

How do you feel about your medications?

You will soon visit your GP to discuss your medication. Completing this form will prepare you for the conversation. The form may help you and your GP decide whether your medication should be changed.



Do you mostly agree or disagree in the following statements?

I experience adverse drug reactions that bother me significantly.

Agree

Neutral

Disagree

I sometimes think that I get too much medication.

Agree

Neutral

Disagree

I think that I might get some medication that I do not need.

Agree

Neutral

Disagree

I am overall satisfied with my current medication.

Agree

Neutral

Disagree

Is there something about your medication that you would like to discuss with the GP?

Yes

No

If yes, please elaborate:

Please bring the questionnaire at your next GP appointment.

The questionnaire can be downloaded at ww.feap.au.dk/PREPAIR.