



Sometimes we have concerns about the meds we are prescribed. Use this worksheet to let your doctor and team know what, if any, concerns you have. Your team wants to support you in finding the treatment that's right for you. Read each question below, and choose your answer:

1. In addition to meds, are there any other things you are doing to help yourself?  
 Yes  
 No  
 Unsure
2. Do you feel motivated to use the meds?  
 Yes  
 No  
 Unsure
3. Are you concerned about side effects?  
 Yes  
 No  
 Unsure
4. Are the meds helping you?  
 Yes  
 No  
 Unsure
5. Are you thinking about stopping or lowering your meds?  
 Yes  
 No  
 Unsure
6. Are you concerned about how the meds are affecting your health?  
 Yes  
 No  
 Unsure
7. Are meds changing you in any ways you don't like?  
 Yes  
 No  
 Unsure
8. Are you using drugs or alcohol instead of, or in addition to, the meds?  
 Yes  
 No  
 Prefer not to answer
9. Are you exploring other wellness or cultural healing strategies?  
 Yes  
 No  
 Unsure
10. Are you tired of taking meds?  
 Yes  
 No  
 Unsure
11. Do you have beliefs that interfere with taking medicine?  
 Yes  
 No  
 Unsure
12. Do you have concerns about paying for the meds or getting to the store to pick them up?  
 Yes  
 No  
 Unsure

**My concerns about meds in my own words:**