

Using Medicines Wisely

1. Have you taken an over-the-counter medication in the last two weeks?
 Yes No

2. What was the main reason you took the over-the-counter medication? (Check one.)
 I did not take an over-the-counter medication.
 Pain
 Allergies
 Cold/sinus/decongestant
 Diarrhea
 Heartburn
 Other _____

3. When you took this over-the-counter medication, were you taking any prescription medication at the same time?
 Yes No

4. Generally, I read the entire label on the back of an over-the-counter medication before I purchase it.
 Yes No Sometimes

5. If you are taking a prescription drug and need to use an over-the-counter medication, do you ask a doctor's or pharmacist's advice before you purchase the over-the-counter medication?
 Yes, always Sometimes Never

6. I sometimes take more of an over-the-counter medication than the dose on the label says to take.
 Often Sometimes Never