



Medication Safety Questionnaire

Client name or MRN: _____

How is the patient storing his or her medications?

- Medication is stored in locked box
- Medication is stored in safe designated area
- Medication is stored in unsafe designated area
- Medication storage not designated

Medication disposal of unused or expired medications:

- Medication not discarded
- Medication discarded in trash
- Medication disposal with approved measures

Does the client take medication(s) for pain?

- No, not taking medication for pain
 - Yes, taking medication for pain
 - Taking non-opioid for pain (Celebrex, NSAID, etc.)
 - Taking opioid for pain (oxycodone, hydrocodone, tramadol, etc.)
- If yes, proceed to opioid screening*