OMB#: 0925-0585
Exp. xx/xx/xxxx

HCHS/SOL- Visit 2- Medication Use Survey

ID NUMBER:									FORM CODE: MSE VERSION: 1, 12/10/13	Contact Occasion	0	2	SEQ #		

ADMINISTRATIVE INFORMATION

0a. Completion Date: ☐☐/☐☐/☐☐☐☐ 0b. Staff ID: ☐☐☐

Instructions: *Enter the answer given by the participant for each response. Use the CDART Notelog window to code 'Don't know/refused, Missing, etc.' for those questions that do not list these as an option*.

Reported medication use for specified conditions (Add to medical Hx. Questionnaire)

I. Medication Use Interview

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

1. Were any of the medications you took during the **last four weeks** for:

a. Asthma — No 0 ☐ Yes 1 ☐ Unknown 9 ☐
   a1. How long have you been taking this medication? ☐< 1 year, ☐1-5 years, ☐> 5 years

b. Chronic bronchitis or emphysema — No 0 ☐ Yes 1 ☐ Unknown 9 ☐
   b1. How long have you been taking this medication? ☐< 1 year, ☐1-5 years, ☐> 5 years

c. High blood sugar or diabetes — No 0 ☐ Yes 1 ☐ Unknown 9 ☐
   c1. How long have you been taking this medication? ☐< 1 year, ☐1-5 years, ☐> 5 years

d. High blood pressure or hypertension — No 0 ☐ Yes 1 ☐ Unknown 9 ☐
   d1. How long have you been taking this medication? ☐< 1 year, ☐1-5 years, ☐> 5 years

e. High blood cholesterol — No 0 ☐ Yes 1 ☐ Unknown 9 ☐
   e1. How long have you been taking this medication? ☐< 1 year, ☐1-5 years, ☐> 5 years

f. Chest pain or angina — No 0 ☐ Yes 1 ☐ Unknown 9 ☐
   f1. How long have you been taking this medication? ☐< 1 year, ☐1-5 years, ☐> 5 years

g. Abnormal heart rhythm — No 0 ☐ Yes 1 ☐ Unknown 9 ☐
   g1. How long have you been taking this medication? ☐< 1 year, ☐1-5 years, ☐> 5 years

h. Heart failure — No 0 ☐ Yes 1 ☐ Unknown 9 ☐
   h1. How long have you been taking this medication? ☐< 1 year, ☐1-5 years, ☐> 5 years

i. Blood thinning No 0 ☐ Yes 1 ☐ Unknown 9 ☐

i1. How long have you been taking this medication? ☐< 1 year, ☐1-5 years, ☐> 5 years

j. Stroke No 0 ☐ Yes 1 ☐ Unknown 9 ☐

j1. How long have you been taking this medication? ☐< 1 year, ☐1-5 years, ☐> 5 years

k. Mini-stroke or TIA No 0 ☐ Yes 1 ☐ Unknown 9 ☐

k1. How long have you been taking this medication? ☐< 1 year, ☐1-5 years, ☐> 5 years

l. Leg pain while walking or claudication No 0 ☐ Yes 1 ☐ Unknown 9 ☐

l1. How long have you been taking this medication? ☐< 1 year, ☐1-5 years, ☐> 5 years

m. Depression No 0 ☐ Yes 1 ☐ Unknown 9 ☐

m1. How long have you been taking this medication? ☐< 1 year, ☐1-5 years, ☐> 5 years

n. Anxiety No 0 ☐ Yes 1 ☐ Unknown 9 ☐

n1. How long have you been taking this medication? ☐< 1 year, ☐1-5 years, ☐> 5 years

o. Glaucoma No 0 ☐ Yes 1 ☐ Unknown 9 ☐

o1. How long have you been taking this medication? ☐< 1 year, ☐1-5 years, ☐> 5 years

p. A disease of the thyroid No 0 ☐ Yes 1 ☐ Unknown 9 ☐

p1. How long have you been taking this medication? ☐< 1 year, ☐1-5 years, ☐> 5 years

2. During the last four weeks, did you take any aspirin or aspirin-containing products including Alka-Seltzer, cold and allergy medication or headache powder? This **excludes** acetaminophen (for example, Tylenol), ibuprofen (for example, Advil, Motrin or Nuprin), and naproxen (for example, Aleve).

Show participant List #1: Commonly Used Aspirin or Aspirin-Containing Products

No 0 ☐ → **GO TO QUESTION 5**
Yes 1 ☐
Unknown 9 ☐ → **GO TO QUESTION 5**

3. How many days during the last four weeks did you take aspirin or aspirin-containing medication?

☐☐ Number of days If number of days equals "00" → **GO TO QUESTION 5**

4. For what purpose are you taking aspirin? *(Interviewer: **Do NOT** read choices.)*

Participant mentioned avoiding heart attack or stroke 1 ☐
Participant did not mention avoiding heart attack or stroke 2 ☐

5. During the past four weeks, did you take any [other] medication for arthritis, fever, or muscle aches and pains, or cramps? *(Read bracketed "other" unless no medications were reported.)*

   No 0 ☐
   Yes 1 ☐
   Unknown 9 ☐

6. **Excluding** aspirin, acetaminophen (for example, Tylenol), and corticosteroids (for example prednisone), are you NOW taking other anti-inflammatory or arthritis medications on a regular basis? Common examples are shown on this list.

Show participant List #2: Commonly Used Non-Steroidal Anti-Inflammatory Drugs, NSAIDS

   No 0 ☐ → **END QUESTIONNAIRE**
   Yes 1 ☐
   Unknown 9 ☐ → **END QUESTIONNAIRE**