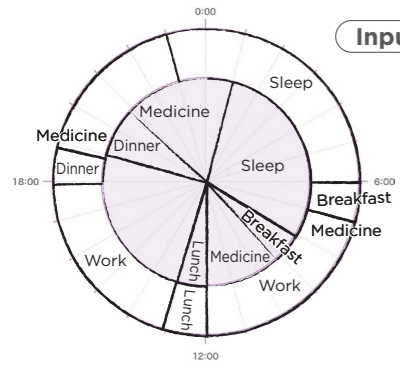
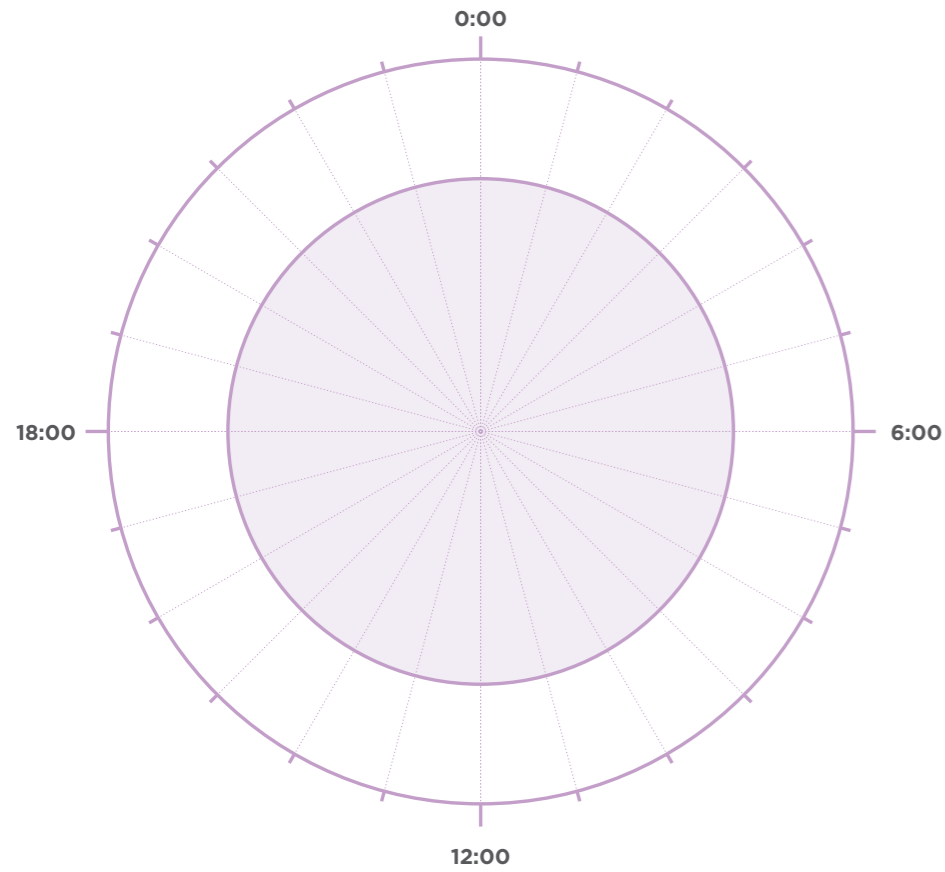


Input example



Input your most typical daily schedule by referring to the input example.



- Usual
- Other times



Inquiries:

Gilead Sciences, Inc.

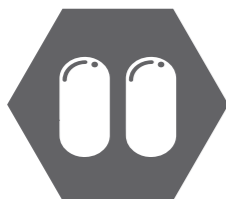
GranTokyo South Tower, 1-9-2 Marunouchi, Chiyoda-ku, Tokyo 100-6616
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Developed in October 2021

Let's Talk!

Is there anything troubling you about the medicine that you are taking right now?

Medicine comes in different shapes, sizes, and intake methods. Consult with your physician about what medicine will be most suited to your lifestyle.



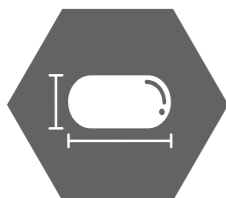
I need to take a large quantity at one time



It is hard for me to take medicine twice a day



I have difficulty because I need to have a meal before taking medicine



The medicine is large and I have difficulty swallowing it



I'm worried about its effects with other medicines or foods

- Which medicine to prescribe is determined comprehensively, not just by looking at the patient's lifestyle, but also by the condition of the patient and whether there is ongoing treatment for other illnesses, etc.
- Even if the medicine is changed in order to reduce side effects or to improve ease of intake, it does not mean that you will have fewer choices of medicines as long as the change is made in accordance with the procedures designated by the physician (if the new medicine does not agree with you, you can also go back to what you took before).
- Medicines are advancing every year. New medicines may now be available that better suit your needs.

Ask if there are any medicines that are better suited to you

It is important to choose a medicine that suits you in order to be able to take it on a continuous basis.

Inform the following to your physician, pharmacist, and nurse:

- Issues that you are troubled by with regard to the medicine that you are taking now
- Your daily routine and lifestyle
- All of the medicine that you have been prescribed at other medical institutions (show your medical record handbook)

● About your lifestyle overall

1	My daily routine is irregular.	Yes	No
2	I feel a lot of stress from work, household chores, school, etc.	Yes	No
3	I drink alcohol regularly (3 days a week or more).	Yes	No
4	Recently I have had trouble sleeping, or I wake up in the middle of the night.	Yes	No
5	Recently, I haven't had much of an appetite.	Yes	No
6	Recently, I gained or lost weight.	Yes	No
7	Recently, I eat more than before.	Yes	No
8	I know I need to exercise more.	Yes	No

● About other illnesses and medications

9	I have an illness that I am receiving continuous treatment for.	Yes	No
▶ If yes, what kind of an illness is it? _____			
10	I have another medication or supplement, etc. that I am taking other than meals.	Yes	No
▶ If yes, what is it? _____			
11	There are supplements that I wish to try.	Yes	No
▶ If yes, what are they? _____			

● About current treatments

12	I feel lethargic on a regular basis.	Yes	No
13	There are times when I feel queasy in my chest or stomach area.	Yes	No
14	There are times when I feel insecure or depressed.	Yes	No
15	There are times when I have headaches or dizziness.	Yes	No
16	There are times when I fail to take my medication as instructed.	Yes	No
▶ If yes, how often? a. Once a week b. Once a month c. Once in 6 months d. Other			
17	I want to change my medication.	Yes	No
▶ If yes, how or why? (Multiple answers allowed) a. Smaller tablets/capsules b. Reduce the frequency of intake c. Currently, it has to be after a meal. d. Other			

memo