

Self-Administration Assessment - Oral and Topical Medication

Name of Individual: _____ Date of Birth: _____

Setting(s) of assessment (home, work, recreation, etc.): _____

This assessment is to be completed by a person who knows the individual well and, when possible, with a second observer present. Assess the individual's knowledge and skills in each environment where medication(s) is taken.

Persons conducting this assessment will need to have ALL necessary information regarding current medications including medication name(s), dose(s), route(s), time(s), purpose for medication(s) and basic side effects. Complete this form (pages 1-2) in its entirety regardless of answers. (See *Introduction-Instruction Self-Administration Assessments* for more information).

Name, Signature & Title of Person Performing Assessment

Date

Name, Signature & Title of Second Observer

Date

1. Recognizes medication by color, size, shape and/or by reading the label (i.e., can read label, has memorized, will ask for help or will confirm with someone else).

Yes Continue to #2 No Unable to Self-Administer With or Without Assistance. Continue to #2

2. Knows what medication is for (i.e., pain, nerves, breathing, rash, itch).

Yes Continue to #3 No Unable to Self-Administer With or Without Assistance. Continue to #3

3. Knows and recognizes how much medication to take/apply (i.e., 1/2 pill, the cup filled to this line, thin coating).

Yes Continue to #4 No Unable to Self-Administer With or Without Assistance. Continue to #4

4. Recognizes when not feeling well; knows who to tell and will tell them. (it may be a side effect of medication i.e., pain, nausea, dizziness).

Yes Continue to #5 No Unable to Self-Administer With or Without Assistance. Continue to #5

5. Knows when a refill is needed so medication never runs out (i.e., 4-7 days of medication left). Will get refill; knows who to tell to get refill when needed; will seek assistance if needed for refill or if medication is not available.

Yes Continue to #6 No Unable to Self-Administer With or Without Assistance. Continue to #6

6. Knows who to ask/tell when there is a problem with medication (i.e., doesn't look right, dose is not correct, spilled medication). Will not take incorrect medication and will notify that person immediately of any problems.

Yes Continue to #7 No Unable to Self-Administer With or Without Assistance. Continue to #7

7. Knows when to take medication and has demonstrated ability to initiate at the right time every day by using a clock or routine (i.e., with meals, before bed).

Yes Continue to #8 No If able to self-administer (questions 1-6 are all "Yes", outcome is "Self-Administration with Assistance"), the service plan will include need for reminder assistance Continue to #8

8. Able to get medication to and from storage, out of container and to mouth without spills.

Yes "Yes" to all eight questions, able to Self-Administer Without Assistance No If able to self-administer (questions 1-6 are all "Yes", outcome is "Self-Administration with Assistance"), the service plan will include need for physical assistance regarding storage or packaging or consuming/applying.

***Record Assessment Outcome on page 2**

