

OFFERING PATIENTS THERAPEUTIC INFORMATION MEDICATION ALTERNATIVES (OPTIMA) ©

Person's Name: _____

BENEFITS AND REASONS TO CHOOSE MONTHLY MEDICATION		YES	NO
<p>When you take monthly medication rather than daily medication, you may get along at home better, be able to go to school or work, have a better social life and be more satisfied with treatment.¹</p> <p>People who switch to monthly medication say their symptoms, ability to function in their daily life, and satisfaction with treatment are much better with monthly medication.^{2,3}</p>	Is it important to you to get along better with family and friends?	<input type="checkbox"/>	<input type="checkbox"/>
	Is it important to you to be able to go to school or work?	<input type="checkbox"/>	<input type="checkbox"/>
	Is it important to you to have a better social life?	<input type="checkbox"/>	<input type="checkbox"/>
	Is it important to you to be satisfied with your treatment?	<input type="checkbox"/>	<input type="checkbox"/>
Over two years, more people stay on treatment with monthly medication than daily medication. ⁴	Is it important to you to stay on medication?	<input type="checkbox"/>	<input type="checkbox"/>
If you need to be hospitalized with symptoms, you may spend much less time in hospital with monthly medication than with daily medication, about two-thirds less time. ⁵	Is it important to you to spend less time in hospital?	<input type="checkbox"/>	<input type="checkbox"/>
<p>People who forget to take their medication daily are more likely to have symptoms and more likely to be hospitalized than people taking monthly medication⁶</p> <p>Over a one-year period, people taking daily medication are three times more likely to be hospitalized with symptoms than people taking monthly medication.¹</p>	Is it important to you to avoid being hospitalized with symptoms?	<input type="checkbox"/>	<input type="checkbox"/>
Relapses make it harder for you to recover. Usually, fewer relapses happen with monthly than with daily medication. Long-term treatment results are better with monthly medication. ⁷	Is it important to you to have better long term treatment result and fewer relapses?	<input type="checkbox"/>	<input type="checkbox"/>
Some monthly medication begins to work fast ⁸ This means you may be able to recover faster and leave hospital sooner.	Is it important to you to recover faster and leave hospital sooner?	<input type="checkbox"/>	<input type="checkbox"/>
When you take monthly medication, you have more steady and even levels of medication in the body and may have fewer side effects, such as sleepiness and weight gain, than with daily medication. ⁹	Is it important to you to have fewer side effects?	<input type="checkbox"/>	<input type="checkbox"/>
You receive less medication with monthly than with daily medication.	Is it important to you to receive less medication?	<input type="checkbox"/>	<input type="checkbox"/>
When you take medication monthly, you do not need to worry about remembering to take medication daily.	Is it important to you not to worry about remembering to take medication?	<input type="checkbox"/>	<input type="checkbox"/>
Taking monthly treatment may be simpler for you than taking daily.	Is it important to you to simplify your medication plan?	<input type="checkbox"/>	<input type="checkbox"/>
If you forget to go for your monthly medication, we will reschedule your appointment with your treatment team to maintain your medication's effectiveness.	Is it important to you to stay connected to your treatment team?	<input type="checkbox"/>	<input type="checkbox"/>
People taking monthly medication better protect their brain from additional illness than people taking daily medication. ¹⁰	Is it important to you to protect your brain from the illness?	<input type="checkbox"/>	<input type="checkbox"/>

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RISKS AND REASONS TO AVOID MONTHLY MEDICATION		YES	NO
You may experience minimal discomfort with receiving your monthly medication by injection, but no more than with a vaccine. Most patients tolerate this very well.	Are you able to tolerate some discomfort with monthly medication?	<input type="checkbox"/>	<input type="checkbox"/>

DECISION			
Which option do you prefer?	<input type="checkbox"/> Take monthly medication	<input type="checkbox"/> Do not take monthly medication	<input type="checkbox"/> Unsure

WHAT ARE YOUR DECISION-MAKING NEEDS?		YES	NO
Sure of myself	Do you feel sure about the best choice for you?	<input type="checkbox"/>	<input type="checkbox"/>
Understand information	Do you know the benefits and risks of taking or not taking monthly medication?	<input type="checkbox"/>	<input type="checkbox"/>
Risk-benefit ratio	Are you clear about which benefits and risks matter most to you?	<input type="checkbox"/>	<input type="checkbox"/>
Encouragement	Do you have enough support and advice to make a choice?	<input type="checkbox"/>	<input type="checkbox"/>

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