Medication Survey Form

A. RECEPTION

1. Did you bring all the medications you used in the past two weeks, or their containers? This includes all prescription medications, all over-the-counter medications, all vitamins, minerals, herbs and dietary supplements? ................................................................. Yes, all Y
   Some of them S
   No N

   Go to Item 3a and transcribe those medications which were brought at this time.

   Go to Item 4: Begin transcription while participant proceeds with clinic visit.

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 T
   Forgot or was unable to bring medications F

   Go to Item 31a
"That's alright. Since the information on medications is so important, we would still like to ask you about it during the interview."

3a. 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

No or not applicable  N

ATTEMPT TO CONVERT REFUSALS; INDICATE ON ITINERARY FORM

3b. Describe method of follow-up to be used:

B. MEDICATION TRANSCRIPTION

Transcribe the NAME followed by the CONCENTRATION and INSTRUCTIONS FOR ADMINISTRATION of each medication in the spaces below. List all ingredients for nutritional supplements OR make a copy of label and affix to form (continue on the second line if needed).

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
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<tbody>
<tr>
<td>MEDICATION NAME</td>
<td>CONCENTRATION</td>
<td>INSTRUCTIONS FOR ADMINISTRATION</td>
<td>&quot;DID YOU TAKE THIS MEDICATION IN PAST 24 HOURS?&quot;</td>
<td>CODE NUMBER</td>
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<td>4.</td>
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<td>YES - Y, NO - N DON'T KNOW - D</td>
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<td>YES – Y, NO – N</td>
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<th>C: INSTRUCTIONS FOR ADMINISTRATION</th>
<th>D: “DID YOU TAKE THIS MEDICATION IN PAST 24 HOURS?”</th>
<th>E: CODE NUMBER</th>
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27. Total number of medications in bag: …………………………………………………………………………………………

28. Number of medications unable to transcribe: …………………………………………………………………………………..

Code numbers of person transcribing and coding medications:

29a. Transcriber code number: …………………………………………………………………………………………………

29b. Medication coder code number: ………………………………………………………………………………………

29c. Date of medication coding: ……………………………………………

m m d d y y y y

C. INTERVIEW

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

Were any of the medications you took during the past two weeks for:
[IF YES, VERIFY THAT MEDICATION NAME IS ON MEDICATION RECORD.]

30a. High blood pressure? ………………………………………………………………………………………………………………… Y N D

30b. High blood cholesterol? ………………………………………………………………………………………………………………… Y N D

30c. Angina or chest pain? ………………………………………………………………………………………………………………… Y N D
30d. Control of heart rhythm? ............................................................................................................. Y N D

30e. Heart failure? ............................................................................................................................. Y N D

30f. Blood thinning? ........................................................................................................................... Y N D

30g. Diabetes or high blood sugar? .................................................................................................... Y N D

30h. Stroke? ......................................................................................................................................... Y N D

30i. Leg pain when walking? .............................................................................................................. Y N D

D. MEDICATION-TAKING BEHAVIORS

“There are many things that keep people from taking medicines exactly as prescribed. I am going to read a list of typical reasons people have for not taking prescribed medicines. For each reason I list, please tell me if you have not taken a prescribed medicine for this reason.”

31a. You were in a hurry, too busy, or forgot.................................................................................. Y N D

31b. It was inconvenient, for example, the medication needed to be refrigerated, or had to be taken with food......................................................................................................................... Y N D

31c. You thought the medication wouldn’t do you any good.............................................................................................................................................................................................................. Y N D
31d. The medication made you feel bad

31e. If you took the medication, you wouldn't be able to carry out your normal activities—for example, driving

31f. You thought you might become addicted or hooked on the medication

31g. You don't like to take medicine

31h. You were trying to do without it

31i. You did not have money to purchase the medication (or its refills)

31j. You did not have the medication available

31k. Are there any other reasons why you haven't taken a prescribed medication?

31l. If yes, specify reason:

Go to Item 32
E. ASPIRIN AND NSAID USE

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

................................................................. No N

................................................................. Don’t know D

"Next I would like to ask you about your regular use of aspirin alone or an aspirin-containing medication, for example, aspirin+caffeine+codeine. By regular, I mean at least once a week for several months."

33. Are you NOW taking aspirin, or a medicine containing aspirin, on a regular basis? This does not include Tylenol nor Advil................................................................................................................. Yes Y

................................................................................................................. No N

................................................................................................................. Don’t know D

34a. What is the strength of aspirin in the pill? [CHECK THE PREPARATION, IF AVAILABLE; OTHERWISE SHOW RC #1]................................................................. Less than 300 mg (Baby) A

300 - 499 mg (Regular) B

500 mg or greater (Extra strength) C

Don't know D

34b. How many days a week, on average, are you taking this medication? ................................................................................................................................. Days

34c. How many pills are you taking per week, on average? ................................................................................................................................. Pills

34d. For what purpose are you taking this medication? ........................................ Participant mentioned to avoid heart attack or stroke H

Participant did NOT mention to avoid heart or attack or stroke O
34e. When did you start taking aspirin, or a medicine containing aspirin, on a regular basis? ................................................................................................................................. m m y y y y

35a. Except for aspirin or Tylenol, are you NOW taking other non-steroidal anti-inflammatory drugs or arthritis medicines on a regular basis? Examples include Ibuprofen, Advil, Nuprin, Motrin, Naprosyn, Feldene and Clinoril......................................................................................................................... Yes Y

Go to Item 36a

No N

Don’t know D

35b. What is the brand name of the medicine? [CHECK THE PREPARATION, IF AVAILABLE].................................................................................................................... Ibuprofen or Advil I

Go to Item 35d

Other O

35c. If "Other", specify:

35d. How many pills per week are you taking, on average? .................................................................................................................................................................................. Pills

35e. When did you start taking [INSERT NAME] on a regular basis? ......................................................................................................................................................................................... m m y y y y
F.  FOLK MEDICINE

“Other than medicines prescribed by your doctor or health professional, what other home remedies, teas, roots or herbs have you used in the last 2 weeks for medical reasons only: Have you used…”

36a. Vinegar? ................................................................. Yes  Y
               No  N

Go to Item 37a

36b. How many days during the past 2 weeks? ................................................................. Days

36c. For what purpose?

37a. Epsom Salts? ................................................................. Yes  Y
               No  N

Go to Item 38a

37b. How many days during the past 2 weeks? ................................................................. Days

37c. For what purpose?
38a. Lemon juice or lemon? ........................................................................................................ Yes  Y
        Go to Item 39a  No  N

38b. How many days during the past 2 weeks? .................................................................... Days

38c. For what purpose? 


39a. Garlic? ......................................................................................................................... Yes  Y
        Go to Item 40a  No  N

39b. How many days during the past 2 weeks? .................................................................... Days

39c. For what purpose? 


40a. Teas? .................................................................................................................................................................. Y
                      Yes  Y
                                             No  N

40b. How many days during the past 2 weeks? .....................................................................................................
                              Days

40c. For what purpose?

40d. Specify type:

41a. Roots? .......................................................................................................................................................... Y
                      Yes  Y
                                             No  N

41b. How many days during the past 2 weeks? .....................................................................................................
                              Days

41c. For what purpose?

41d. Specify type:
42a. Have you taken any other home remedies, teas, roots or herbs in the last 2 weeks? ................................................................. Yes Y
                      Go to Item 43a No N

42b. How many days during the past 2 weeks? ................................................................. Days

42c. For what purpose?


42d. Specify type:


43a. Have you ever used any other home remedies, teas, roots, herbs or other medicines? ................................................................. Yes Y
                      Go to Item 44 No N

43b. Was this for your heart or for other symptoms? ................................................................. Heart H Go to Item 43d Other O

43c. For what other symptoms?


43d. About how often would you say you have used any of these remedies? Would you say daily, weekly, several times a month, monthly, several times a year, yearly, rarely, almost never, or never?

[SHOW RC #2] .................................................................................................. Daily D

Weekly W

Several times a month S

Monthly M

Several times a year T

Yearly Y

Rarely R

Almost never A

Never N

G. ADMINISTRATIVE INFORMATION

44. Date of data collection: ......................... m m / d d / y y y y

45. Method of data collection: ............................... Computer C

............................................................... Paper form P

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