

# What are the effects of pill boxes?

Admin  
No:

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Please circle the name of the pillbox which you would prefer to use



Nomad Clear

Nomad Clear XL



Venalink™

I confirm that I have been shown how to use the pill box identified above.

Participant Name .....

Participant Signature ..... Date.....

I confirm that this trial participant is able to use the selected pill box satisfactorily.

Researcher Name.....

Researcher Signature..... Date.....