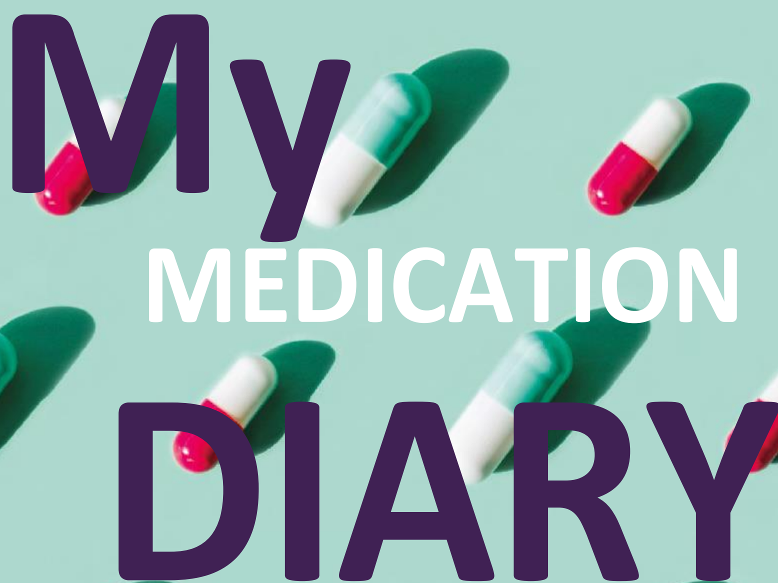

My MEDICATION DIARY

University of Antwerp
Faculty of Medicine and
Health Sciences

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Personal information

Name: ______________________________

Phone number: ______________________________

Email: ______________________________

The **relevance** of a medication **diary**

Good communication between patients and healthcare providers is crucial for treatment with medication to work well. On the one hand, it is important for the treatment to be tailored to the patient's needs, experiences and goals. On the other hand, it is important for healthcare providers to see how the patient uses and responds to the medication prescribed.

This diary allows you to record problems with your medication. This will make it easier to discuss problems with your doctor, pharmacist, nurse, or any other healthcare providers, so they can help you by tailoring your medication to your specific needs.

How to complete the medication chart?

- By listing the different medications you take on the medication chart, you can keep a clear overview at all times.
- Note down every medicine you use: not only those prescribed by your doctor, but also any other products (food supplements, homeopathic remedies, etc.) that you take for your health.
- At the top, note the date you completed the schedule.
- For each medicine, state:
  - The name
  - The indication: the reason why you take the medication (e.g. diabetes, high blood pressure, etc.)
  - The dosing frequency: how often you are supposed to take the medication (e.g. every Monday, 3 times a day, etc.)
  - The amount (e.g. 1 tablet of 500mg).
  - The time of administration: the time of day when the medicine should be taken (e.g. at 8 a.m., before breakfast, etc.)
  - The administration route (e.g. oral, nasal, dermal, etc.).
  - The start date and stop date, if known.
- Leave fields blank if you do not know any of the above aspects.
- If you received a printed chart from your doctor, you can stick this into the diary on the page where you otherwise would have completed the chart.
- Whenever changes are made to your medication regimen, you should fill in a new medication chart.

Medication **Chart**

Medication **Chart**

Brand name	Indication	Dosing frequency + quantity
Example: Omeprazole	Acid reflux	Once a day 1 tablet (10 mg)

Date of completion: ____/____/__________

Time	Administration	Start date	Stop date
At 8 a.m. before breakfast	Oral	1/6/2021	1/7/2021
		__/__/__	__/__/__
		__/__/__	__/__/__
		__/__/__	__/__/__
		__/__/__	__/__/__
		__/__/__	__/__/__
		__/__/__	__/__/__
		__/__/__	__/__/__
		__/__/__	__/__/__
		__/__/__	__/__/__
		__/__/__	__/__/__
		__/__/__	__/__/__

Medication **Chart**

Brand name	Indication	Dosing frequency + quantity
Example: Omeprazole	Acid reflux	Once a day 1 tablet (10 mg)

Date of completion: ____/____/________

Time	Administration	Start date	Stop date
At 8 a.m. before breakfast	Oral	1/6/2021	1/7/2021
		___/___/___	___/___/___
		___/___/___	___/___/___
		___/___/___	___/___/___
		___/___/___	___/___/___
		___/___/___	___/___/___
		___/___/___	___/___/___
		___/___/___	___/___/___
		___/___/___	___/___/___
		___/___/___	___/___/___
		___/___/___	___/___/___
		___/___/___	___/___/___

Medication **Chart**

Brand name	Indication	Dosing frequency + quantity
Example: Omeprazole	Acid reflux	Once a day 1 tablet (10 mg)

Date of completion: ____/____/________

Time	Administration	Start date	Stop date
At 8 a.m. before breakfast	Oral	1/6/2021	1/7/2021
		___/___/___	___/___/___
		___/___/___	___/___/___
		___/___/___	___/___/___
		___/___/___	___/___/___
		___/___/___	___/___/___
		___/___/___	___/___/___
		___/___/___	___/___/___
		___/___/___	___/___/___
		___/___/___	___/___/___
		___/___/___	___/___/___
		___/___/___	___/___/___

Medication **Chart**

Brand name	Indication	Dosing frequency + quantity
Example: Omeprazole	Acid reflux	Once a day 1 tablet (10 mg)

Date of completion: ____/____/________

Time	Administration	Start date	Stop date
At 8 a.m. before breakfast	Oral	1/6/2021	1/7/2021
		___/___/___	___/___/___
		___/___/___	___/___/___
		___/___/___	___/___/___
		___/___/___	___/___/___
		___/___/___	___/___/___
		___/___/___	___/___/___
		___/___/___	___/___/___
		___/___/___	___/___/___
		___/___/___	___/___/___
		___/___/___	___/___/___
		___/___/___	___/___/___

Information for each medicine

You can opt to fill in an information sheet for each medicine you use, noting specifics such as common side effects or precautions to be taken.

Medication **name:**

Information for each medicine

What should I pay attention to when taking the medication?

What adverse reactions can this medication cause?

What other information about the medication is relevant to me?

Medication **name:**

What should I pay attention to when taking the medication?

What adverse reactions can this medication cause?

What other information about the medication is relevant to me?

Medication **name:**

What should I pay attention to when taking the medication?

What adverse reactions can this medication cause?

What other information about the medication is relevant to me?

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What should I pay attention to when taking the medication?

What adverse reactions can this medication cause?

What other information about the medication is relevant to me?

Medication **name:**

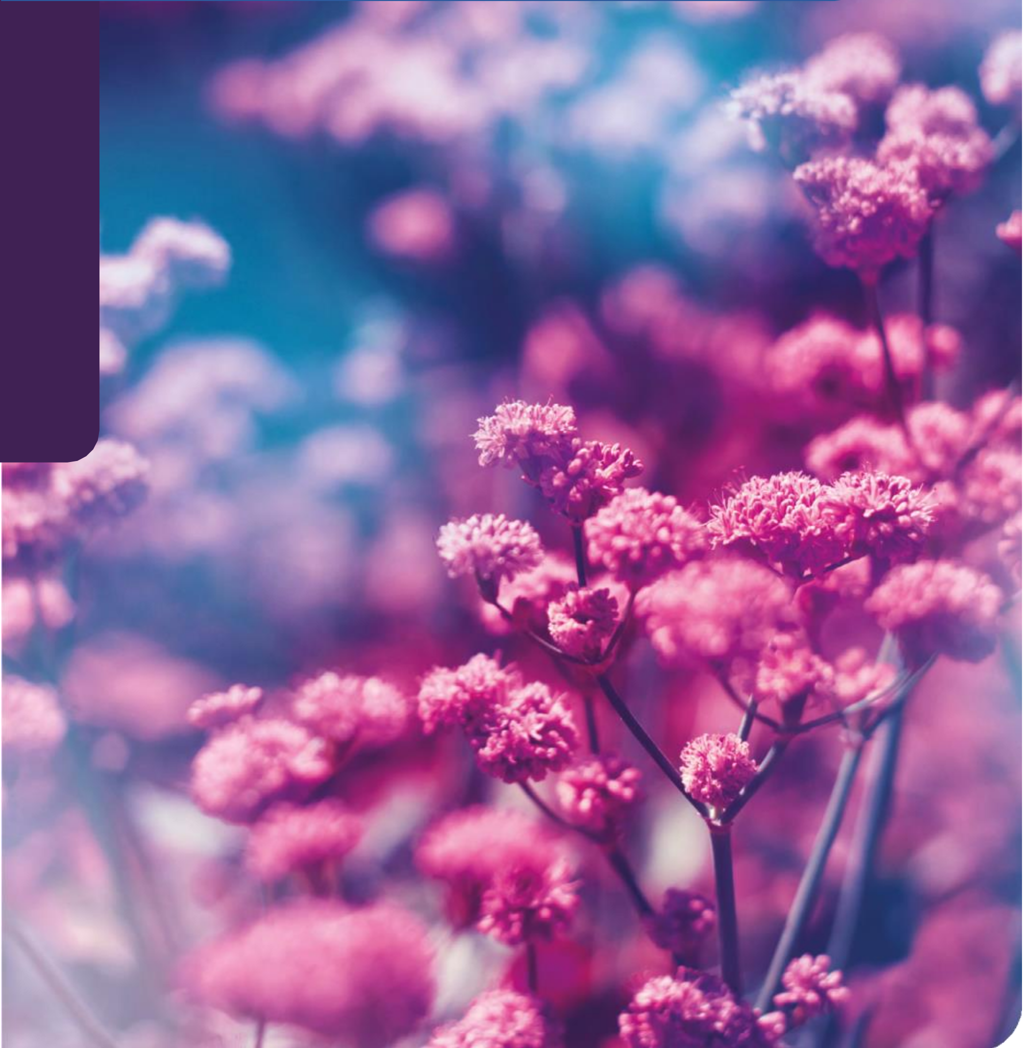
What should I pay attention to when taking the medication?

What adverse reactions can this medication cause?

What other information about the medication is relevant to me?

Diary

Important: There are no right or wrong answers. Try to fill in the diary as honestly as possible.



How to fill in **my** medication **diary**?

The diary consists of a monthly overview, problem sheets, and notes.

Monthly overview

- In the monthly overview, indicate for every day whether or not you experienced any problems with your medication.
- If you were unable to manage your own medication for a certain period, e.g. if you were hospitalised, you can mention this at the bottom of the monthly overview.

Problem sheets

- You should only fill in a problem sheet if you experienced a problem with your medication on a particular day or during a particular period. If you did not experience any problems, do not fill in a problem sheet.
- At the top, always note the date of the day you experienced the problems (e.g. 01/01/2021) or, if the problems persist, you can also mention a period (e.g. from 01/01/2021 to 14/01/2021).
- Indicate which problems you experienced and which medication they relate to.
- Note whether or not you took action (e.g. contacting your doctor, home care nurse, pharmacist, etc.).

Notes

Do you have specific questions for your doctor or another healthcare provider? If any new arrangements were made regarding your medication, you can mention these in the notes section at the back of the diary.

01

Monthly overview **January**

Monthly overview **January**

Year: ____________	I encountered **PROBLEMS**	I did **NOT** encounter any problems
1 Jan.	☐	☐
2 Jan.	☐	☐
3 Jan.	☐	☐
4 Jan.	☐	☐
5 Jan.	☐	☐
6 Jan.	☐	☐
7 Jan.	☐	☐
8 Jan.	☐	☐
9 Jan.	☐	☐
10 Jan.	☐	☐
11 Jan.	☐	☐
12 Jan.	☐	☐
13 Jan.	☐	☐
14 Jan.	☐	☐
15 Jan.	☐	☐
16 Jan.	☐	☐
17 Jan.	☐	☐
18 Jan.	☐	☐
19 Jan.	☐	☐
20 Jan.	☐	☐
21 Jan.	☐	☐
22 Jan.	☐	☐
23 Jan.	☐	☐
24 Jan.	☐	☐
25 Jan.	☐	☐
26 Jan.	☐	☐
27 Jan.	☐	☐
28 Jan.	☐	☐
29 Jan.	☐	☐
30 Jan.	☐	☐
31 Jan.	☐	☐

I did not manage my own medication from ______/____/______ to _____/____/______

Reason: ____

____

Monthly overview February

Year: ______________	I encountered PROBLEMS	I did NOT encounter any problems
1 Feb.	☐	☐
2 Feb.	☐	☐
3 Feb.	☐	☐
4 Feb.	☐	☐
5 Feb.	☐	☐
6 Feb.	☐	☐
7 Feb.	☐	☐
8 Feb.	☐	☐
9 Feb.	☐	☐
10 Feb.	☐	☐
11 Feb.	☐	☐
12 Feb.	☐	☐
13 Feb.	☐	☐
14 Feb.	☐	☐
15 Feb.	☐	☐
16 Feb.	☐	☐
17 Feb.	☐	☐
18 Feb.	☐	☐
19 Feb.	☐	☐
20 Feb.	☐	☐
21 Feb.	☐	☐
22 Feb.	☐	☐
23 Feb.	☐	☐
24 Feb.	☐	☐
25 Feb.	☐	☐
26 Feb.	☐	☐
27 Feb.	☐	☐
28 Feb.	☐	☐
[29 Feb.]	☐	☐

I did not manage my own medication from ______ /___ /___ to ___ /___ /___

Reason: ____

____

03

Monthly overview March

Year: ____________	I encountered PROBLEMS	I did NOT encounter any problems
1 Mar.	☐	☐
2 Mar.	☐	☐
3 Mar.	☐	☐
4 Mar.	☐	☐
5 Mar.	☐	☐
6 Mar.	☐	☐
7 Mar.	☐	☐
8 Mar.	☐	☐
9 Mar.	☐	☐
10 Mar.	☐	☐
11 Mar.	☐	☐
12 Mar.	☐	☐
13 Mar.	☐	☐
14 Mar.	☐	☐
15 Mar.	☐	☐
16 Mar.	☐	☐
17 Mar.	☐	☐
18 Mar.	☐	☐
19 Mar.	☐	☐
20 Mar.	☐	☐
21 Mar.	☐	☐
22 Mar.	☐	☐
23 Mar.	☐	☐
24 Mar.	☐	☐
25 Mar.	☐	☐
26 Mar.	☐	☐
27 Mar.	☐	☐
28 Mar.	☐	☐
29 Mar.	☐	☐
30 Mar.	☐	☐
31 Mar.	☐	☐

I did not manage my own medication from ______/____/______ to ______/____/______

Reason: ____

Monthly overview April

Year: ____________	I encountered PROBLEMS	I did NOT encounter any problems
1 Apr.	☐	☐
2 Apr.	☐	☐
3 Apr.	☐	☐
4 Apr.	☐	☐
5 Apr.	☐	☐
6 Apr.	☐	☐
7 Apr.	☐	☐
8 Apr.	☐	☐
9 Apr.	☐	☐
10 Apr.	☐	☐
11 Apr.	☐	☐
12 Apr.	☐	☐
13 Apr.	☐	☐
14 Apr.	☐	☐
15 Apr.	☐	☐
16 Apr.	☐	☐
17 Apr.	☐	☐
18 Apr.	☐	☐
19 Apr.	☐	☐
20 Apr.	☐	☐
21 Apr.	☐	☐
22 Apr.	☐	☐
23 Apr.	☐	☐
24 Apr.	☐	☐
25 Apr.	☐	☐
26 Apr.	☐	☐
27 Apr.	☐	☐
28 Apr.	☐	☐
29 Apr.	☐	☐
30 Apr.	☐	☐

I did not manage my own medication from ____ / ___ / ___ to ___ / ___ / ___

Reason: ______________________________

05

Monthly overview **May**

Year: ___________	I encountered **PROBLEMS**	I did **NOT** encounter any problems
1 May	☐	☐
2 May	☐	☐
3 May	☐	☐
4 May	☐	☐
5 May	☐	☐
6 May	☐	☐
7 May	☐	☐
8 May	☐	☐
9 May	☐	☐
10 May	☐	☐
11 May	☐	☐
12 May	☐	☐
13 May	☐	☐
14 May	☐	☐
15 May	☐	☐
16 May	☐	☐
17 May	☐	☐
18 May	☐	☐
19 May	☐	☐
20 May	☐	☐
21 May	☐	☐
22 May	☐	☐
23 May	☐	☐
24 May	☐	☐
25 May	☐	☐
26 May	☐	☐
27 May	☐	☐
28 May	☐	☐
29 May	☐	☐
30 May	☐	☐
31 May	☐	☐

I did not manage my own medication from ____/___/____ to ____/___/____

Reason: ______________________________

____

Monthly overview June

Year: ______	I encountered PROBLEMS	I did NOT encounter any problems
1 Jun.	☐	☐
2 Jun.	☐	☐
3 Jun.	☐	☐
4 Jun.	☐	☐
5 Jun.	☐	☐
6 Jun.	☐	☐
7 Jun.	☐	☐
8 Jun.	☐	☐
9 Jun.	☐	☐
10 Jun.	☐	☐
11 Jun.	☐	☐
12 Jun.	☐	☐
13 Jun.	☐	☐
14 Jun.	☐	☐
15 Jun.	☐	☐
16 Jun.	☐	☐
17 Jun.	☐	☐
18 Jun.	☐	☐
19 Jun.	☐	☐
20 Jun.	☐	☐
21 Jun.	☐	☐
22 Jun.	☐	☐
23 Jun.	☐	☐
24 Jun.	☐	☐
25 Jun.	☐	☐
26 Jun.	☐	☐
27 Jun.	☐	☐
28 Jun.	☐	☐
29 Jun.	☐	☐
30 Jun.	☐	☐

I did not manage my own medication from ______ / ___ / ___ to ___ / ___ / ___

Reason: ________________________________

07

Monthly overview July

Monthly overview July

Year: ______	I encountered PROBLEMS	I did NOT encounter any problems
1 Jul.	☐	☐
2 Jul.	☐	☐
3 Jul.	☐	☐
4 Jul.	☐	☐
5 Jul.	☐	☐
6 Jul.	☐	☐
7 Jul.	☐	☐
8 Jul.	☐	☐
9 Jul.	☐	☐
10 Jul.	☐	☐
11 Jul.	☐	☐
12 Jul.	☐	☐
13 Jul.	☐	☐
14 Jul.	☐	☐
15 Jul.	☐	☐
16 Jul.	☐	☐
17 Jul.	☐	☐
18 Jul.	☐	☐
19 Jul.	☐	☐
20 Jul.	☐	☐
21 Jul.	☐	☐
22 Jul.	☐	☐
23 Jul.	☐	☐
24 Jul.	☐	☐
25 Jul.	☐	☐
26 Jul.	☐	☐
27 Jul.	☐	☐
28 Jul.	☐	☐
29 Jul.	☐	☐
30 Jul.	☐	☐
31 Jul.	☐	☐

I did not manage my own medication from ____/____/____ to ____/____/____

Reason: ______________________________

Monthly overview August

Year: ____________	I encountered PROBLEMS	I did NOT encounter any problems
1 Aug.	☐	☐
2 Aug.	☐	☐
3 Aug.	☐	☐
4 Aug.	☐	☐
5 Aug.	☐	☐
6 Aug.	☐	☐
7 Aug.	☐	☐
8 Aug.	☐	☐
9 Aug.	☐	☐
10 Aug.	☐	☐
11 Aug.	☐	☐
12 Aug.	☐	☐
13 Aug.	☐	☐
14 Aug.	☐	☐
15 Aug.	☐	☐
16 Aug.	☐	☐
17 Aug.	☐	☐
18 Aug.	☐	☐
19 Aug.	☐	☐
20 Aug.	☐	☐
21 Aug.	☐	☐
22 Aug.	☐	☐
23 Aug.	☐	☐
24 Aug.	☐	☐
25 Aug.	☐	☐
26 Aug.	☐	☐
27 Aug.	☐	☐
28 Aug.	☐	☐
29 Aug.	☐	☐
30 Aug.	☐	☐
31 Aug.	☐	☐

I did not manage my own medication from ________ /___ /____ to ____ /___ /____

Reason: ____

____

09

Monthly overview **September**

Monthly overview September

Year: ____________	I encountered **PROBLEMS**	I did **NOT** encounter any problems
1 Sept.	☐	☐
2 Sept.	☐	☐
3 Sept.	☐	☐
4 Sept.	☐	☐
5 Sept.	☐	☐
6 Sept.	☐	☐
7 Sept.	☐	☐
8 Sept.	☐	☐
9 Sept.	☐	☐
10 Sept.	☐	☐
11 Sept.	☐	☐
12 Sept.	☐	☐
13 Sept.	☐	☐
14 Sept.	☐	☐
15 Sept.	☐	☐
16 Sept.	☐	☐
17 Sept.	☐	☐
18 Sept.	☐	☐
19 Sept.	☐	☐
20 Sept.	☐	☐
21 Sept.	☐	☐
22 Sept.	☐	☐
23 Sept.	☐	☐
24 Sept.	☐	☐
25 Sept.	☐	☐
26 Sept.	☐	☐
27 Sept.	☐	☐
28 Sept.	☐	☐
29 Sept.	☐	☐
30 Sept.	☐	☐

I did not manage my own medication from ____/____/____ to ____/____/____

Reason: ____

____

Monthly overview **October**

Year: ____________	I encountered **PROBLEMS**	I did **NOT** encounter any problems
1 Oct.	☐	☐
2 Oct.	☐	☐
3 Oct.	☐	☐
4 Oct.	☐	☐
5 Oct.	☐	☐
6 Oct.	☐	☐
7 Oct.	☐	☐
8 Oct.	☐	☐
9 Oct.	☐	☐
10 Oct.	☐	☐
11 Oct.	☐	☐
12 Oct.	☐	☐
13 Oct.	☐	☐
14 Oct.	☐	☐
15 Oct.	☐	☐
16 Oct.	☐	☐
17 Oct.	☐	☐
18 Oct.	☐	☐
19 Oct.	☐	☐
20 Oct.	☐	☐
21 Oct.	☐	☐
22 Oct.	☐	☐
23 Oct.	☐	☐
24 Oct.	☐	☐
25 Oct.	☐	☐
26 Oct.	☐	☐
27 Oct.	☐	☐
28 Oct.	☐	☐
29 Oct.	☐	☐
30 Oct.	☐	☐
31 Oct.	☐	☐

I did not manage my own medication from ____/___/____ to ____/___/____

Reason: ________________________________

Monthly overview **November**

Year: ____________	I encountered **PROBLEMS**	I did **NOT** encounter any problems
1 Nov.	☐	☐
2 Nov.	☐	☐
3 Nov.	☐	☐
4 Nov.	☐	☐
5 Nov.	☐	☐
6 Nov.	☐	☐
7 Nov.	☐	☐
8 Nov.	☐	☐
9 Nov.	☐	☐
10 Nov.	☐	☐
11 Nov.	☐	☐
12 Nov.	☐	☐
13 Nov.	☐	☐
14 Nov.	☐	☐
15 Nov.	☐	☐
16 Nov.	☐	☐
17 Nov.	☐	☐
18 Nov.	☐	☐
19 Nov.	☐	☐
20 Nov.	☐	☐
21 Nov.	☐	☐
22 Nov.	☐	☐
23 Nov.	☐	☐
24 Nov.	☐	☐
25 Nov.	☐	☐
26 Nov.	☐	☐
27 Nov.	☐	☐
28 Nov.	☐	☐
29 Nov.	☐	☐
30 Nov.	☐	☐

I did not manage my own medication from ____/____/____ to ____/____/____

Reason: ________________________________

Monthly overview December

Year: ____________	I encountered PROBLEMS	I did NOT encounter any problems
1 Dec.	☐	☐
2 Dec.	☐	☐
3 Dec.	☐	☐
4 Dec.	☐	☐
5 Dec.	☐	☐
6 Dec.	☐	☐
7 Dec.	☐	☐
8 Dec.	☐	☐
9 Dec.	☐	☐
10 Dec.	☐	☐
11 Dec.	☐	☐
12 Dec.	☐	☐
13 Dec.	☐	☐
14 Dec.	☐	☐
15 Dec.	☐	☐
16 Dec.	☐	☐
17 Dec.	☐	☐
18 Dec.	☐	☐
19 Dec.	☐	☐
20 Dec.	☐	☐
21 Dec.	☐	☐
22 Dec.	☐	☐
23 Dec.	☐	☐
24 Dec.	☐	☐
25 Dec.	☐	☐
26 Dec.	☐	☐
27 Dec.	☐	☐
28 Dec.	☐	☐
29 Dec.	☐	☐
30 Dec.	☐	☐
31 Dec.	☐	☐

I did not manage my own medication from ____ / ___ / ____ to ____ / ___ / ____

Reason: ________________________________

Monthly overview **January**

01

Monthly overview **January**

Year: ____________	I encountered **PROBLEMS**	I did **NOT** encounter any problems
1 Jan.	☐	☐
2 Jan.	☐	☐
3 Jan.	☐	☐
4 Jan.	☐	☐
5 Jan.	☐	☐
6 Jan.	☐	☐
7 Jan.	☐	☐
8 Jan.	☐	☐
9 Jan.	☐	☐
10 Jan.	☐	☐
11 Jan.	☐	☐
12 Jan.	☐	☐
13 Jan.	☐	☐
14 Jan.	☐	☐
15 Jan.	☐	☐
16 Jan.	☐	☐
17 Jan.	☐	☐
18 Jan.	☐	☐
19 Jan.	☐	☐
20 Jan.	☐	☐
21 Jan.	☐	☐
22 Jan.	☐	☐
23 Jan.	☐	☐
24 Jan.	☐	☐
25 Jan.	☐	☐
26 Jan.	☐	☐
27 Jan.	☐	☐
28 Jan.	☐	☐
29 Jan.	☐	☐
30 Jan.	☐	☐
31 Jan.	☐	☐

I did not manage my own medication from ____/____/____ to ____/____/____

Reason: ______________________________________

____

Monthly overview February

Year: ____________	I encountered PROBLEMS	I did NOT encounter any problems
1 Feb.	☐	☐
2 Feb.	☐	☐
3 Feb.	☐	☐
4 Feb.	☐	☐
5 Feb.	☐	☐
6 Feb.	☐	☐
7 Feb.	☐	☐
8 Feb.	☐	☐
9 Feb.	☐	☐
10 Feb.	☐	☐
11 Feb.	☐	☐
12 Feb.	☐	☐
13 Feb.	☐	☐
14 Feb.	☐	☐
15 Feb.	☐	☐
16 Feb.	☐	☐
17 Feb.	☐	☐
18 Feb.	☐	☐
19 Feb.	☐	☐
20 Feb.	☐	☐
21 Feb.	☐	☐
22 Feb.	☐	☐
23 Feb.	☐	☐
24 Feb.	☐	☐
25 Feb.	☐	☐
26 Feb.	☐	☐
27 Feb.	☐	☐
28 Feb.	☐	☐
[29 Feb.]	☐	☐

I did not manage my own medication from ________/____/____ to ____/____/____

Reason: ____

____

03

Monthly overview **March**

Monthly overview March

Year: ____________	I encountered **PROBLEMS**	I did **NOT** encounter any problems
1 Mar.	☐	☐
2 Mar.	☐	☐
3 Mar.	☐	☐
4 Mar.	☐	☐
5 Mar.	☐	☐
6 Mar.	☐	☐
7 Mar.	☐	☐
8 Mar.	☐	☐
9 Mar.	☐	☐
10 Mar.	☐	☐
11 Mar.	☐	☐
12 Mar.	☐	☐
13 Mar.	☐	☐
14 Mar.	☐	☐
15 Mar.	☐	☐
16 Mar.	☐	☐
17 Mar.	☐	☐
18 Mar.	☐	☐
19 Mar.	☐	☐
20 Mar.	☐	☐
21 Mar.	☐	☐
22 Mar.	☐	☐
23 Mar.	☐	☐
24 Mar.	☐	☐
25 Mar.	☐	☐
26 Mar.	☐	☐
27 Mar.	☐	☐
28 Mar.	☐	☐
29 Mar.	☐	☐
30 Mar.	☐	☐
31 Mar.	☐	☐

I did not manage my own medication from ____/____/____ to ____/____/____

Reason: ____

Monthly overview **April**

Year: ____________	I encountered **PROBLEMS**	I did **NOT** encounter any problems
1 Apr.	☐	☐
2 Apr.	☐	☐
3 Apr.	☐	☐
4 Apr.	☐	☐
5 Apr.	☐	☐
6 Apr.	☐	☐
7 Apr.	☐	☐
8 Apr.	☐	☐
9 Apr.	☐	☐
10 Apr.	☐	☐
11 Apr.	☐	☐
12 Apr.	☐	☐
13 Apr.	☐	☐
14 Apr.	☐	☐
15 Apr.	☐	☐
16 Apr.	☐	☐
17 Apr.	☐	☐
18 Apr.	☐	☐
19 Apr.	☐	☐
20 Apr.	☐	☐
21 Apr.	☐	☐
22 Apr.	☐	☐
23 Apr.	☐	☐
24 Apr.	☐	☐
25 Apr.	☐	☐
26 Apr.	☐	☐
27 Apr.	☐	☐
28 Apr.	☐	☐
29 Apr.	☐	☐
30 Apr.	☐	☐

I did not manage my own medication from ____________ /____/____ to ____/____/____

Reason: ____

____

05

Monthly overview May

Year: ____________	I encountered PROBLEMS	I did NOT encounter any problems
1 May	☐	☐
2 May	☐	☐
3 May	☐	☐
4 May	☐	☐
5 May	☐	☐
6 May	☐	☐
7 May	☐	☐
8 May	☐	☐
9 May	☐	☐
10 May	☐	☐
11 May	☐	☐
12 May	☐	☐
13 May	☐	☐
14 May	☐	☐
15 May	☐	☐
16 May	☐	☐
17 May	☐	☐
18 May	☐	☐
19 May	☐	☐
20 May	☐	☐
21 May	☐	☐
22 May	☐	☐
23 May	☐	☐
24 May	☐	☐
25 May	☐	☐
26 May	☐	☐
27 May	☐	☐
28 May	☐	☐
29 May	☐	☐
30 May	☐	☐
31 May	☐	☐

I did not manage my own medication from ____/___/____ to ____/___/____

Reason: ____

Monthly overview June

Year: ______________	I encountered PROBLEMS	I did NOT encounter any problems
1 Jun.	☐	☐
2 Jun.	☐	☐
3 Jun.	☐	☐
4 Jun.	☐	☐
5 Jun.	☐	☐
6 Jun.	☐	☐
7 Jun.	☐	☐
8 Jun.	☐	☐
9 Jun.	☐	☐
10 Jun.	☐	☐
11 Jun.	☐	☐
12 Jun.	☐	☐
13 Jun.	☐	☐
14 Jun.	☐	☐
15 Jun.	☐	☐
16 Jun.	☐	☐
17 Jun.	☐	☐
18 Jun.	☐	☐
19 Jun.	☐	☐
20 Jun.	☐	☐
21 Jun.	☐	☐
22 Jun.	☐	☐
23 Jun.	☐	☐
24 Jun.	☐	☐
25 Jun.	☐	☐
26 Jun.	☐	☐
27 Jun.	☐	☐
28 Jun.	☐	☐
29 Jun.	☐	☐
30 Jun.	☐	☐

I did not manage my own medication from ________/___/____ to ____/___/____

Reason: ____

Monthly overview **July**

Year: ______	I encountered **PROBLEMS**	I did **NOT** encounter any problems
1 Jul.	☐	☐
2 Jul.	☐	☐
3 Jul.	☐	☐
4 Jul.	☐	☐
5 Jul.	☐	☐
6 Jul.	☐	☐
7 Jul.	☐	☐
8 Jul.	☐	☐
9 Jul.	☐	☐
10 Jul.	☐	☐
11 Jul.	☐	☐
12 Jul.	☐	☐
13 Jul.	☐	☐
14 Jul.	☐	☐
15 Jul.	☐	☐
16 Jul.	☐	☐
17 Jul.	☐	☐
18 Jul.	☐	☐
19 Jul.	☐	☐
20 Jul.	☐	☐
21 Jul.	☐	☐
22 Jul.	☐	☐
23 Jul.	☐	☐
24 Jul.	☐	☐
25 Jul.	☐	☐
26 Jul.	☐	☐
27 Jul.	☐	☐
28 Jul.	☐	☐
29 Jul.	☐	☐
30 Jul.	☐	☐
31 Jul.	☐	☐

I did not manage my own medication from ____/____/____ to ____/____/____

Reason: ______________________________

Monthly overview **August**

Year: ____________	I encountered **PROBLEMS**	I did **NOT** encounter any problems
1 Aug.	☐	☐
2 Aug.	☐	☐
3 Aug.	☐	☐
4 Aug.	☐	☐
5 Aug.	☐	☐
6 Aug.	☐	☐
7 Aug.	☐	☐
8 Aug.	☐	☐
9 Aug.	☐	☐
10 Aug.	☐	☐
11 Aug.	☐	☐
12 Aug.	☐	☐
13 Aug.	☐	☐
14 Aug.	☐	☐
15 Aug.	☐	☐
16 Aug.	☐	☐
17 Aug.	☐	☐
18 Aug.	☐	☐
19 Aug.	☐	☐
20 Aug.	☐	☐
21 Aug.	☐	☐
22 Aug.	☐	☐
23 Aug.	☐	☐
24 Aug.	☐	☐
25 Aug.	☐	☐
26 Aug.	☐	☐
27 Aug.	☐	☐
28 Aug.	☐	☐
29 Aug.	☐	☐
30 Aug.	☐	☐
31 Aug.	☐	☐

I did not manage my own medication from ____ /___ /____ to ____ /___ /____

Reason: ____

09

Monthly overview September

Year: ____________	I encountered PROBLEMS	I did NOT encounter any problems
1 Sept.	☐	☐
2 Sept.	☐	☐
3 Sept.	☐	☐
4 Sept.	☐	☐
5 Sept.	☐	☐
6 Sept.	☐	☐
7 Sept.	☐	☐
8 Sept.	☐	☐
9 Sept.	☐	☐
10 Sept.	☐	☐
11 Sept.	☐	☐
12 Sept.	☐	☐
13 Sept.	☐	☐
14 Sept.	☐	☐
15 Sept.	☐	☐
16 Sept.	☐	☐
17 Sept.	☐	☐
18 Sept.	☐	☐
19 Sept.	☐	☐
20 Sept.	☐	☐
21 Sept.	☐	☐
22 Sept.	☐	☐
23 Sept.	☐	☐
24 Sept.	☐	☐
25 Sept.	☐	☐
26 Sept.	☐	☐
27 Sept.	☐	☐
28 Sept.	☐	☐
29 Sept.	☐	☐
30 Sept.	☐	☐

I did not manage my own medication from ____/___/____ to ____/___/____

Reason: ____

Monthly overview **October**

Year: ______________	I encountered **PROBLEMS**	I did **NOT** encounter any problems
1 Oct.	☐	☐
2 Oct.	☐	☐
3 Oct.	☐	☐
4 Oct.	☐	☐
5 Oct.	☐	☐
6 Oct.	☐	☐
7 Oct.	☐	☐
8 Oct.	☐	☐
9 Oct.	☐	☐
10 Oct.	☐	☐
11 Oct.	☐	☐
12 Oct.	☐	☐
13 Oct.	☐	☐
14 Oct.	☐	☐
15 Oct.	☐	☐
16 Oct.	☐	☐
17 Oct.	☐	☐
18 Oct.	☐	☐
19 Oct.	☐	☐
20 Oct.	☐	☐
21 Oct.	☐	☐
22 Oct.	☐	☐
23 Oct.	☐	☐
24 Oct.	☐	☐
25 Oct.	☐	☐
26 Oct.	☐	☐
27 Oct.	☐	☐
28 Oct.	☐	☐
29 Oct.	☐	☐
30 Oct.	☐	☐
31 Oct.	☐	☐

I did not manage my own medication from ________ /___ /____ to ____ /___ /____

Reason: ____

Monthly overview November

11

Year: ___________	I encountered PROBLEMS	I did NOT encounter any problems
1 Nov.	☐	☐
2 Nov.	☐	☐
3 Nov.	☐	☐
4 Nov.	☐	☐
5 Nov.	☐	☐
6 Nov.	☐	☐
7 Nov.	☐	☐
8 Nov.	☐	☐
9 Nov.	☐	☐
10 Nov.	☐	☐
11 Nov.	☐	☐
12 Nov.	☐	☐
13 Nov.	☐	☐
14 Nov.	☐	☐
15 Nov.	☐	☐
16 Nov.	☐	☐
17 Nov.	☐	☐
18 Nov.	☐	☐
19 Nov.	☐	☐
20 Nov.	☐	☐
21 Nov.	☐	☐
22 Nov.	☐	☐
23 Nov.	☐	☐
24 Nov.	☐	☐
25 Nov.	☐	☐
26 Nov.	☐	☐
27 Nov.	☐	☐
28 Nov.	☐	☐
29 Nov.	☐	☐
30 Nov.	☐	☐

I did not manage my own medication from ____/____/____ to ____/____/____

Reason: ____

Monthly overview December

Year: ____________	I encountered PROBLEMS	I did NOT encounter any problems
1 Dec.	☐	☐
2 Dec.	☐	☐
3 Dec.	☐	☐
4 Dec.	☐	☐
5 Dec.	☐	☐
6 Dec.	☐	☐
7 Dec.	☐	☐
8 Dec.	☐	☐
9 Dec.	☐	☐
10 Dec.	☐	☐
11 Dec.	☐	☐
12 Dec.	☐	☐
13 Dec.	☐	☐
14 Dec.	☐	☐
15 Dec.	☐	☐
16 Dec.	☐	☐
17 Dec.	☐	☐
18 Dec.	☐	☐
19 Dec.	☐	☐
20 Dec.	☐	☐
21 Dec.	☐	☐
22 Dec.	☐	☐
23 Dec.	☐	☐
24 Dec.	☐	☐
25 Dec.	☐	☐
26 Dec.	☐	☐
27 Dec.	☐	☐
28 Dec.	☐	☐
29 Dec.	☐	☐
30 Dec.	☐	☐
31 Dec.	☐	☐

I did not manage my own medication from ______/___/____ to ____/___/____

Reason: ____

____

Problem sheets

- You should only fill in a problem sheet if you experienced a problem with your medication on a particular day or during a particular period. If you did not experience any problems, do not fill in a problem sheet.

- At the top, always note the date of the day you experienced the problems (e.g. 01/01/2021) or, if the problems persist, you can also mention a period (e.g. from 01/01/2021 to 14/01/2021).
- Indicate which problems you experienced and which medication they relate to.

- Note whether or not you took action (e.g. contacting your doctor, home care nurse, pharmacist, etc.).

Problem sheet

Date: ____/____/________ or period from ____/____/________ to ____/____/________

What problem did you encounter?	With which medication?	Did you take action?
a. Obtaining the medication		
☐ Medication not in stock ☐ Forgot to collect from the pharmacy ☐ I am unable to go get my medication (restricted mobility, no help from others, etc.) ☐ I cannot afford the medication ☐ I had no prescription (refill)	☐ Pertains to all medicines ☐ Pertains to specific medicines: ________ ________ ________ ☐ I don't know	☐ No ☐ Yes: ________ ________ ________ ________
b. Side effects		
	☐ Pertains to all medicines ☐ Pertains to specific medicines: ________ ________ ________ ☐ I don't know	☐ No ☐ Yes: ________ ________ ________ ________

What problem did you encounter?	With which medication?	Did you take action?
c. Problems with medication use		
☐ I took the wrong dose ☐ More than prescribed ☐ Less than prescribed ☐ Other: ______	☐ Pertains to all medicines ☐ Pertains to specific medicines: ☐ I don't know	☐ No ☐ Yes:
☐ Taken at the wrong time ☐ Too early ☐ Too late ☐ Other: ______	☐ Pertains to all medicines ☐ Pertains to specific medicines: ☐ I don't know	☐ No ☐ Yes:
☐ Administered the wrong way	☐ Pertains to all medicines ☐ Pertains to specific medicines: ☐ I don't know	☐ No ☐ Yes:

Date of completion: ___ / ___ / ___

Problem sheet (continued)

Problem sheet (continued)

What problem did you encounter?	With which medication?	Did you take action?
☐ Forgot to take the medication	☐ Pertains to all medicines ☐ Pertains to specific medicines: ______ ______ ______ ☐ I don't know	☐ No ☐ Yes: ______ ______ ______ ______
☐ Difficult administration (problems swallowing, inhaling, applying, injecting, etc.)	☐ Pertains to all medicines ☐ Pertains to specific medicines: ______ ______ ______ ☐ I don't know	☐ No ☐ Yes: ______ ______ ______ ______
d. Problems with packaging		
☐ Difficulty opening the packaging	☐ Pertains to all medicines ☐ Pertains to specific medicines: ______ ______ ______ ☐ I don't know	☐ No ☐ Yes: ______ ______ ______ ______

What problem did you encounter?	With which medication?	Did you take action?
☐ Storage issues (e.g. packaging was thrown away)	☐ Pertains to all medicines ☐ Pertains to specific medicines: ☐ I don't know	☐ No ☐ Yes:
☐ I cannot read or understand all the information about my medication	☐ Pertains to all medicines ☐ Pertains to specific medicines: ☐ I don't know	☐ No ☐ Yes:
e. Other problems		
	☐ Pertains to all medicines ☐ Pertains to specific medicines: ☐ I don't know	☐ No ☐ Yes:

Date of completion: / /

Problem sheet (continued)

Problem sheet

Date: ____/____/________ or period from ____/____/________ to ____/____/________

What problem did you encounter?	With which medication?	Did you take action?
a. Obtaining the medication		
☐ Medication not in stock ☐ Forgot to collect from the pharmacy ☐ I am unable to go get my medication (restricted mobility, no help from others, etc.) ☐ I cannot afford the medication ☐ I had no prescription (refill)	☐ Pertains to all medicines ☐ Pertains to specific medicines: ____________ ____________ ____________ ☐ I don’t know	☐ No ☐ Yes: ____________ ____________ ____________ ____________
b. Side effects		
	☐ Pertains to all medicines ☐ Pertains to specific medicines: ____________ ____________ ____________ ☐ I don’t know	☐ No ☐ Yes: ____________ ____________ ____________ ____________

What problem did you encounter?	With which medication?	Did you take action?
c. Problems with medication use		
☐ I took the wrong dose ☐ More than prescribed ☐ Less than prescribed ☐ Other: ______	☐ Pertains to all medicines ☐ Pertains to specific medicines: ______ ______ ______ ☐ I don't know	☐ No ☐ Yes: ______ ______ ______ ______
☐ Taken at the wrong time ☐ Too early ☐ Too late ☐ Other: ______	☐ Pertains to all medicines ☐ Pertains to specific medicines: ______ ______ ______ ☐ I don't know	☐ No ☐ Yes: ______ ______ ______ ______
☐ Administered the wrong way	☐ Pertains to all medicines ☐ Pertains to specific medicines: ______ ______ ______ ☐ I don't know	☐ No ☐ Yes: ______ ______ ______ ______

Date of completion: __ / __ / __

Problem sheet

Problem sheet (continued)

What problem did you encounter?	With which medication?	Did you take action?
☐ Forgot to take the medication	☐ Pertains to all medicines ☐ Pertains to specific medicines: ________ ________ ________ ☐ I don’t know	☐ No ☐ Yes: ________ ________ ________ ________
☐ Difficult administration (problems swallowing, inhaling, applying, injecting, etc.)	☐ Pertains to all medicines ☐ Pertains to specific medicines: ________ ________ ________ ☐ I don’t know	☐ No ☐ Yes: ________ ________ ________ ________
d. Problems with packaging		
☐ Difficulty opening the packaging	☐ Pertains to all medicines ☐ Pertains to specific medicines: ________ ________ ________ ☐ I don’t know	☐ No ☐ Yes: ________ ________ ________ ________

Problem sheet (continued)

What problem did you encounter?	With which medication?	Did you take action?
☐ Storage issues (e.g. packaging was thrown away)	☐ Pertains to all medicines ☐ Pertains to specific medicines: ☐ I don't know	☐ No ☐ Yes:
☐ I cannot read or understand all the information about my medication	☐ Pertains to all medicines ☐ Pertains to specific medicines: ☐ I don't know	☐ No ☐ Yes:
e. Other problems		
	☐ Pertains to all medicines ☐ Pertains to specific medicines: ☐ I don't know	☐ No ☐ Yes:

Date of completion: ___ / ___ / ___

Problem sheet (continued)

Problem sheet

Problem sheet

Date: ____/____/________ or period from ____/____/________ to ____/____/________

What problem did you encounter?	With which medication?	Did you take action?
a. Obtaining the medication		
☐ Medication not in stock ☐ Forgot to collect from the pharmacy ☐ I am unable to go get my medication (restricted mobility, no help from others, etc.) ☐ I cannot afford the medication ☐ I had no prescription (refill))	☐ Pertains to all medicines ☐ Pertains to specific medicines: __________ __________ __________ ☐ I don’t know	☐ No ☐ Yes: __________ __________ __________ __________
b. Side effects		
	☐ Pertains to all medicines ☐ Pertains to specific medicines: __________ __________ __________ ☐ I don’t know	☐ No ☐ Yes: __________ __________ __________ __________

What problem did you encounter?	With which medication?	Did you take action?
c. Problems with medication use		
☐ I took the wrong dose ☐ More than prescribed ☐ Less than prescribed ☐ Other: ________	☐ Pertains to all medicines ☐ Pertains to specific medicines: ________ ☐ I don't know	☐ No ☐ Yes: ________
☐ Taken at the wrong time ☐ Too early ☐ Too late ☐ Other: ________	☐ Pertains to all medicines ☐ Pertains to specific medicines: ________ ☐ I don't know	☐ No ☐ Yes: ________
☐ Administered the wrong way	☐ Pertains to all medicines ☐ Pertains to specific medicines: ________ ☐ I don't know	☐ No ☐ Yes: ________

Date of completion: ___ / ___ / ___

Problem sheet

Problem sheet (continued)

What problem did you encounter?	With which medication?	Did you take action?
☐ Forgot to take the medication	☐ Pertains to all medicines ☐ Pertains to specific medicines: __________ __________ __________ ☐ I don't know	☐ No ☐ Yes: __________ __________ __________ __________
☐ Difficult administration (problems swallowing, inhaling, applying, injecting, etc.)	☐ Pertains to all medicines ☐ Pertains to specific medicines: __________ __________ __________ ☐ I don't know	☐ No ☐ Yes: __________ __________ __________ __________
d. Problems with packaging		
☐ Difficulty opening the packaging	☐ Pertains to all medicines ☐ Pertains to specific medicines: __________ __________ __________ ☐ I don't know	☐ No ☐ Yes: __________ __________ __________ __________

Problem sheet (continued)

What problem did you encounter?	With which medication?	Did you take action?
☐ Storage issues (e.g. packaging was thrown away)	☐ Pertains to all medicines ☐ Pertains to specific medicines: ☐ I don't know	☐ No ☐ Yes:
☐ I cannot read or understand all the information about my medication	☐ Pertains to all medicines ☐ Pertains to specific medicines: ☐ I don't know	☐ No ☐ Yes:

e. Other problems

	☐ Pertains to all medicines ☐ Pertains to specific medicines: ☐ I don't know	☐ No ☐ Yes:

Date of completion: __ / __ / __

Problem sheet (continued)

Problem sheet

Date: ____/____/________ or period from ____/____/________ to ____/____/________

What problem did you encounter?	With which medication?	Did you take action?
a. Obtaining the medication		
☐ Medication not in stock ☐ Forgot to collect from the pharmacy ☐ I am unable to go get my medication (restricted mobility, no help from others, etc.) ☐ I cannot afford the medication ☐ I had no prescription (refill)	☐ Pertains to all medicines ☐ Pertains to specific medicines: ________ ________ ________ ☐ I don't know	☐ No ☐ Yes: ________ ________ ________ ________
b. Side effects		
	☐ Pertains to all medicines ☐ Pertains to specific medicines: ________ ________ ________ ☐ I don't know	☐ No ☐ Yes: ________ ________ ________ ________

What problem did you encounter?	With which medication?	Did you take action?
c. Problems with medication use		
☐ I took the wrong dose ☐ More than prescribed ☐ Less than prescribed ☐ Other: ______	☐ Pertains to all medicines ☐ Pertains to specific medicines: ☐ I don’t know	☐ No ☐ Yes:
☐ Taken at the wrong time ☐ Too early ☐ Too late ☐ Other: ______	☐ Pertains to all medicines ☐ Pertains to specific medicines: ☐ I don’t know	☐ No ☐ Yes:
☐ Administered the wrong way	☐ Pertains to all medicines ☐ Pertains to specific medicines: ☐ I don’t know	☐ No ☐ Yes:

Date of completion ___ / ___ / ___

Problem sheet (continued)

Problem sheet (continued)

What problem did you encounter?	With which medication?	Did you take action?
☐ Forgot to take the medication	☐ Pertains to all medicines ☐ Pertains to specific medicines: ________ ________ ________ ☐ I don't know	☐ No ☐ Yes: ________ ________ ________ ________
☐ Difficult administration (problems swallowing, inhaling, applying, injecting, etc.)	☐ Pertains to all medicines ☐ Pertains to specific medicines: ________ ________ ________ ☐ I don't know	☐ No ☐ Yes: ________ ________ ________ ________
d. Problems with packaging		
☐ Difficulty opening the packaging	☐ Pertains to all medicines ☐ Pertains to specific medicines: ________ ________ ________ ☐ I don't know	☐ No ☐ Yes: ________ ________ ________ ________

What problem did you encounter?	With which medication?	Did you take action?
☐ Storage issues (e.g. packaging was thrown away)	☐ Pertains to all medicines ☐ Pertains to specific medicines: ______ ______ ______ ☐ I don't know	☐ No ☐ Yes: ______ ______ ______ ______
☐ I cannot read or understand all the information about my medication	☐ Pertains to all medicines ☐ Pertains to specific medicines: ______ ______ ______ ☐ I don't know	☐ No ☐ Yes: ______ ______ ______ ______
e. Other problems		
______ ______ ______ ______ ______	☐ Pertains to all medicines ☐ Pertains to specific medicines: ______ ______ ______ ☐ I don't know	☐ No ☐ Yes: ______ ______ ______ ______

Date of completion: ___ / ___ / ___

Problem sheet (continued)

Problem sheet

Date: ____/___/______ or period from ____/___/______ to ____/___/______

What problem did you encounter?	With which medication?	Did you take action?
a. Obtaining the medication		
☐ Medication not in stock ☐ Forgot to collect from the pharmacy ☐ I am unable to go get my medication (restricted mobility, no help from others, etc.) ☐ I cannot afford the medication ☐ I had no prescription (refill)	☐ Pertains to all medicines ☐ Pertains to specific medicines: ________ ________ ________ ☐ I don’t know	☐ No ☐ Yes: ________ ________ ________ ________
b. Side effects		
	☐ Pertains to all medicines ☐ Pertains to specific medicines: ________ ________ ________ ☐ I don’t know	☐ No ☐ Yes: ________ ________ ________ ________

What problem did you encounter?	With which medication?	Did you take action?
c. Problems with medication use		
☐ I took the wrong dose ☐ More than prescribed ☐ Less than prescribed ☐ Other: ______	☐ Pertains to all medicines ☐ Pertains to specific medicines: ☐ I don't know	☐ No ☐ Yes:
☐ Taken at the wrong time ☐ Too early ☐ Too late ☐ Other: ______	☐ Pertains to all medicines ☐ Pertains to specific medicines: ☐ I don't know	☐ No ☐ Yes:
☐ Administered the wrong way	☐ Pertains to all medicines ☐ Pertains to specific medicines: ☐ I don't know	☐ No ☐ Yes:

Date of completion: __ / __ / __

What problem did you encounter?	With which medication?	Did you take action?
☐ Forgot to take the medication	☐ Pertains to all medicines ☐ Pertains to specific medicines: ______ ______ ______ ☐ I don't know	☐ No ☐ Yes: ______ ______ ______ ______
☐ Difficult administration (problems swallowing, inhaling, applying, injecting, etc.)	☐ Pertains to all medicines ☐ Pertains to specific medicines: ______ ______ ______ ☐ I don't know	☐ No ☐ Yes: ______ ______ ______ ______
d. Problems with packaging		
☐ Difficulty opening the packaging	☐ Pertains to all medicines ☐ Pertains to specific medicines: ______ ______ ______ ☐ I don't know	☐ No ☐ Yes: ______ ______ ______ ______

Problem sheet (continued)

What problem did you encounter?	With which medication?	Did you take action?
☐ Storage issues (e.g. packaging was thrown away)	☐ Pertains to all medicines ☐ Pertains to specific medicines: ☐ I don't know	☐ No ☐ Yes:
☐ I cannot read or understand all the information about my medication	☐ Pertains to all medicines ☐ Pertains to specific medicines: ☐ I don't know	☐ No ☐ Yes:
e. Other problems		
	☐ Pertains to all medicines ☐ Pertains to specific medicines: ☐ I don't know	☐ No ☐ Yes:

Date of completion: __ / __ / __

Problem sheet (continued)

Problem sheet

Date: ____ / ____ / ________ or period from ____ / ____ / ________ to ____ / ____ / ________

What problem did you encounter?	With which medication?	Did you take action?
a. Obtaining the medication		
☐ Medication not in stock ☐ Forgot to collect from the pharmacy ☐ I am unable to go get my medication (restricted mobility, no help from others, etc.) ☐ I cannot afford the medication ☐ I had no prescription (refill)	☐ Pertains to all medicines ☐ Pertains to specific medicines: ____ ____ ____ ☐ I don’t know	☐ No ☐ Yes: ____ ____ ____ ____
b. Side effects		
	☐ Pertains to all medicines ☐ Pertains to specific medicines: ____ ____ ____ ☐ I don’t know	☐ No ☐ Yes: ____ ____ ____ ____

What problem did you encounter?	With which medication?	Did you take action?
c. Problems with medication use		
☐ I took the wrong dose ☐ More than prescribed ☐ Less than prescribed ☐ Other: ______	☐ Pertains to all medicines ☐ Pertains to specific medicines: ______ ______ ______ ☐ I don't know	☐ No ☐ Yes: ______ ______ ______ ______
☐ Taken at the wrong time ☐ Too early ☐ Too late ☐ Other: ______	☐ Pertains to all medicines ☐ Pertains to specific medicines: ______ ______ ______ ☐ I don't know	☐ No ☐ Yes: ______ ______ ______ ______
☐ Administered the wrong way	☐ Pertains to all medicines ☐ Pertains to specific medicines: ______ ______ ______ ☐ I don't know	☐ No ☐ Yes: ______ ______ ______ ______

Date of completion: ___ / ___ / ___

Problem sheet

What problem did you encounter?	With which medication?	Did you take action?
☐ Forgot to take the medication	☐ Pertains to all medicines ☐ Pertains to specific medicines: ☐ I don’t know	☐ No ☐ Yes:
☐ Difficult administration (problems swallowing, inhaling, applying, injecting, etc.)	☐ Pertains to all medicines ☐ Pertains to specific medicines: ☐ I don’t know	☐ No ☐ Yes:
d. Problems with packaging		
☐ Difficulty opening the packaging	☐ Pertains to all medicines ☐ Pertains to specific medicines: ☐ I don’t know	☐ No ☐ Yes:

Problem sheet (continued)

What problem did you encounter?	With which medication?	Did you take action?
☐ Storage issues (e.g. packaging was thrown away)	☐ Pertains to all medicines ☐ Pertains to specific medicines: ______ ______ ______ ☐ I don’t know	☐ No ☐ Yes: ______ ______ ______ ______
☐ I cannot read or understand all the information about my medication	☐ Pertains to all medicines ☐ Pertains to specific medicines: ______ ______ ______ ☐ I don’t know	☐ No ☐ Yes: ______ ______ ______ ______
e. Other problems		
______ ______ ______ ______ ______	☐ Pertains to all medicines ☐ Pertains to specific medicines: ______ ______ ______ ☐ I don’t know	☐ No ☐ Yes: ______ ______ ______ ______

Date of completion: ___ / ___ / ___

Problem sheet (continued)

Problem sheet

Problem sheet

Date: ____ / ____ / ________ or period from ____ / ____ / ________ to ____ / ____ / ________

What problem did you encounter?	With which medication?	Did you take action?
a. Obtaining the medication		
☐ Medication not in stock ☐ Forgot to collect from the pharmacy ☐ I am unable to go get my medication (restricted mobility, no help from others, etc.) ☐ I cannot afford the medication ☐ I had no prescription (refill)	☐ Pertains to all medicines ☐ Pertains to specific medicines: ________ ________ ________ ☐ I don’t know	☐ No ☐ Yes: ________ ________ ________ ________
b. Side effects		
	☐ Pertains to all medicines ☐ Pertains to specific medicines: ________ ________ ________ ☐ I don’t know	☐ No ☐ Yes: ________ ________ ________ ________

What problem did you encounter?	With which medication?	Did you take action?
c. Problems with medication use		
☐ I took the wrong dose ☐ More than prescribed ☐ Less than prescribed ☐ Other: ______	☐ Pertains to all medicines ☐ Pertains to specific medicines: ______ ☐ I don’t know	☐ No ☐ Yes: ______
☐ Taken at the wrong time ☐ Too early ☐ Too late ☐ Other: ______	☐ Pertains to all medicines ☐ Pertains to specific medicines: ______ ☐ I don’t know	☐ No ☐ Yes: ______
☐ Administered the wrong way	☐ Pertains to all medicines ☐ Pertains to specific medicines: ______ ☐ I don’t know	☐ No ☐ Yes: ______

Date of completion: ___ / ___ / ___

Problem sheet

Problem sheet (continued)

What problem did you encounter?	With which medication?	Did you take action?
☐ Forgot to take the medication	☐ Pertains to all medicines ☐ Pertains to specific medicines: __________ __________ __________ ☐ I don’t know	☐ No ☐ Yes: __________ __________ __________ __________
☐ Difficult administration (problems swallowing, inhaling, applying, injecting, etc.)	☐ Pertains to all medicines ☐ Pertains to specific medicines: __________ __________ __________ ☐ I don’t know	☐ No ☐ Yes: __________ __________ __________ __________
d. Problems with packaging		
☐ Difficulty opening the packaging	☐ Pertains to all medicines ☐ Pertains to specific medicines: __________ __________ __________ ☐ I don’t know	☐ No ☐ Yes: __________ __________ __________ __________

What problem did you encounter?	With which medication?	Did you take action?
☐ Storage issues (e.g. packaging was thrown away)	☐ Pertains to all medicines ☐ Pertains to specific medicines: ☐ I don't know	☐ No ☐ Yes:
☐ I cannot read or understand all the information about my medication	☐ Pertains to all medicines ☐ Pertains to specific medicines: ☐ I don't know	☐ No ☐ Yes:
e. Other problems		
	☐ Pertains to all medicines ☐ Pertains to specific medicines: ☐ I don't know	☐ No ☐ Yes:

Date of completion: ___ / ___ / ___

Problem sheet (continued)

Problem sheet

Problem sheet

Date: ____/____/________ or period from ____/____/________ to ____/____/________

What problem did you encounter?	With which medication?	Did you take action?
a. Obtaining the medication		
☐ Medication not in stock ☐ Forgot to collect from the pharmacy ☐ I am unable to go get my medication (restricted mobility, no help from others, etc.) ☐ I cannot afford the medication ☐ I had no prescription (refill)	☐ Pertains to all medicines ☐ Pertains to specific medicines: ______ ______ ______ ☐ I don't know	☐ No ☐ Yes: ______ ______ ______ ______
b. Side effects		
	☐ Pertains to all medicines ☐ Pertains to specific medicines: ______ ______ ______ ☐ I don't know	☐ No ☐ Yes: ______ ______ ______ ______

What problem did you encounter?	With which medication?	Did you take action?
c. Problems with medication use		
☐ I took the wrong dose ☐ More than prescribed ☐ Less than prescribed ☐ Other: ______	☐ Pertains to all medicines ☐ Pertains to specific medicines: ☐ I don't know	☐ No ☐ Yes:
☐ Taken at the wrong time ☐ Too early ☐ Too late ☐ Other: ______	☐ Pertains to all medicines ☐ Pertains to specific medicines: ☐ I don't know	☐ No ☐ Yes:
☐ Administered the wrong way	☐ Pertains to all medicines ☐ Pertains to specific medicines: ☐ I don't know	☐ No ☐ Yes:

Date of completion: ___ / ___ / ___

What problem did you encounter?	With which medication?	Did you take action?
☐ Forgot to take the medication	☐ Pertains to all medicines ☐ Pertains to specific medicines: ☐ I don't know	☐ No ☐ Yes:
☐ Difficult administration (problems swallowing, inhaling, applying, injecting, etc.)	☐ Pertains to all medicines ☐ Pertains to specific medicines: ☐ I don't know	☐ No ☐ Yes:
d. Problems with packaging		
☐ Difficulty opening the packaging	☐ Pertains to all medicines ☐ Pertains to specific medicines: ☐ I don't know	☐ No ☐ Yes:

What problem did you encounter?	With which medication?	Did you take action?
☐ Storage issues (e.g. packaging was thrown away)	☐ Pertains to all medicines ☐ Pertains to specific medicines: __________ __________ __________ ☐ I don’t know	☐ No ☐ Yes: __________ __________ __________ __________
☐ I cannot read or understand all the information about my medication	☐ Pertains to all medicines ☐ Pertains to specific medicines: __________ __________ __________ ☐ I don’t know	☐ No ☐ Yes: __________ __________ __________ __________
e. Other problems		
__________ __________ __________ __________ __________	☐ Pertains to all medicines ☐ Pertains to specific medicines: __________ __________ __________ ☐ I don’t know	☐ No ☐ Yes: __________ __________ __________ __________

Date of completion: ___ / ___ / ___

Problem sheet (continued)

Problem sheet

Date: ____/____/________ or period from ____/____/________ to ____/____/________

What problem did you encounter?	With which medication?	Did you take action?
a. Obtaining the medication		
☐ Medication not in stock ☐ Forgot to collect from the pharmacy ☐ I am unable to go get my medication (restricted mobility, no help from others, etc.) ☐ I cannot afford the medication ☐ I had no prescription (refill)	☐ Pertains to all medicines ☐ Pertains to specific medicines: ______ ______ ______ ☐ I don’t know	☐ No ☐ Yes: ______ ______ ______ ______
b. Side effects		
	☐ Pertains to all medicines ☐ Pertains to specific medicines: ______ ______ ______ ☐ I don’t know	☐ No ☐ Yes: ______ ______ ______ ______

What problem did you encounter?	With which medication?	Did you take action?
c. Problems with medication use		
☐ I took the wrong dose ☐ More than prescribed ☐ Less than prescribed ☐ Other: ______	☐ Pertains to all medicines ☐ Pertains to specific medicines: ______ ☐ I don't know	☐ No ☐ Yes: ______
☐ Taken at the wrong time ☐ Too early ☐ Too late ☐ Other: ______	☐ Pertains to all medicines ☐ Pertains to specific medicines: ______ ☐ I don't know	☐ No ☐ Yes: ______
☐ Administered the wrong way	☐ Pertains to all medicines ☐ Pertains to specific medicines: ______ ☐ I don't know	☐ No ☐ Yes: ______

Date of completion: __ / __ / __

Problem sheet (continued)

Problem sheet (continued)

What problem did you encounter?	With which medication?	Did you take action?
☐ Forgot to take the medication	☐ Pertains to all medicines ☐ Pertains to specific medicines: ______ ______ ______ ☐ I don't know	☐ No ☐ Yes: ______ ______ ______ ______
☐ Difficult administration (problems swallowing, inhaling, applying, injecting, etc.)	☐ Pertains to all medicines ☐ Pertains to specific medicines: ______ ______ ______ ☐ I don't know	☐ No ☐ Yes: ______ ______ ______ ______
d. Problems with packaging		
☐ Difficulty opening the packaging	☐ Pertains to all medicines ☐ Pertains to specific medicines: ______ ______ ______ ☐ I don't know	☐ No ☐ Yes: ______ ______ ______ ______

What problem did you encounter?	With which medication?	Did you take action?
☐ Storage issues (e.g. packaging was thrown away)	☐ Pertains to all medicines ☐ Pertains to specific medicines: ________ ________ ________ ☐ I don't know	☐ No ☐ Yes: ________ ________ ________ ________
☐ I cannot read or understand all the information about my medication	☐ Pertains to all medicines ☐ Pertains to specific medicines: ________ ________ ________ ☐ I don't know	☐ No ☐ Yes: ________ ________ ________ ________
e. Other problems		
________ ________ ________ ________ ________	☐ Pertains to all medicines ☐ Pertains to specific medicines: ________ ________ ________ ☐ I don't know	☐ No ☐ Yes: ________ ________ ________ ________

Date of completion: ___ / ___ / ___

Problem sheet

Problem sheet

Date: ____/____/________ or period from ____/____/________ to ____/____/________

What problem did you encounter?	With which medication?	Did you take action?
a. Obtaining the medication		
☐ Medication not in stock ☐ Forgot to collect from the pharmacy ☐ I am unable to go get my medication (restricted mobility, no help from others, etc.) ☐ I cannot afford the medication ☐ I had no prescription (refill)	☐ Pertains to all medicines ☐ Pertains to specific medicines: ________ ________ ________ ☐ I don't know	☐ No ☐ Yes: ________ ________ ________ ________
b. Side effects		
	☐ Pertains to all medicines ☐ Pertains to specific medicines: ________ ________ ________ ☐ I don't know	☐ No ☐ Yes: ________ ________ ________ ________

What problem did you encounter?	With which medication?	Did you take action?
c. Problems with medication use		
☐ I took the wrong dose ☐ More than prescribed ☐ Less than prescribed ☐ Other: ______	☐ Pertains to all medicines ☐ Pertains to specific medicines: ☐ I don't know	☐ No ☐ Yes:
☐ Taken at the wrong time ☐ Too early ☐ Too late ☐ Other: ______	☐ Pertains to all medicines ☐ Pertains to specific medicines: ☐ I don't know	☐ No ☐ Yes:
☐ Administered the wrong way	☐ Pertains to all medicines ☐ Pertains to specific medicines: ☐ I don't know	☐ No ☐ Yes:

Date of completion: __ / __ / __

Problem sheet

Problem sheet (continued)

Problem sheet (continued)

What problem did you encounter?	With which medication?	Did you take action?
☐ Forgot to take the medication	☐ Pertains to all medicines ☐ Pertains to specific medicines: ________ ________ ________ ☐ I don't know	☐ No ☐ Yes: ________ ________ ________ ________
☐ Difficult administration (problems swallowing, inhaling, applying, injecting, etc.)	☐ Pertains to all medicines ☐ Pertains to specific medicines: ________ ________ ________ ☐ I don't know	☐ No ☐ Yes: ________ ________ ________ ________
d. Problems with packaging		
☐ Difficulty opening the packaging	☐ Pertains to all medicines ☐ Pertains to specific medicines: ________ ________ ________ ☐ I don't know	☐ No ☐ Yes: ________ ________ ________ ________

What problem did you encounter?	With which medication?	Did you take action?
☐ Storage issues (e.g. packaging was thrown away)	☐ Pertains to all medicines ☐ Pertains to specific medicines: ☐ I don’t know	☐ No ☐ Yes:
☐ I cannot read or understand all the information about my medication	☐ Pertains to all medicines ☐ Pertains to specific medicines: ☐ I don’t know	☐ No ☐ Yes:
e. Other problems		
	☐ Pertains to all medicines ☐ Pertains to specific medicines: ☐ I don’t know	☐ No ☐ Yes:

Date of completion: __ / __ / __

Problem sheet (continued)

Notes

Here you can note specific questions for your doctor or other healthcare providers, as well as new agreements made regarding your medication.

In case of new agreements, note the date they were made and the person they were made with.

Notes

Notes

Good communication between patients and healthcare providers is crucial for treatment with medication to work well. On the one hand, it is important for the treatment to be tailored to the patient's needs, experiences and goals. On the other hand, it is important for healthcare providers to see how the patient uses and responds to the medication prescribed.

This diary allows you to record problems with your medication. This will make it easier to discuss problems with your doctor, pharmacist, nurse, or any other healthcare providers, so they can help you by tailoring your medication to your specific needs.