

UFT WELFARE FUND ----- MEMBER AWARENESS PROGRAM

PERSONAL MEDICATION QUESTION GUIDE

		EASE LIST ALL PRESCRIPTIONS AND
OVER-THE-COUNTER MEDICATION medications). TO PROTECT YOUR	, ,	• •
MEDICATION:	DOSAGE:	TIMES PER DAY
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IF YOU DOCTOR PRESCRIBES A <u>NEW</u> MEDICATION, <u>FIRST SHOW THE DRUG FORMULARY</u> AND THEN ASK THE QUESTIONS BELOW:		
MEDICATION:	DOSAGE:	HOW OFTEN:
IS THIS DRUG A BRAND OR GENERIC?Can I use a generic?		
HOW AND WHEN SHOULD I TAKE THIS DRUG?		
WILL THERE BE ANY PROBLEMS (INTERACTIONS) TAKING THIS DRUG WITH MY OTHER MEDICATIONS?		
ARE THERE ANY POSSIBLE SIDE EFFECTS?		
WHAT SHOULD I DO IF A SIDE EFFECT OCCURS?		
SHOULD I AVOID ANY FOODS, ACTIVITIES OR SUPPLEMENTS WHEN TAKING THIS DRUG?		