

## List of Medications

Name of medication

Date prescribed and when did you start the medication?

What are you taking it for?

How long do you anticipate taking it?

Dose (How much should you take each time?)

How many times per day do you take it and what time of day do you take it?

What should you avoid while taking it?

Side effects you have noticed

How long after starting the medication did you start noticing the side effects and how long do they last?

Would you stop taking the medication because of the side effects?

How will you know the medication is helping?

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Side effects you have noticed

How long after starting the medication did you start noticing the side effects and how long do they last?

Would you stop taking the medication because of the side effects?

How will you know the medication is helping?

\*\*\*If you are experiencing side effects and are concerned about them, please talk to your Health Care Provider.\*\*\*

Source:

Blisker D, Samra J, Goldner E, *Positive coping with health conditions: A self-care workbook*. 2009