

# Making Medication Decisions

Use this worksheet to begin a conversation with your treatment team about your preferences and to make an informed decision that is best for your needs.

## DECISION

### What decision am I facing? **Choosing a Medication**

#### Whom do I want to participate in this decision?

- Me
- My therapist
- My family member, spouse/partner, or friend \_\_\_\_\_
- Other \_\_\_\_\_
- My doctor
- My social worker/case manager
- Other \_\_\_\_\_

## VALUES AND PREFERENCES

Think about your medical history, experiences with medication, and what your values and preferences are around this topic. Make sure to share these with your doctor and members of your treatment team.

#### What is important to me (my values), and what are my experiences?

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## WHAT ARE MY OPTIONS?

With the help of your treatment team, you can gather information and come up with a list of options that are available to you.

NAME	PURPOSE
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### MEDICATION A

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### MEDICATION B

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### MEDICATION C

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### NOT TAKING MEDICATION

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## PROS AND CONS

Work with your doctor and your support network to make an informed decision. Together, you can list the pros and cons based on your preferences and weigh your options. Use stars (★) to show how important the pro or con is to you. Five stars (★★★★★) means it matters “a lot.” No stars means “it does not matter at all.”

continued

<b>MEDICATION A:</b>			
<b>+ PROS</b>	<b>How much it matters</b>	<b>— CONS</b>	<b>How much it matters</b>
<b>MEDICATION B:</b>			
<b>+ PROS</b>	<b>How much it matters</b>	<b>— CONS</b>	<b>How much it matters</b>
<b>MEDICATION C:</b>			
<b>+ PROS</b>	<b>How much it matters</b>	<b>— CONS</b>	<b>How much it matters</b>
<b>NOT TAKING MEDICATION</b>			
<b>+ PROS</b>	<b>How much it matters</b>	<b>— CONS</b>	<b>How much it matters</b>

## NOW, IT IS TIME TO MAKE A DECISION

Which option do I prefer?

**OPTION A**       **OPTION B**       **OPTION C**       **UNSURE**

Which option does my doctor prefer?

**OPTION A**       **OPTION B**       **OPTION C**       **UNSURE**

Are my doctor and I in agreement about the medication decision?

**YES**       **NO**

If we are not in complete agreement, is there a decision we both think would be OK?

**YES**       **NO**

For more information and free recovery resources, visit

[www.ChoicesInRecovery.com](http://www.ChoicesInRecovery.com)