

APPENDIX K: MEDICATION BAG EVALUATION FORM



Walworth County Patient Safety Council
Medication Bag Evaluation Form / 2006

Bag A B C D

Community Group _____

Date ___ - ___ - ___ **Age** _____ **Sex** Male Female

Number of prescription medications you take each day _____

Number of medications you take each day that you buy without a prescription, like vitamins and herbals _____

Do you manage your medications yourself? Yes No

Please answer the following questions about this bag.

1. Evaluate the size of the bag (to carry medications in).

1 Poor 2 Fair 3 Neutral 4 Good 5 Excellent

Comments: _____

2. Evaluate how the bag closes.

1 Poor 2 Fair 3 Neutral 4 Good 5 Excellent

Comments: _____

3. Evaluate the bag's handle.

1 Poor 2 Fair 3 Neutral 4 Good 5 Excellent

Comments: _____

4. Would you use this bag to carry your medications? Yes No Undecided

5. How would you improve this bag?

6. How would you rate this bag on a scale of 1 to 5?

1 Poor 2 Fair 3 Neutral 4 Good 5 Excellent

