My Medicines

Take Time To Care For Yourself... For Those Who Need You

This document was developed by the FDA's Office of Women's Health (OWH) and the National Association of Chain Drug Stores (NACDS).

NACDS
National Association of Chain Drug Stores

www.fda.gov/womens

FDA Office of Women's Health

USE MEDICINES WISELY

About 30% to 50% of those who use medicines do not use them as directed. This causes more doctor visits, hospital stays, lost wages, and changed prescriptions. All this costs Americans more than $100 billion each year.

Adults often take care of medicines for the whole family as well as themselves. So we need 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:

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.

The expiration date - Do not use a medicine after the date on the bottle. It may not work as well.

For more information on your medicines ask your pharmacist.

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.

Do not skip taking your medicines.

Do not share medicines.

Do not take medicine in the dark.

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 much should I take?
- How long am I to take it?
- 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.

4. KEEP A RECORD OF MEDICINES YOU USE

NAME: _____

DOCTOR: _____ **PHONE NUMBER:** _____

List any allergies _____

_____

Check boxes for the ones you use:

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

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DATE	NAME OF MY MEDICINE	HOW MUCH DO I TAKE	WHEN DO I TAKE IT	WHAT DO I USE IT FOR	REFILLS
EXAMPLE	XXXX	1 tablet 400 mg	3 times a day after meals	Arthritis	2

KEEP THIS IN YOUR PURSE OR POCKET AND SHOW IT TO YOUR DOCTOR, PHARMACIST, OR NURSE.

Have your doctor, pharmacist, or nurse report serious medication problems to the FDA at 1-800-FDA-1088.

Go to Drugs@FDA to find more information about your medicines