

# Medications Use Checklist

	YES	NO
1. Do you know if you should take you medicine before or after you eat?	0	1
2. Do you take 3 or more medications each day?	2	0
3. Have you gained or lost more than 10 lbs. since you started taking your medications?	1	0
4. Do you go to more than one pharmacy or drugstore to get your prescriptions filled?	2	0
5. Do you take one or more of the following medications: <input type="checkbox"/> Digoxin (Lanoxin) <input type="checkbox"/> Lithium <input type="checkbox"/> Theophylline <input type="checkbox"/> Phenytoin (Dilantin) Does your doctor check your blood level? <i>Circle one: Yes No</i>	2	0
6. Do you drink 2 or more alcoholic beverages on a daily basis?	2	0
7. Do you skip meals or snacks and take diabetes medicine?	2	0
8. Can you read the labels on your medication?	0	2
<b>TOTAL</b>		

**Total medications use score.** If it's more than 2, the participant may have a problem with their health because of medication or diet. Inform them to talk to their doctor or pharmacist. Tell them to bring this checklist the next time they visit their doctor. Remember warning signs suggest risk, but do not represent diagnosis of any condition.

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