**ARIC MEDICATION SURVEY FORM**

**A. RECEPTION**

1. Did you bring all the medications you used in the past two weeks, or their containers?

   - **Yes, all**
   - **Some of them**
   - **No**

2. Is this because you forgot, because you have not taken any medications at all in the last two weeks, or because you could not bring your medications?

   - **Took no medications**
   - **Forgot or was unable to bring medications**

MEDICATION SURVEY FORM (MSRC screen 2 of 8)

"That's alright. Since the information on medications is so important, we would still like to ask you about it during the interview."

3. Could we follow up on this after the visit so that we can get the information from the (other) medication labels? (Explain follow-up options) ........................................... Yes Y

(Attempt to convert refusals; indicate on Itinerary Form)
Describe method of follow-up to be used:

MEDICATION SURVEY FORM (MSRC screen 3 of 8)

B. MEDICATION RECORDS

<table>
<thead>
<tr>
<th>RECORD NUMBER</th>
<th>MEDICATION NAME &amp; CONCENTRATION</th>
<th>CODE NO.</th>
<th>RX (R)/OTC (O)/SHARED (S)/UNKNOWN (U)</th>
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</thead>
<tbody>
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<tr>
<th>RECORD NUMBER</th>
<th>MEDICATION NAME &amp; CONCENTRATION</th>
<th>CODE NO.</th>
<th>RX (R)/OTC (O)/SHARED (S)/UNKNOWN (U)</th>
<th>YES (?)/NO (?)/UNKNOWN (U)</th>
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</thead>
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</table>
MEDICATION SURVEY FORM (MSRC screen 5 of 8)

21. Total number of medications in bag: ........................................

22. Number of medications unable to transcribe: ............................

23. Code numbers of persons transcribing and coding medications:
   a. Transcriber code number: ............................................
   b. Medication coder code number: ....................................
   c. Date of medication coding: ........................................
      month / day / year

MEDICATION SURVEY FORM (MSRC screen 6 of 8)

C. INTERVIEW

"Now I would like to ask about a few specific medications."

24. Were any of the medications you took during the past two weeks for:
   (If "Yes," verify that medication name is on medication record.)
   Yes No Unknown
   a. High Blood Pressure ........................................... Y N U
   b. High Blood Cholesterol ....................................... Y N U
   c. Angina or Chest Pain .......................................... Y N U
   d. Control of Heart Rhythm ...................................... Y N U
   e. Heart Failure .................................................. Y N U
   f. Blood Thinning .................................................. Y N U
   g. Diabetes or High Blood Sugar .................................. Y N U
   h. Stroke ............................................................... Y N U
   i. Leg pain when walking ......................................... Y N U

25. During the past two weeks, did you take any aspirin, Alka-Seltzer, cold medicine or headache powder? ......................................................... Yes Y

MEDICATION SURVEY FORM (MSRC screen 7 of 8)

26. How many days during the last two weeks did you take aspirin, or a medication that contains aspirin? .......................................................... days
   [Record 00 if participant did not take aspirin and go to Item 28.]

27. For what purpose are you taking aspirin? Participant mentioned avoiding heart attack or stroke
   [DO NOT READ CHOICES]
   Participant did not mention avoiding heart attack or stroke

28. During the past two weeks, did you take any [other] medication for arthritis, fever, or muscle aches and pains, (or menstrual cramps)? Yes
   [Read bracketed "other" unless no medications were reported; include parenthetical portion for females only]
   No
   Unknown

MEDICATION SURVEY FORM (MSRC screen 8 of 8)

D. ADMINISTRATIVE INFORMATION

29. Date of data collection: ..................................... Month / Day / Year

30. Method of data collection: ........................................... Computer C
    Paper form P

31. Code number of person completing this form: .......................