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test patienta | Medication Barriers Form (Unsaved Form)

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1. I just forget to take them. Never Rarely Sometimes Often Very Often*
2. I forgot to fill my prescription in time. Never Rarely Sometimes Often Very Often*
3. I don't know what does to take. Never Rarely Sometimes Often Very Often*
4. I'm not sure exactly what each medicine is for. Never Rarely Sometimes Often Very Often*
5. There are too many doses to take each day. Never Rarely Sometimes Often Very Often*
6. It's too hard to keep track of what I am supposed to take when. Never Rarely Sometimes Often Very Often*
7. They are unpleasant to take. Never Rarely Sometimes Often Very Often*
8. I can't afford them. Never Rarely Sometimes Often Very Often*
9. My medicines make me feel bad or have side effects I don't like. Never Rarely Sometimes Often Very Often*
10. I have heard about side effects that I am afraid I might get. Never Rarely Sometimes Often Very Often*
11. Getting to the pharmacy to pick them up is difficult. Never Rarely Sometimes Often Very Often*
12. The pharmacy could not fill my prescription. Never Rarely Sometimes Often Very Often*
13. My doctor or nurse forgot to write a new prescription. Never Rarely Sometimes Often Very Often*
14. I ran out of medication before I could call or visit my doctor or nurse. Never Rarely Sometimes Often Very Often*
15. I don't have enough time to talk with my doctor or nurse about problems I am having with my medicines. Never Rarely Sometimes Often Very Often*
16. I sometimes forget to ask my doctor or nurse about problems that I am having with my medicines. Never Rarely Sometimes Often Very Often*
17. I don't feel my medicines are helping me. Never Rarely Sometimes Often Very Often*
18. I just don't like taking medicine in general. Never Rarely Sometimes Often Very Often*
19. Taking medicines makes my health worse. Never Rarely Sometimes Often Very Often*
20. I sometimes find it hard to ask my doctor or nurse questions about my medications. Never Rarely Sometimes Often Very Often*

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