Questions to ask before you take your medicine:

1. Why am I taking this medicine? __________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

2. What are the brand name and generic* name of this medicine? __________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

3. Can I take a generic version of this medicine? __________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

4. Does this new prescription mean I should stop taking other medicines? __________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

5. How much of the medicine should I take and how often do I take it? If I need to take it three times a day, does that mean at breakfast, lunch, and dinner, or every 8 hours? Do I need to wake up in the middle of the night to take it? __________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

*Learn more about generic medicine. See page 14.
6. Do I need to take it all or should I stop when I feel better? ________________
__________________________
__________________________

7. How long will I take it? Can I get a refill? How often can I get a refill? __________
__________________________
__________________________
__________________________

8. How should I store my medication? Do I need to keep it in the refrigerator? ______
__________________________
__________________________
__________________________

9. Are there any tests I need while I’m on this medicine? ______________________
__________________________
__________________________
__________________________

10. When should the medicine start working? How can I tell if it’s working? __________
__________________________
__________________________
__________________________
11. Are there foods, drinks (including alcohol), other medicines, or activities to avoid while I’m taking this medicine?

________________________________________________________

________________________________________________________

12. What are the side effects? When should I tell the doctor about a problem or side effect?

________________________________________________________

________________________________________________________

13. What should I do if I have a side effect?

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________________________________________________________

14. What happens if I miss a dose?

________________________________________________________

________________________________________________________

15. What printed information can you give me about this medicine?

________________________________________________________

________________________________________________________

________________________________________________________