

**NHS Forth Valley  
Compliance Needs Assessment**

Pharmacy name/ hospital ward	Assessors name	MDS Provided Y / N
Tel	Signed	

**Patient consent:**  
I understand the purpose of the assessment and agree to participate. I also agree to the outcome of the assessment being shared with other agencies e.g. GP, Hospital, Care at Home Service, Care Home

Patient name	Signature	Date
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**Section 1: General information**

Patient name	CHI	GP
Patient address	Initial assessment Yes / No	Review Assessment Yes / No

**Section 2: Medication details**

Number of regular medicines. Could this number be reduced following review?	
Number of times per day medicines are taken. Could this frequency be reduced?	
Number of 'as required' medicines. Could this number be reduced?	
Number of 'as directed' medicines. Can instructions be added?	
Is regimen stable? Are any medicines being titrated?	
Are all medicines suitable for inclusion in MDS?	

<b>Section 3: Ability to manage medicines</b>	
	<b>Comment</b>
Does your medication ever run out?	
How do you order and obtain your medications?	
Can you tell me what your medicines are for?	
Can you tell me when you take your medicines?	
Do you ever forget to take your medicines?	Never      sometimes      frequently
Do you ever choose not to take your medicines?	Never      sometimes      frequently
Does anyone or anything remind you to take your medicines?	
Can you open child resistant tops?	
Can you open foil blisters?	
Can you read the labels and patient information leaflets?	
Can you measure liquids? (if appropriate)	
Can you use inhalers or eye drops? (if appropriate)	
Can you swallow your medicines?	

<b>Section 4: Compliance aid assessment</b>	
<b>Have the following methods of improving compliance been tried?</b>	<b>Comment</b>
Simplifying medication regime or synchronisation or medication ordering.	
Easier packaging.	
Large print on labels.	
Memory aids (reminder charts, advice, new technology).	
Support from relatives or carers.	
Weekly dispensing.	

<b>Section 5: Ability to use an MDS (if appropriate)</b>	
<b>Following a demonstration of a MDS:</b>	<b>Comment</b>
Do you find it easier to take tablets out of the MDS than the containers you have now?	
Do you know today's date? Can you identify each dose in the MDS? e.g. can you find Tuesday lunchtime medicines?	
Do you understand how to take medicines that cannot be put in a MDS?	

<b>Section 6: Pharmacist recommendations</b>	
<b>The compliance assessment shows the patient requires:</b>	<b>Tick as appropriate / Comment</b>
A simpler medication regime (please be specific on how existing medicines can be simplified or if full medication review is required).	
Synchronise medication ordering	
A memory aid (please specify e.g. reminder chart, new technology).	
Easier packaging (please specify e.g. non click-lock bottles).	
Large print on labels.	
Weekly dispensing in original packs.	
Monitored dosage system (MDS).	
Referral to GP for a Care at Home managed support assessment.	
No further assistance.	

Pharmacist name	
Pharmacist signature and date	
Date for follow up	