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Take Time To Care

for yourself...for those who need you

www.fda.gov/womens/pubs.html

www.medicare.gov



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My Medicines

Take Time To Care
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USE MEDICINES WISELY

About 30% to 50% of those who use medicines don't use them as directed. This causes more doctor visits, hospital stays, lost wages, and changed prescriptions. All this costs Americans as much as \$76.6 billion each year.

Take time to care about your medicines. Be sure to read the label, avoid problems, ask questions, and keep a record.

1. READ THE LABEL

Before you take any medicine, read the label. The label should show the following:

List of ingredients—If you know you are allergic to anything in the medicine, don't use it. Ask your doctor or pharmacist for a different medicine.

Warnings—Read these carefully.

Expiration date—Do not use a medicine after the date on the bottle. It may not work as well.

2. AVOID PROBLEMS

Medicines can cause problems or side effects such as sleepiness, vomiting, bleeding, headaches, or rashes. Ask about the side effects of the medicines you are taking. Talk with your doctor, pharmacist, or nurse.

- **Organize your medicines.**
- **Don't skip taking your medicines.**
- **Don't share medicines.**
- **Don't take medicine in the dark.**

For more information about your medicines, ask your pharmacist.

For questions about Medicare, call 1-800-MEDICARE (1-800-633-4227), or visit www.medicare.gov on the web. TTY users should call 1-877-486-2048.

3. ASK QUESTIONS

- What is the medicine's name?
- Is there a generic available?
- Why am I taking this medicine?
- When should I take it?
- Should I take this on an empty stomach or with food?
- Is it safe to drink alcohol with it?
- If I forget to take it, what should I do?
- How long am I to take it?
- How much should I take?
- What problems should I watch for?

If you are pregnant or nursing a baby, seek the advice of a health professional before taking any medication or diet supplement. Talk with your doctor, pharmacist, or nurse. She/he will be happy to help you.

List any allergies _____

Doctor _____

Phone number _____

4. KEEP A RECORD OF MEDICINES YOU USE

Check boxes for the ones you use:

- Aspirin or other pain/headache/fever medicine
- Allergy medicine
- Antacids
- Cold medicine
- Cough medicine
- Diet pills/supplements
- Laxatives
- Sleeping pills
- Vitamins
- Minerals
- Herbals
- Others _____

Name: _____

List Your Prescription Medicines

Name of My Medicine	What Do I Use It For	How Much Do I Take	When Do I Take It	Cost Each Month (\$)

Keep this with you and show it to your doctors, pharmacist, or nurse.