Things that Get in the Way of Taking Your Medicine or Doing Treatments (Caregiver version)

We know the treatments that your child has to do can be hard to follow. Some caregivers say the following things get in the way of doing treatments.

Please circle the treatments that are currently prescribed to your child.

<table>
<thead>
<tr>
<th></th>
<th>Oral medications</th>
<th>Injections</th>
<th>Infusions</th>
<th>Physical and Occupational Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>My child hates the taste of the medicine</td>
<td>☐</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>The pills are hard to swallow</td>
<td>☐</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>We forget to do the treatment</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>We run out of the medicine</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**MY CHILD:**
- Does not like the side effects of the treatment (e.g. nausea) ☐ ☐ ☐ ☐
- Refuses to do the treatment ☐ ☐ ☐ ☐
- Feels he/she does not need the treatment ☐ ☐ ☐ ☐
- Does not want others to know that he/she takes/does the treatment ☐ ☐ ☐ ☐

**THE TREATMENT:**
- Is painful ☐ ☐ ☐ ☐
- Does not work ☐ ☐ ☐ ☐
- Is inconvenient ☐ ☐ ☐ ☐
- Gets in the way of our other activities ☐ ☐ ☐ ☐
- Makes me uncomfortable or upset ☐ ☐ ☐ ☐
- Has instructions that are hard to understand or follow through with ☐ ☐ ☐ ☐
- Costs too much ☐ ☐ ☐ ☐
- Makes me worry about future side effects/consequences ☐ ☐ ☐ ☐
- May impact my child’s ability to have children in the future ☐ ☐ ☐ ☐

Other: _________________________________________ ☐ ☐ ☐ ☐

NONE ☐ ☐ ☐ ☐

Do you have any concerns about treatments that your child had in the past? ☐ YES ☐ NO

Reviewed by (provider): _____________

Notes: