



## ***Do you know what your chronic health conditions are costing you?***

***Would you like to know how feeling better can save you money? Simply answer the questions below and return this form to the nurse..***

1. Do you take any prescription or over the counter medications for the symptoms you checked on the symptom checklist?
2. If yes, please list the symptom, how long you have been on the medication and how much you spend on the medication per month.

Symptom	Months/Years on medication	Cost per month

3. How many days a month do you miss work or go home early due to the symptoms you checked on the symptom checklist? \_\_\_\_\_
4. Does that missed time affect your pay? If so, how much per day?  
\_\_\_\_\_
5. How long has this routine been going on? \_\_\_\_\_