

**SELLINDGE SURGERY DRUM QUESTIONNAIRE**

Patient ID/Name \_\_\_\_\_

- 1. Do you understand how to take or use all of your medicines? YES NO
- 2. Do you understand what you are taking your medicines for? YES NO
  
- 3. Do you take any medicines your Doctor has not prescribed? i.e. vitamins, painkillers etc YES NO  
If yes what? \_\_\_\_\_
- 4. Are you experiencing any side effects that you think may be caused by your medicines? YES NO  
If yes what? \_\_\_\_\_
  
- 5. Are there any medicines on your repeat list that you no longer take? YES NO  
If yes what? \_\_\_\_\_
  
- 6. Do you order everything regularly and at the same time? YES NO
  
- 7. Do you have problems remembering to take your medicine? YES NO
  
- 8. Do you have problems getting the medicines out of their packaging YES NO
  
- 9. Do you have any problems swallowing tablets or capsules? YES NO
  
- 10. Can you read the label clearly and understand the directions on it? YES NO

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8B3E – Good Compliance

8B3i – Poor Compliance

Referred to Doctor YES/NO

Comments

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Dispensers Initials

Date

Entered on EMIS