

Medication Organization Methods

	Notes				
Organization Method	<i>Did you like this method?</i>	<i>Did this method help you to remember to take your medications?</i>	<i>What did you like about this method?</i>	<i>What did you dislike about this method?</i>	<i>Other comments</i>
Packer (pill) bottles	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure yet	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Blister packs	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure yet	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Pill organizers/dosettes	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure yet	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Medication dispensers	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure yet	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other: [Add your own method]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure yet	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other: [Add your own method]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure yet	<input type="checkbox"/> Yes <input type="checkbox"/> No			