

**Development and Testing of a Comprehensive Geriatric Self-Medication  
Assessment Tool  
Vs. June, 2007 © Irvine-Meek & Gould**

**Self-Medication Assessment Tool**

**Functional & Cognitive Assessment**

(Bottle 1: 10pt font; child-resistant [align arrows]; 7 dram vial)

F1. ***Please read the label on this bottle out loud.***

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:

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


(Bottle 2: 12pt font; child-resistant [push & turn]; 12 dram vial)

F3. ***Please read the label 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:

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


(Bottle 3: 14pt font; non-child-resistant [flip-open cap]; 40 dram vial)

F5. ***Please read the label on this bottle out loud.***

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:

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


(Bottle 3: 14pt font; non-child-resistant [flip-open cap]; 40 dram vial)

F7. ***Please take 2 pills out of the bottle.***

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

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(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 for a typical day.**

Bottle 3

Dosage correct:

Time correct:

Bottle 4

Dosage correct:

Time correct:

Bottle 5

Dosage correct:

Time correct:

<u>Ease</u>	<u>Difficulty</u>	<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.***

**C5. Please point to the slot for Tuesday at noon.**

**F8/C6. Please take out the pill for Friday morning.**

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

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

**C7. Please place the pills from the 3 bottles into the dosette in the correct way.**

**NOTE TO ASSESSER ALLOW MAXIMUM 10 MINS TO COMPLETE THIS TASK**

Bottle 3

Dosage correct:

Time correct:

Bottle 4

Dosage correct:

Time correct:

Bottle 5

Dosage correct:

Time correct:

**TIME STARTED:**

**TIME FINISHED:**

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

(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.***

**C8. Please point to the bubble for Monday evening.**

**F9/C9. Please take out the tablets for \_\_\_\_\_ (select day and time).**

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

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

	<u>Able</u>	<u>Unable</u>
White		
(Light) Yellow		
(Light) Green		
(Light) Blue		
(Light) Purple		

	<u>Able</u>	<u>Unable</u>
White		
(Dark) Yellow		
(Dark) Green		
(Dark) Blue		
(Dark) Purple		

*Do you have any difficulty swallowing tablets?*

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

*Pharmacist's estimate of hearing difficulty.*

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

*Pharmacist's estimate of visual difficulty.*

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

*Do you have a daily routine that helps to remind you to take your medications?*

<u>Yes</u>	<u>No</u>

*If yes, please specify:*

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**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*  
(who? \_\_\_\_\_)
- *other* \_\_\_\_\_


*Do you have a regular pharmacist/pharmacy?*

<u>Yes</u>	<u>No</u>

*If yes, please specify:*

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