



# Medication Communication Cards



These picture cards  
can be used to  
support you in  
providing  
explanations about  
medications.

Can you hear my voice?  
(Can you understand me?)

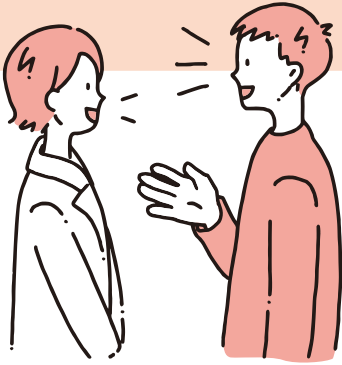
Yes, I can.

Yes a little.

No, I can't.



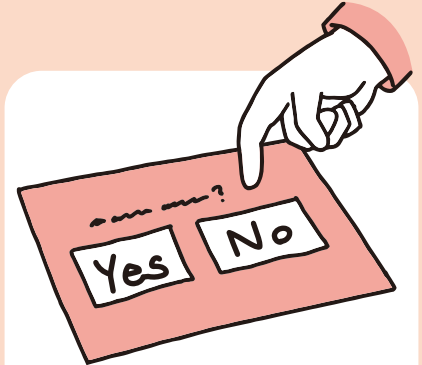
# Please tell us how you would like to communicate.



- Speak slowly
- Speak loudly and clearly



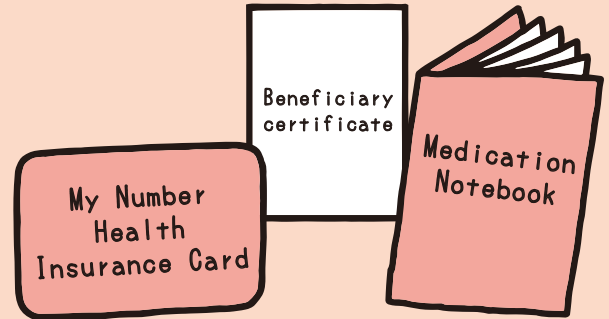
Written communication



Picture cards

Other

Please present your My Number Health Insurance Card (proof of eligibility), beneficiary certificate (for children, single mother or father, disability), and medication notebook.



I forgot my \_\_\_\_\_.

I want to make a new one  
(medication book).

Do you know how to use the card  
reader for reading the My Number  
Health Insurance Card?

Yes

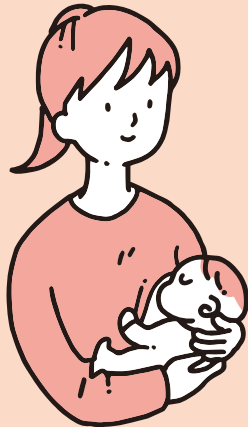
No

Are you pregnant?

Yes

No

Maybe, but I don't know.



Are you currently breastfeeding?

Yes

No

# Would you prefer generic drugs?

Yes

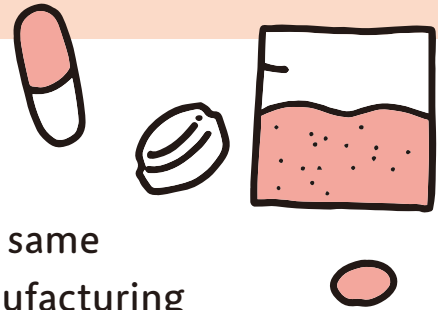
No

I have  
no preference.

I'm not sure.

## What are generic drugs?

Generic drugs are off-patent drugs containing the same active ingredients as new drugs approved for manufacturing and marketing by the Ministry of Health, Labour and Welfare. They are less expensive than new drugs, reducing out-of-pocket costs for patients.



# How is your physical condition?



Do you have any concerns about specific illnesses or your body in general?

No

Yes



# Have you ever experienced side effects (e.g., allergies) from a medication?

No

Yes

- I felt sick.
- My body became itchy.
- My stool became softer or harder.
- I experienced strong drowsiness.
- Other
- I felt difficulty breathing.
- I developed bumps on my body.
- It upset my stomach.



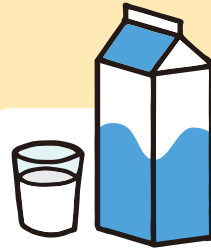
Do you know what that medication is?

# Do you have any food allergies?

No



Egg



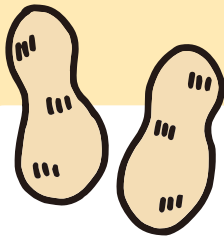
Milk



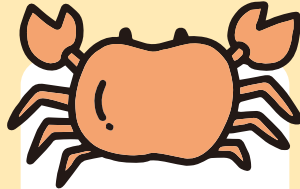
Wheat



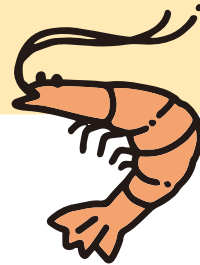
Soba  
(buckwheat)



Peanut



Crab

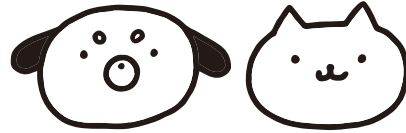


Shrimp

Other

# Do you have any other allergies?

No



Animal

(Dog, Cat, Other)



Pollen

(cedar, cypress, birch)



House dust

Other

Are you currently undergoing medical treatment for any particular illness or disease?

No

Yes

- Diabetes mellitus
- Respiratory diseases
- Hypertension
- Blood disorders
- Chronic heart, kidney or liver diseases
- Cancer
- Dialysis
- Other



# Are you currently taking any medications?

No

Yes

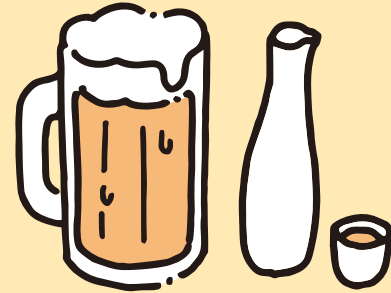
- Blood pressure-lowering medication
- Allergy medication
- Osteoporosis medication
- Painkillers
- Cholesterol medication
- Diabetes medication
- Heart medication
- Sleeping pills
- Others (such as over-the-counter medication)



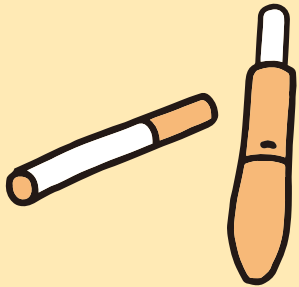
Do you drink alcohol?

Yes

No



Do you smoke cigarettes  
(including electronic cigarettes)?



Yes

No

Are there any medications you have difficulty swallowing?

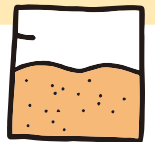
Tablets



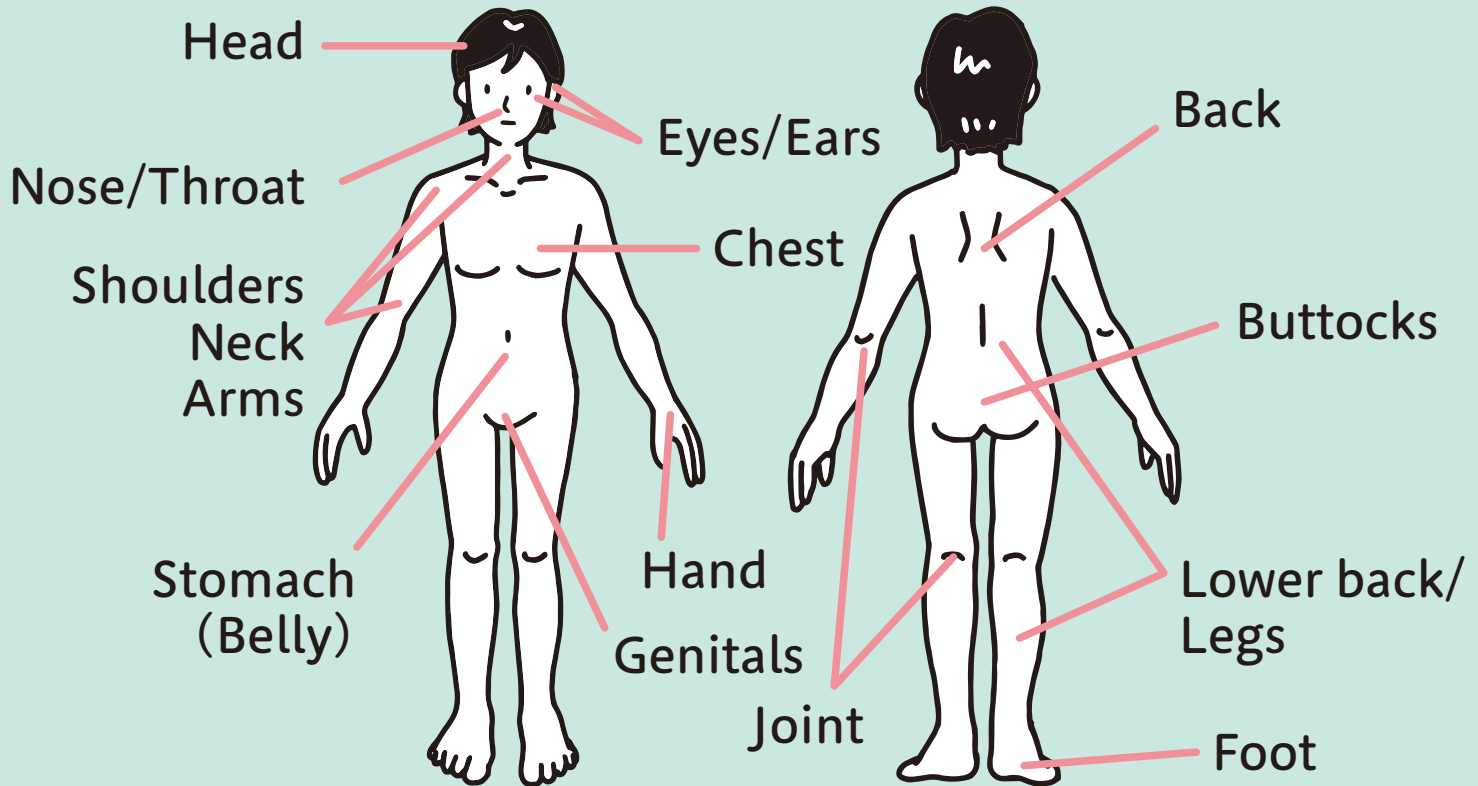
Capsules



Powdered  
medication



# Please indicate where you are experiencing discomfort:



# Cold or cold-like symptoms

- Fever



- Cough
- Sore throat
- Phlegm



- Chills
- Joint pain



- Runny nose  
(stuffy nose)
- Headache



# Eye and nose symptoms

(Excluding cold or cold-like symptoms)

- Eye pain
- Itchy eyes
- Redness
- Dry eyes
- Tearing



- Nose pain
- Nosebleeds
- Loss of smell
- Sneezing



# Oral and throat symptoms

(Excluding cold or cold-like symptoms)

- Mouth ulcers
- Tooth pain



- Loss of taste



- Dry throat and mouth
- I lost my voice
- Sensation of discomfort or a foreign body in the throat



# Ear and dizziness symptoms

Difficulty hearing



Ear pain



Ringing in the ears



Dizziness



# Chest and abdominal symptoms

- Chest pain
- Palpitations/  
shortness of breath
- Difficulty breathing



- Abdominal pain
- Abdominal  
bloating gas and  
discomfort



- Diarrhea
- Constipation



- Nausea
- Heartburn
- Loss of appetite



# Skin symptoms

- Itchiness
- Pain



- Redness
- Burn



- Bumps
- Hives



- Swelling
- Painful wounds



# Bone and muscle symptoms in the hands, feet, or other parts of the body

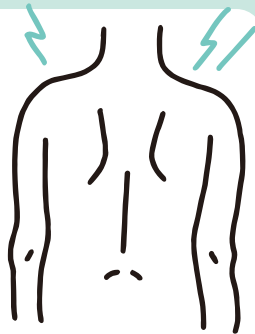
- Sprain



- Knee pain
- Joint pain



- Back pain
- Stiff neck and shoulders
- Lower back pain



- Muscle pain
- Numbness in the hands and/or feet



# Other symptoms



Motion  
sickness



Inability  
to sleep



Severe  
menstrual cramps

Feelings of depression

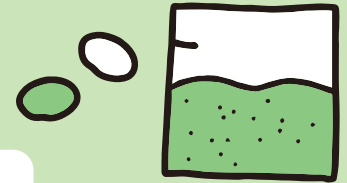
Hallucinations/  
auditory hallucinations

Seizures

Menopausal symptoms

# Did you ever forgotten to take medication regularly? (You skipped it sometimes)

\*This is to confirm the effects of the medication.



No

Yes

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Are there any medications you have difficulty swallowing?

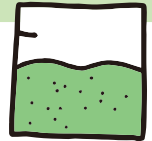
Tablets



Capsules



Powdered medication



The medication being provided today is one that improves the symptoms of

\_\_\_\_\_.

It suppresses the worsening of \_\_\_\_\_ symptoms.

It's the same medication as usual.

This is a new medication.



# Dosage instructions

The recommended frequency for taking this medication is

Per day

Once

Twice

Three times

Once per week

Once per month

Every other day

On specified days

## Timing for taking your medication

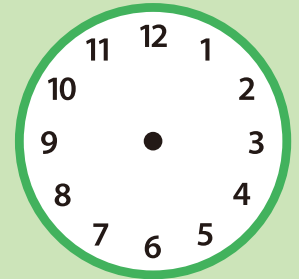
Upon waking

Before going to bed

Morning

Noon

Evening



After meals

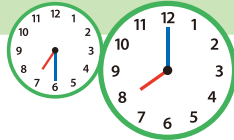
Before meals

Immediately before meals

Between meals

# Dosage instructions

## After meals

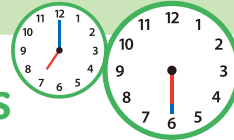


For a post-meal dose at 7:30 a.m. Take by 8:00 a.m.

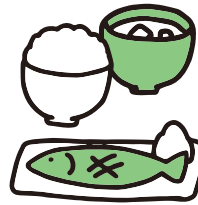


Within  
**30 minutes** of  
finishing  
your meal

## Before meals

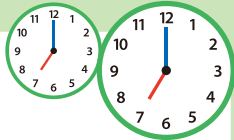


For a meal eaten at 7:00 a.m. Take by 6:30 a.m.



About  
**30 minutes**  
before  
your meal

## Immediately before meals

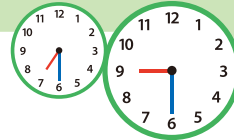


For a meal eaten at 7:00 a.m. Take by 7:00 a.m.



**Immediately**  
before  
your meal

## Between meals



For a meal eaten at 7:30 a.m. Take by 9:30 a.m.



**2 hours**  
after  
your meal  
(on an empty stomach)

## As needed



When  
**symptoms**  
occur

# Dosage instructions



Take  
with water



Can be taken  
without water



Pour  
and take



Gargle



Inhale



Chew before  
swallowing



Apply with  
your finger



Apply  
as eye drops

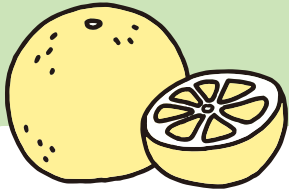


Apply  
as a patch

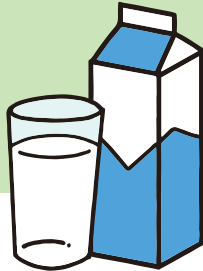


Suppository

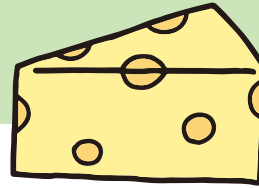
# ✘ Don't take medications with these.



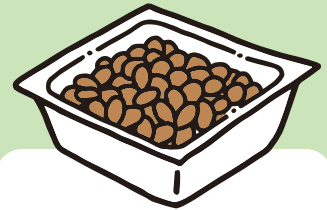
Grapefruit



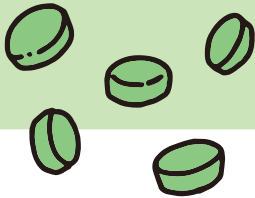
Milk



Cheese



Natto  
(fermented soybeans)



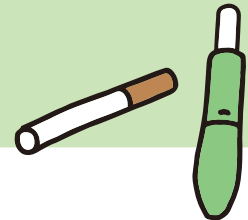
Chlorella



Coffee,  
Green Tea,  
Black Tea



Alcohol



Cigarettes

# Side effects of the medication

This medication may cause the following side effects: \_\_\_\_\_.

Rash



Drowsiness



Diarrhea



Constipation

Stomach discomfort



Nausea

Anaphylactic shock

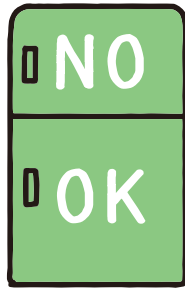


Itching

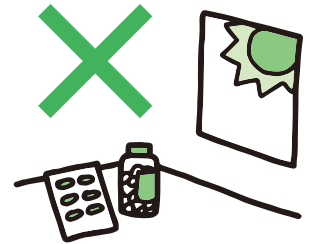


# Storage of medication

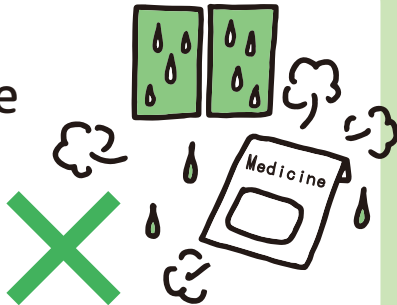
Please store in the refrigerator.  
(Don't store in the freezer)



Please store away from direct sunlight.



Please store in a dry place.



Please keep out of reach of children.



Did you understand my explanation?

Yes

Yes a little.

No

Do you have any other questions?

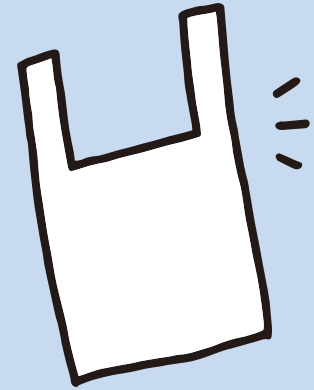
No

Yes

Please take care.



Do you need a bag  
(available for a fee)?



Yes

No



How would you like to pay?

Cash

Credit  
card

Other