MEDICINE KNOWLEDGE ASSESSMENT FORM

Name: _____ Date: _____

Medication	What is the name of medication?	Why are you taking the medication?	How much do you take each time?	When do you take the medication?	What effects do you look out for? P	N	Where do you keep the medication?	When is the next refill due?

P = Positive effects from the medication
N = Negative effects from the medication

Source: adultmeducation.com