**Medication Checklist**

What is the name of the medication: ___________________

Why am I taking it? ________________________________

___ When and how do I take it? Do I take it at the same time every day?
    What if I miss a dose?

___ Is there a generic or other less expensive drug I can take?

___ Should I take this medication on an empty stomach or with food?

___ Can it be crushed or do I need to swallow it whole?

___ How long should I take it?

___ Does this medication contain anything to which I may have had a
    previous allergic reaction (i.e., penicillin, sulfa, etc.)?

___ Should I avoid alcohol, certain foods, activities or other prescription or
    over-the-counter drugs?

___ Are there any possible side effects such as drowsiness? Dizziness?

___ Could this medication interact with other medications I take?

___ Where should I store this medication? Does it need to be refrigerated?

___ Can I have written instructions?

*Source: Compiled from information from the U.S. Food and Drug Administration and the American Pharmaceutical Association

Keep this medication checklist handy when you go to the doctor