



# Medication Survey Form

FORM CODE: MSR  
VERSION C 10/09/2008

CONTACT YEAR:

LAST NAME:

ID NUMBER:

**INSTRUCTIONS:** This form is completed during the participant's clinic visit in several stages by appropriately trained persons at the workstations identified for this purpose. If the paper form is used for data collection, data are keyed into the data entry system as soon as possible following its completion. ID Number, Contact Year, and Name are entered above. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeros where necessary to fill all boxes. If a number is entered incorrectly on a paper form, mark through the correct entry with an "X". Code the correct entry clearly above the incorrect entry. For "multiple choice" and "yes/no" type questions, circle the letter corresponding to the most appropriate response. If a letter is circled incorrectly, mark through it with an "X" and circle the correct response.

At the reception station, verify that the medication bag is clearly identified with the participant's name and ID number. Do not open the medication bag or transcribe medications until the participant has signed the informed consent. The transcription section of Section B is completed while the participant proceeds with the visit. Medications are coded by trained field center personnel after the transcription and interview portions have been completed. Code numbers of the interviewer, transcriber and coder are recorded in the appropriate locations.

## A. RECEPTION

1. Have you taken any medications in the past two weeks?

This includes all prescription medications, all over-the-counter medications, all vitamins, minerals, herbs and dietary supplements? .....

Yes 1

No 2

Don't know 7

Refused 8

Missing 9

Go to Item 30a



**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). For EACH medication, ask the participant if the medication was taken in the last 24 hours and to provide the reason they take the medication.

	<b>A</b> <u>MEDICATION NAME</u>  ENTER NAME EXACTLY AS PRINTED ON LABEL.. ENTER "888" .... IF LABEL UNCLEAR...INCLUDE YOUR BEST EFFORT AT TRANSCRIBING. ENTER "999" IF MEDICATION CANNOT BE TRANSCRIBED AND NOTE REASON IN NOTES.	<b>B</b> <u>CONCENTRATION</u>	<b>C</b> <u>INSTRUCTIONS FOR ADMINISTRATION</u>	<b>D</b> <u>"DID YOU TAKE THIS MEDICATION IN PAST 24 HOURS?"</u>  YES - 1, NO - 2 DON'T KNOW - 7 REFUSED - 8 MISSING - 9	<b>E</b> <u>"WHAT IS THE REASON YOU TAKE THIS MEDICATION?"</u>  SPECIFY REASON DON'T KNOW - 7 REFUSED - 8 MISSING - 9
4 (1)				1 2 7 8 9	1 2 7 8 9
5 (2)				1 2 7 8 9	1 2 7 8 9
6 (3)				1 2 7 8 9	1 2 7 8 9
7 (4)				1 2 7 8 9	1 2 7 8 9
8 (5)				1 2 7 8 9	1 2 7 8 9
9 (6)				1 2 7 8 9	1 2 7 8 9
10 (7)				1 2 7 8 9	1 2 7 8 9
11 (8)				1 2 7 8 9	1 2 7 8 9
12 (9)				1 2 7 8 9	1 2 7 8 9

**A**  
**MEDICATION NAME**

ENTER NAME EXACTLY AS  
PRINTED ON LABEL..  
ENTER "888" .... IF LABEL  
UNCLEAR...INCLUDE YOUR BEST  
EFFORT AT TRANSCRIBING.  
ENTER "999" IF MEDICATION  
CANNOT BE TRANSCRIBED AND  
NOTE REASON IN NOTES.

INITIAL  
VISIT - 1  
OR  
FOLLOW-  
UP - 2

**B**  
**CONCENTRATION**

**C**  
**INSTRUCTIONS FOR  
ADMINISTRATION**

**D**  
**"DID YOU TAKE  
THIS MEDICATION  
IN PAST 24 HOURS?"**

YES - 1, NO - 2  
DON'T KNOW - 7  
REFUSED - 8  
MISSING - 9

**E**  
**"WHAT IS THE  
REASON YOU TAKE  
THIS MEDICATION?"**

SPECIFY REASON  
DON'T KNOW - 7  
REFUSED - 8  
MISSING - 9

13 (10)				1	2	7	8	9	1	2	7	8	9
14 (11)				1	2	7	8	9	1	2	7	8	9
15 (12)				1	2	7	8	9	1	2	7	8	9
16 (13)				1	2	7	8	9	1	2	7	8	9
17 (14)				1	2	7	8	9	1	2	7	8	9
18 (15)				1	2	7	8	9	1	2	7	8	9
19 (16)				1	2	7	8	9	1	2	7	8	9
20 (17)				1	2	7	8	9	1	2	7	8	9
21 (18)				1	2	7	8	9	1	2	7	8	9
22 (19)				1	2	7	8	9	1	2	7	8	9
23.(20)				1	2	7	8	9	1	2	7	8	9
24 (21)				1	2	7	8	9	1	2	7	8	9
25 (22)				1	2	7	8	9	1	2	7	8	9
26 (23)				1	2	7	8	9	1	2	7	8	9



**ASK THESE ITEMS FOR FOLLOW-UP ONLY**

- 27g. Participant has provided information on ..... All medications taken in the past 2 weeks 1  
 Some medications taken in the past 2 weeks 2  
 None of the medications taken in the past 2 weeks 3  
 Don't know 7  
 Refused 8  
 Missing 9

Go to Item 29a

- 27h. What is the reason that information on all medications was not provided..... Can't find the container(s), bottle 1  
 Can't read the label(s) 2  
 Don't Know 7  
 Refused 8  
 Missing 9

27i. Other: Specify:


27j. Code number of person completing follow-up: ..... 

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27k. Date of follow-up:..... /  /   
 m m d d y y y y

**END HERE FOR FOLLOW-UP CONTACT**

28a Code Number of medication coder: .....

28b. Date of medication coding: ..... /  /   
 m m d d y y y y

**C. INTERVIEW**

"Now I know these next questions may seem repetitive, but it is important that we make sure we know the reasons that you are taking various medications. Please bear with me."

Were any of the medications you took during the past two weeks for:

**[IF YES, VERIFY THAT MEDICATION NAME IS ON MEDICATION RECORD.]**

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	<u>Refused</u>	<u>Missing</u>
29a. High blood pressure? .....	1	2	7	8	9
29b. High blood cholesterol? .....	1	2	7	8	9
29c. Angina or chest pain? .....	1	2	7	8	9
29d. Control of heart rhythm? .....	1	2	7	8	9
29e. Heart failure or fluid on the lungs.....	1	2	7	8	9
29f. Blood thinning? .....	1	2	7	8	9

29g. Diabetes or high blood sugar? .....1            2            7            8            9

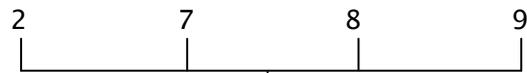
29h. Stroke? .....1            2            7            8            9

29i. Leg pain when walking? .....1            2            7            8            9

**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.”

	<u>Reason Indicated</u>	<u>Not a Reason</u>	<u>Don't Know</u>	<u>Refused</u>	<u>Missing</u>
30a. You were in a hurry, too busy, or forgot.....	1	2	7	8	9
30b. It was inconvenient, for example, the medication needed to be refrigerated, or had to be taken with food .....	1	2	7	8	9
30c. You thought the medication wouldn't do you any good.....	1	2	7	8	9
30d. The medication made you feel bad.....	1	2	7	8	9
30e. If you took the medication, you wouldn't be able to carry out your normal activities—for example, driving.....	1	2	7	8	9
30f. You thought you might become addicted or hooked on the medication.....	1	2	7	8	9
30g. You don't like to take medicine.....	1	2	7	8	9
30h. You were trying to do without it.....	1	2	7	8	9
30i. You did not have money to purchase the medication (or its refills) .....	1	2	7	8	9
30j. Did not have the medication available.....	1	2	7	8	9
30k. Are there any other reasons why you haven't taken a prescribed medication? .....	1	2	7	8	9



**Go to Item 31**

30l. If yes, specify reason:


31a. Do you ever forget to take you medicine? ..... Yes 1  
No 2  
Don't know 7  
Refused 8  
Missing 9

31b. Are you careless at times about taking your medicine? ..... Yes 1  
No 2  
Don't know 7  
Refused 8  
Missing 9

31c. When you feel better do you sometimes stop taking your medicine? ..... Yes 1  
No 2  
Don't know 7  
Refused 8  
Missing 9

31d. Sometimes if you feel worse when you take your medicine, do you stop taking it?.....	Yes	1
	No	2
	Don't know	7
	Refused	8
	Missing	9

**E. ASPIRIN AND NSAID USE**

Now, I am going to ask you questions pertaining to your non prescription medication prescriptions taking behavior.

32. During the past two weeks, did you take any aspirin, Alka-Seltzer, cold medicine or headache powder.....	Yes	1
	No	2
	Don't know	7
	Refused	8
	Missing	9

Go to 35a

 {
   
 — No
   
 — Don't know
   
 — Refused
   
 — Missing
 }

"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	1
	No	2
	Don't know	7
	Refused	8
	Missing	9

Go to 35a

 {
   
 — No
   
 — Don't know
   
 — Refused
   
 — Missing
 }

- 34a. What is the strength of aspirin in the pill? **[CHECK THE PREPARATION, IF AVAILABLE; OTHERWISE SHOW RC #1]** .....
- |                                    |   |
|------------------------------------|---|
| Less than 300 mg (Baby)            | 1 |
| 300 – 499 mg (Regular)             | 2 |
| 500 mg or greater (Extra strength) | 3 |
| Don't know                         | 7 |
| Refused                            | 8 |
| Missing                            | 9 |

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

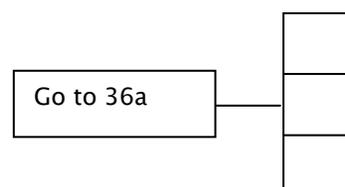
34c. How many pills are you taking per week, on average? .....   Pills

- 34d. For what purpose are you taking this medication? .....
- |   |   |
|---|---|
| Participant mentioned to avoid heart attack or stroke       | 1 |
| Participant did NOT mention to avoid heart attack or stroke | 2 |

34e. When did you start taking aspirin, or a medicine containing aspirin, on a regular basis? .....

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
m	m		d	d		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, Aleve, Naprosyn, Feldene and Clinoril.....
- |            |   |
|------------|---|
| Yes        | 1 |
| No         | 2 |
| Don't know | 7 |
| Refused    | 8 |











42a. Have you taken any other home remedies, teas, roots or herbs in the last 2 weeks?

Yes 1

No 2

Don't Know 7

Refused 8

Missing 9

Go to Item 43a

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

Days

42c. For what purpose?

Grid for purpose

41d. Specify type:

Grid for type

43a. Have you ever used any other home remedies, teas, roots, herbs or other medicines? .....

Yes 1

No 2

Don't Know 7

Refused 8

Missing 9

Go to Item 44



**G. ADMINISTRATIVE INFORMATION**

44. Date of data collection: ..... 

		/			/				
m	m		d	d		y	y	y	y

45. Method of data collection: ..... Computer 1  
Paper form 2

46. Place of data collection: ..... In Clinic 1  
Off site 2

47. Code number of Interviewer: ..... 

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