

MEDICATION SURVEY FORM INSTRUCTIONS
MSR, VERSION B: 08/13/2005
QxQ Prepared: 08/13/2005

I. GENERAL INSTRUCTIONS

The Medication Survey (MSR) form is completed during the participant's Exam 2 clinic exam visit. The purpose of the MSR is to assess medication usage in the two weeks preceding the examination date. Information on both prescription and non-prescription drugs and herbals is ascertained. To obtain this information, the participant is asked prior to the clinic visit to bring all medications taken in the two-week period preceding the Exam 2 visit to the Exam Center. Instructions and a bag for that purpose is mailed to the participant

Interviewers require certification in interviewing techniques and familiarity with the data entry procedures for paper and electronic versions of the form (references: Data Entry System manual and the "General Instructions for Completing Paper Forms"). Transcribers and coders of medication information also require certification. Whenever a transcriber has any difficulty in transcribing a medication, s/he is to consult with the Clinic Manager to clarify the problem before proceeding. Header information (ID Number, Contact Year, and Name) are completed in the format described in that document.

II. SPECIFIC INSTRUCTIONS

A. Reception

1. Have you taken any medications in the past 2 weeks? This includes Any prescription medications, all over the counter medications, all vitamins, minerals, herbs, and dietary supplements.

	Yes	1	
<div>Go to 30 a</div>	No	2	
	Don't Know	7	<div>Go to 3a</div>
	Refused	8	
	Missing	9	

If the response is NO, REFUSED, or MISSING, Section A ends here. Leave Section B (MEDICATION RECORDS) blank **and skip** to MEDICATION TAKING

BEHAVIORS, Section D.

If the response is DON'T KNOW, continue on to 3a to attempt to follow up with them after the clinic visit to obtain information on potential medications taken in the last 2 weeks.

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

Go to Section B and begin transcription while participant proceeds with clinic visit.	Yes, all	1
Go to Item 3a to determine follow up options for medications they did not bring.	Some of them	2
Go to Item 4 and transcribe those medications which were brought at this time	None (Forgot/Unable)	3
	Don't Know	7
	Refused	8
	Missing	9

If the response is YES ALL go to Section B (MEDICATION TRANSCRIPTION) and begin the transcription. This can take place at the reception station or while the participant proceeds with the clinic visit. As the participant delivers the medications, indicate where (and by whom) they will be returned before s/he leaves. Mention that medication names will be copied from the labels, and that if required, medications will be taken out of their container only in the presence of, and with approval of, the participant. Finally, indicate that a trained interviewer will later ask a few questions about each medication. Verify that the medications bag is clearly identified with the participant's name. Do not open the medications bag or transcribe medications until the participant has signed the informed consent.

If the response is SOME OF THEM, go to Item 3a to make arrangements with the participant to obtain the information for those medications which were not brought; transcribe those medications which were brought in Section B (MEDICATION TRANSCRIPTION). The preferred arrangement is follow up with the participant by telephone on the day of the clinic visit. If that is not possible, arrangements should be made to follow up with the participant by telephone on another date.

If the response is NONE (FORGOT/UNABLE TO BRING MEDICATIONS), reassure the respondent with the statement "That's alright. Since the information on medications is so important, we would still like to ask you about it during the interview." Clarify that they did indeed take medications in the past two weeks and

go to Item 3a to make arrangements to obtain the information for those medications which were not brought.

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	1
No (Don't want follow up)	2
Want to list by memory	3
Don't know	7
Refused	8
Missing	9

[Attempt to convert refusals; indicate on Participant Itinerary Form (PIN)].

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

If the participant agrees to follow-up, make arrangements for obtaining the information either by the participant returning to clinic with her/his medication containers or over the telephone. Describe the method of follow-up after Item 3 on the form. If the participant brought some medications, complete as much of Section B (MEDICATION TRANSCRIPTION) as possible.

In case of deliberate omission to bring medications to the Exam Center, the interviewer attempts participant conversion at the reception or a subsequent workstation. If participant conversion is to be attempted after reception, write a note to that effect on the Itinerary Sheet. Leave Section B (MEDICATION TRANSCRIPTION) items 4A – 26B blank if no medications were brought in. Even if the participant declines to bring in (or provide medication names during telephone follow up), attempt to complete as much of Section C, D, and E as possible. If the participant has not brought her/his medications, but remembers the names and concentration (strength) of all medications taken during the previous two weeks with confidence, the interviewer can make the judgment to record this information without a follow-up during the 24-hour sample pick up or via phone call. Circle WANT TO LIST BY MEMORY and proceed to Section B (MEDICATION TRANSCRIPTION).

If the participant is unsure about follow up, circle DON'T KNOW and attempt to get permission for a follow up telephone contact. If participant declines to answer the question, circle REFUSED, and if the data is legitimately missing,

circle MISSING.

B. Medications Transcription

Section B (MEDICATION TRANSCRIPTION) is divided into three components to document information about each medication used by the participant: (1) Transcription, (2) Interview, and (3) Medication Coding. Transcription includes recording in column (a) the medication name, in column (b) concentration (strength), and in column (c) the instructions for administration of each medication used within the two weeks prior to the interview. The interview portion consists of determining and recording in column (d) whether the medication was taken within the last 24 hours and (e) why the patient is taking the medication (e.g. for blood pressure, sugar, arthritis, etc). Medication Codes are coded using the DMS version of the MEDISPAN Medication Dictionary and recorded in column (f) (this column is not included on paper version of form). The transcription of the medication name (column a), concentration (column b), and instructions for administration (column c) is done by a trained transcriptionist prior to the interview with the participant or by an interviewer in conjunction with the administration of the questions in column (d). The coding of the medications from the DMS medication dictionary is done later by a trained coder after the interview is completed.

Begin this process by opening the medications bag and removing all medications. In column (a), transcribe the medication name (in BLOCK LETTERS if using a paper form), followed by the concentration in column (b), and instructions for administration in column (c), beginning with Item 4. Include all parts of the medication name and any numbers and/or letters that identify the strength (concentration). For keying purposes, the following format should be used when transcribing the medication name and concentration. For example:

<u>Column (a)</u>	<u>Column (b)</u>
AMPICILLIN	250 mg
AMPICILLIN LIQUID	125mg/5ml
NOSTRIL	1/2 %
ANACIN MAXIMUM STRENGTH	=====

Also copy any numbers and codes which follow or are part of the name. For example:

ANACIN-3	STUARTNATAL 1 + 1
ACEROLA C (100 MG)	ILETIN I NPH
TRIAMINIC12	S-K AMPICILLIN
OVRAL28	CALTRATE 600 + VITAMIN D
ORTHO-NOVUM 10/11-28	

If in doubt, it is preferable to add information that may be insignificant. This will help later in identifying (and coding) a medication.

To facilitate the recording process some standard abbreviations have been established.

A

Acetaminophen = APAP
Aluminum = AL
Amitriptyline = AMITRIP
Antihistamine = ANTIHIST
Ammononium = AMMON

Antibiotic = ANTIBIO
Arthritic = ARTHR
Aspirin = ASA
Aspirin, Phenacetin and
Caffeine = APC

B

Balanced Salt Solution = BSS

Buffered = BUF

C

Caffeine = CAFF
Calcium = CA
Capsules = CAP
Carbonate = CARBON
Chewable = CHEW
Chlordiazepoxide = CHLORDIAZ

Chloride = CL
Chlorpheniramine = CHLORPHEN
Codeine = COD
Compound = CPD or CMP or CMPD
Concentrate = CON

D

Decongestant = DECONG
Dextromethorphan = DM
Dioctylsodium Sulfosuccinate = DSS

Dipropionate = DIPROP
Docusate Sodium = DSS

E

Expectorant = EXP

Extra = EX

F

Ferrous = FE
Fluoride = F

Formula = FORM

G

Gluconate = GLUCON
Glyceryl Guacolate = GG

Guaifenesin = GG

H

Hydrochloride = HCL
Hydrochlorthiazide = HCTZ

Hydrocortisone = HC
Hydroxide = HYDROX

I

Inhalation = INHAL I

Injection = INJ

J

Junior = JR

L

Laxative = LAX

Liquid = LIQ

Long Acting = LA

Lotion = LOT

M

Magnesium = MG

Maximum = MAX

Minerals = M

Multivitamins = MULTIVIT

N

Nitroglycerin = NTGN

O

Ointment = OINT

Ophthalmic = OPTH

P

Penicillin = PCN

Pediatric = PED

Perphenazine = PERPHEN

Phenobarbital = PB

Phenylephrine = PE

Phenylpropanolamine = PPA

Potassium = K

Potassium Iodide = KI

Powder = PWD

Pyrilamine = PYRIL

R

Reliever = REL

S

Simethicone = SIMETH

Sodium = SOD

Solution = SOLN

Strength = STR

Suppository = SUPP

Suspension = SUSP

Sustained Action = SA

Sustained Release = SR

Syrup = SYR

T

Tablets = TAB

Theophyllin = THEOPH

Therapeutic = T

Time Disintegration = TD

V

Vaccine = VAC

Vitamin = VIT

W

With = W

Each drug name should be written out even if the same name or a portion of the name appeared in the previous drug. Do not use ditto marks (") to indicate a repeat of a previous item.

Sometimes the drug name includes numbers or letters which could be mistaken for dosage. Having these numbers or letters as part of the drug name helps in selecting the appropriate code. Therefore, it is better to record all the information related to medication name and concentration on the form in a standard format. The following guidelines are offered for standardization.

Medication Transcription

- * Print complete names using block capital letters.
- * Record all identifying characters and numbers referring to concentration.
- * Record instructions for administration completely as written on the labels using standardized abbreviations if desired.
- * Include as much identifying information as possible.

Sometimes the dosage form may appear to be part of the drug name since a few companies have trademarks for their dosage forms. For example, Enseals for enteric coated tablets and Kapseals or Pulvules for capsules. You may record these names as identifying information.

Combination Drugs

Combination medicines contain two or more drugs in a single pill or tablet. Some combination medicines such as Dyazide come in only one fixed combination (hydrochlorothiazide 25 mg and triamterene 50 mg); these combination medicines do not generally list the strength. Record DYAZIDE, in the space medication name and do not record anything for concentration.

Other combination medicines such as Inderide are available in more than one fixed dose combination (propranolol 40 mg and hydrochlorothiazide 25 mg; or propranolol 80 mg and hydrochlorothiazide 25 mg); these combination medicines generally list the strength as in "Inderide 40/25" or "Inderide 80/25." For these medicines, record, for example, INDERIDE, in the space for name, and "40/25" or "80/25" after the name as the concentration. For example:

Drugs containing two or more medications:

Example of fixed dosage:

Dyazide (hydrochlorothiazide and triamterene) code "DYAZIDE"

Examples of variable dosage:

Inderide 40/25 (40 mg Inderal, 25 mg hydrochlorothiazide) code
"INDERIDE 40/25"

Inderide 80/25 (80 mg Inderal, 25 mg hydrochlorothiazide) code
"INDERIDE 80/25"

- * Do not record flavors of products and whether the preparations are sugar-free or sodium-free.

Concentration

Most drug concentrations are given in grams, milligrams or micrograms. Record as written on the label using the abbreviations "gm" for grams, "mg" for milligrams and "mcg" for micrograms. Rarely the dosage may be given in grains. Use the abbreviation "gr" for this.

When strength is not recorded as milligrams (mg) record all numbers, digits and characters used to denote concentration; this includes:

.	- decimal point	gm = gram(s)
ml	- milliliter	gr = grain(s)
/ml	- per milliliter	mg = milligram
mEq	- milliequivalents	mcg = microgram
hr	- hour	
/hr	- per hour	
%	- percent	Note: When the abbreviation, "PC" (percent) is used, record percent symbol, "%."

SPECIFICS:

- * Record strength of combination drugs where strength is separated by a "/" here.
- * Liquid medicine concentration is often written in mg/ml (milligrams per milliliter). For example, Ampicillin 125 mg /5 ml, is recorded as: "AMPICILLIN" for name and "125 mg/5ml" for concentration.
- * Concentration for some medicines may be written as a percentage. For example: Alupent 0.6%, is recorded as: "ALUPENT" for name and "0.6%" for concentration
- * Concentration for insulin is generally "U100" or 100 units per milliliter." This is often written as "100/ml" or "100U/ml." Record Insulin concentration as "U100" unless another strength is listed on the label.

NOTE: Do not record the quantity or number of pills/tablets dispensed.

If more than 26 medications are present or reported by the participant, only 26 medications are coded and keyed, selected according to the priorities described

below. If it is necessary to defer the assignation of priorities for medications to be transcribed, the name and strength of each additional medication is recorded on the back of page 3 of the paper form, until 26 medication names are selected for transcription and coding. Medications may be prioritized during transcription by combining the transcription and interview components.

Prioritization is performed only if there are more than 26 medications and is based on the following algorithm: prescription medications first; then aspirin, aspirin-containing medications and anti-inflammatory preparations (aspirin, Alka-Seltzer, headache powders, cold medicine, medication for arthritis); followed by other over-the-counter preparations; then vitamins and food supplements and any other medications last.

Example: _____ MEDICATION SURVEY FORM

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).

	B CONCENTRATION	C INSTRUCTIONS FOR ADMINISTRATION	D "DID YOU TAKE THIS MEDICATION IN PAST 24 HOURS?"	E "WHAT IS THE REASON YOU TAKE THIS MEDICATION?"
<p style="text-align: center;">A</p> <p>MEDICATION NAME</p> <p>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.</p>			<p>YES – 1, NO - 2 DON'T KNOW – 7 REFUSED – 8 MISSING – 9</p>	<p>DON'T KNOW – 7 REFUSED – 8 MISSING – 9</p>
4.	NORVASC	5mg	1 daily	<input checked="" type="radio"/> 2 7 8 9 Blood Pressure <div style="border-bottom: 1px solid black; width: 100px; margin-top: 5px;"></div> 8 9
5.	KCL	20mEq	1 daily	<input type="radio"/> 2 7 8 9 Low Potassium <div style="border-bottom: 1px solid black; width: 100px; margin-top: 5px;"></div> 8 9

For any medications that you are unable to transcribe, seek supervisor assistance. If still unable to transcribe enter 999 and the reason in the notes. After seeking assistance, if you can transcribe at least a portion of the medication label, but are unsure about the transcription, precede the information transcribed by a 888. Set aside any containers which have no clear label and/or identification or medications

without containers for later transcription by a trained interviewer.

Open containers to examine medications only in the presence of the participant. If necessary, make a note on the form, and let the participant know that a trained interviewer will identify these medications with her/him. Enter your JHS technician/interviewer code number in Item 28a (Transcriber code number). The code number of the person coding the medication is entered in Item 28b. The date on which the medications are coded is entered in Item 28c. Return the medications to the carrier bag. If the interview portion has not been administered, place the MSR paper form (if appropriate) in the medication bag and take the medication bag to a secure location for use at the workstation in which the interview will be administered. If the interview portion of the form has been administered, take the bag to a secure place for returning to the participant at the medical data review workstation. **AT NO TIME SHOULD THE MEDICATIONS BE LEFT UNATTENDED AND UNSECURED.**

Once all names are transcribed, count the total number of different medications that the participant brought to the clinic and enter this number in Item 27. Count the actual medications to determine the total. Do not refer to the record numbers on the screen or paper form.

Column (d). USE IN PAST 24 HOURS

After the transcription of the medication name, concentration, and instructions for administration, or the verification of the accuracy of the transcription and its use within the last 2 weeks, the interviewer ascertains the use of each medication within the past 24 hours, while showing the participant each separate container. The following question is asked for each medication:

d. "Did you take this medication in the last 24 hours?"

If probing is required to assist the participant in remembering, the question may be repeated, specifying a time on the previous day. For example, "Have you taken this medication since 10:00 a.m. yesterday?"

				E "WHAT IS THE REASON YOU TAKE THIS MEDICATION?"
				"
				D "DID YOU TAKE THIS MEDICATION IN PAST 24 HOURS?"
A MEDICATION NAME	B CONCENTRATION	C INSTRUCTIONS FOR ADMINISTRATION	YES - Y, NO - N DON'T KNOW - D	
			DON'T KNOW - 7 REFUSED - 8 MISSING - 9	

4.	<u>NORVASC</u>	<u>5mg</u>	<u>1 daily</u>	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> D	<u> </u>
5.	<u>KCL</u>	<u>20mEq</u>	<u>1 daily</u>	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> D	<u> </u>

Repeat this process for all medications, e.g., transcribe or verify the transcription of the medication/concentration and ask the question in column (d). Determine from Item 28 on the form at the end of Section B whether there are any medications in the bag for which the receptionist was unable to transcribe the name/concentration. These may include unmarked containers, loose pills, and containers with more than one medication. Ask the participant to open any unmarked containers, and to handle loose pills. With the participant's help and using a Physicians Desk Reference (PDR), attempt to identify these medications. If possible, enter the name and concentration, and ask if the medication was taken in the last 24 hours. If the medication cannot be identified, write UNKNOWN for the medication name and draw two horizontal lines through the boxes (enter "=" in the spaces) for the medication code number. If additional medications can be transcribed, adjust the total for Item 28. "Number of medications unable to transcribe:", accordingly. After this has been completed for all containers, prescriptions and medications in the bag, probe the participant on whether all medications taken in the previous two weeks are included. For any additional medications recalled by the participant, record the names and answer the questions with as much detail as possible. If there is any doubt, arrange for a review during the 24-hour pick up or phone call during which the participant can provide accurate information.

During the rest of the Medication Survey interview or during a subsequent interview, the participant may recall other medications or vitamins taken during the past two weeks. Their name, concentrations, and instructions for administration, are transcribed in columns (a), (b), and (c), respectively, and last ingestion (use) is recorded in column (d) at this time, just as if they had been in the medication bag. However, the number of medications in the bag is not changed. This documents that information on some medications were provided from the participant's memory.

Column E. Reason for Taking Medication

Record verbatim the reason that the participant gives for taking this medication. If s/he does not know, record DON'T KNOW. Or if s/he refuses to respond, record REFUSED. If the item is legitimately missing, record MISSING.

Column (f). CODE NUMBER. (NOT VISIBLE ON PAPER FORM)

The 14-digit medication code numbers are found in the DES version of the Medication Dictionary which has been distributed to the Exam Center. The drug

names are listed in alphabetical order. Drug names that begin with a number, ditto ("), or a dash (-) are listed first. If a drug name is separated by a hyphen, the portion of the name preceding the hyphen is listed in alphabetical order.

If you encounter a drug name which is not in the dictionary, do not guess at a match. Simply set the status code to Q (questionable) so that the pharmacist at the Coordinating Center can develop a code number and update the dictionary.

Numbers that appear in the dictionary are used to differentiate between products. Before coding a drug entry, determine whether the numbers which are recorded are part of the name or are strength/concentration information. Numbers referring to strength/concentration are not used in the matching process for medication coding.

Some drug products use a suffix to distinguish between combination products containing the same primary drug. For example:

Darvon = propoxyphene hydrochloride
Darvon N = propoxyphene napsylate
Darvon Cmpd = propoxyphene hydrochloride with aspirin and caffeine
Darvon with ASA = propoxyphene hydrochloride and aspirin

When coding a medication which contains more than one word, look for a match of the entire name in the dictionary. If the name matches, enter the corresponding code. If a complete match cannot be found, but the dictionary has a single entry for the ingredient(s) in the medication (usually the first word of the drug name), and there are no other entries containing this word, select the corresponding code. This occurs most often when:

- both the brand and generic name are transcribed, but only one is given in the dictionary;
- the form of the drug is transcribed, but not given in the dictionary;
- the seller's name is transcribed, but is not listed in the dictionary.

It is critical that the other words in the transcribed drug name do NOT involve additional ingredients.

Examples:

CORDARONE/AMIODARONE	not in the dictionary; code as AMIODARONE, which is listed.
DIMETAPP ELIXIR	not in the dictionary; code as DIMETAPP, which is listed.
ECKERD ALLERGY RELIEF TABS	not in the dictionary; code as ALLERGY RELIEF,

which is listed.

TYLENOL NO. 3

not in the dictionary; cannot code, since "NO.3" could designate another ingredient; in fact, it designates codeine. It can be coded by searching for the abbreviation of Tylenol's ingredient with codeine: APAP W CODEINE, which is in the dictionary.

In order to put drug names on the prescription label, pharmacists may use abbreviations. Unfortunately, these abbreviations are often not standardized. Some frequently used abbreviations, however, occur in the Medication Dictionary. For example:

APAP = acetaminophen	HC = hydrocortisone
ASA = aspirin	HCl = hydrochloride
CAFF = caffeine	HCTZ = hydrochlorothiazide
Cl = chloride	IV = intravenous
CMP = compound	K = potassium
COD = codeine	M = minerals
DM = dextromethorphan	SR = sustained release
Fl = fluoride	T = therapeutic
GG = glycerylguaiacolate	XR = extended release

C. Interview

This portion of the Medication Survey is administered by the nurse-clinician or a trained interviewer.

For Item 30, ask if medications were taken in the past two weeks for the nine listed reasons.

The following synonyms may be given in response to participant questions.

- a. High blood pressure = hypertension
- c. Angina or chest pain = heart pains
- d. Control of heart rhythm = medicine for fast or irregular heart rate or heart beats
- e. Heart failure = congestive heart failure, not heart attack
- f. Blood thinning = anticoagulation
- i. Leg pain when walking = claudication

NOTE: Stroke does not include TIA nor "slight strokes" which lasted less than 24 hours.

For example, if the participant had taken medication for high blood pressure and claudication and no other listed conditions, Item 29 would be coded as follows:

29. 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>
a. High Blood Pressure	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> D
b. High Blood Cholesterol	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> D
c. Angina or Chest Pain	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> D
d. Control of Heart Rhythm	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> D
e. Heart Failure	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> D
f. Blood Thinning	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> D
g. Diabetes or High Blood Sugar	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> D
h. Stroke	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> D
i. Leg pain when walking	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> D

If any of the conditions are answered affirmatively, be sure that the medication is recorded in Section B. The interviewer, however, can not ask the participant to identify which medication was used to treat any of the conditions. For example, if the participant reported taking a medication to lower blood pressure during the last two weeks (Item 29.a), and no recognizable antihypertensive medications were recorded in Section B and the participant did not give blood pressure as a reason for taking any of the medications transcribed from her/his medication bag, the interviewer may probe to determine if the names of all medications taken during the last two weeks were recorded. If the person indicates that the names of all her/his medications have been transcribed, the interviewer can not probe further to determine which medication was used to treat the high blood pressure. The interviewer can however say something similar to: "You did not mention that any of your medication bottles were a medicine for blood pressure. Was that an oversight or is it possible that you left that medication at home?" If they left the medication at home, go back to Item 2 and 3 to indicate that not all medications


were brought, and determine a time for follow up.

D. Medication Taking Behaviors

This section is obtains information on the participant's usual medication-taking behaviors, or taking medications as prescribed.

Item 30 is asked of all participants regardless of whether they reported taking any medication during the past two weeks or whether they brought day medication to the Exam Center. This question is asked as worded. Explanation about “memory jogging” or thinking of times when they have taken prescription medications in the past may be offered at the beginning of this question. Read each item in the list and indicate whether the item was indicated or not as a reason for taking medications exactly as prescribed.

For example, if the participant had indicated they had not taken medications according to directions by reason of not liking to take medicines and that it made them feel bad, Item 30 would be coded as follows:

	<u>Reason Indicated</u>	<u>Not a Reason</u>	 <u>'t Now</u>
a. You were in a hurry, too busy, or forgot.....	Y	<input type="radio"/> N	D
b. It was inconvenient, for example, the medication needed to be refrigerated, or had to be taken with food.	Y	<input type="radio"/> N	D
c. You thought the medication wouldn't do you any good..	Y	<input type="radio"/> N	D
d. The medication made you feel bad.....	<input checked="" type="radio"/> Y	N	D
e. If you took the medication, you wouldn't be able to carry out your normal activities—for example, driving...	Y	<input type="radio"/> N	D
f. You thought you might become addicted or hooked on the medication.....	Y	<input type="radio"/> N	D
g. You don't like to take medicines.....	<input checked="" type="radio"/> Y	N	D
h. You were trying to do without it.....	Y	<input type="radio"/> N	D
i. You did not have money to purchase the medication (or its refills).....	Y	<input type="radio"/> N	D
j. Did not have the medication available.....	Y	<input type="radio"/> N	D
k. Are there any other reasons why you haven't taken a prescribed medication?.....	Y	<input type="radio"/> N	D
l. If yes, specify reason:			

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E. Aspirin and NSAID Use

31. Although the primary purpose of Item 31 is to identify participants who are taking aspirin, the question is broadly constructed to include aspirin and other medications which may contain aspirin but are not necessarily labeled as aspirin, such as "Alka-Seltzer, cold medicine or headache powder." Therefore, this question may identify persons taking medications which do not include aspirin.
32. Read the transition statement and Item 32 to all participants who responded "YES to Item 32. We are after the current use (NOW) of aspirin or aspirin containing medication on a REGULAR basis, regardless of the reason for its use. These medications do not include Tylenol, Advil, etc. Consult the list of Aspirin or Aspirin Containing Medications at the end of these instructions if in

doubt. If asked by the participant, "regular" is defined as at least once a week for several months. If the response is "NO or UNKONWN skip to Item 34. When the response is Yes, continue by asking Item 33a.

- 33a. Read the question and select the appropriate letter from the four response codes. Strength refers to the number of milligrams of aspirin per pill, not the total number of milligrams taken. (Buffered aspirin does not refer to strength, but to added ingredients.) The participant may offer the actual milligrams, which can be categorized as shown in the responses. If the person can recall that the strength of the pill was not baby, but can not distinguish between regular and extra strength, code as regular, 'B.' If the participant does not remember at all, record DON'T KNOW.
- 33b. Read the question. The purpose of this question is to document the number of days per week aspirin is taken. Record the typical frequency (i.e., "on average") of the aspirin that is used on a regular basis. If less than one day per week, record as zero. Round half days up to the next integer. The maximum number of days per week is 7.
- 33c. Read the question. In contrast to part (b), the purpose of this question is to document the average number of aspirin tablets the person takes during a typical week. 'Pills' refers to both aspirin and aspirin containing medications, either in tablet or powder form. If >99, record as 99. If < 1, record as zero. If "half tablets" were used, divide the number of half tablets by 2 and round fractions up to the next integer. For example, record the use of 7 half tablets of aspirin per week as 04.
- 33d. Read the question. Do not read the choices. If the participant mentions avoiding heart attack or stroke as part of her/his response, record "H." Individuals could be following the advice of their provider of medical care in doing this, or they could be acting on their own, based on information obtained through the media, friends or other sources. If the participant mentions "blood thinning" or avoiding blood clots as the reason for taking aspirin, record "H." If neither a heart attack or stroke is mentioned, record "O," even if the aspirin was prescribed by a physician. With a positive response to the initial Item 32, confirm whether the reported medication(s) is transcribed in section B.
- 33e. Enter the year and month of the onset of regular use in 34e. If the participant is unsure, ask for a best guess. If an estimate cannot be made, record "==" in the appropriate month and year field(s). If the participant can only estimate the year, use '06' for the month.
- 34. Read Item 34 as written. Item 34a parallels the aspirin question (Item 32) but documents the current, regular use of nonsteroidal anti-inflammatory drugs (NSAID). Item 34 excludes Tylenol and aspirin (as separate entities) and

steroids. Nonsteroidal drugs are the most common non-aspirin treatments of arthritis. If the participant is unsure about a medicine but mentions its name, quickly check the LIST OF NON-STEROIDAL ANTI-INFLAMMATORY DRUGS to decide. Note skip patterns. If participant answers YES, then continue by reading 34b.

- b. If the response to 34b is Ibuprofen or Advil, record YES ("1") and skip to 34d. If the participant reports a different non-steroidal anti-inflammatory drug, then code OTHER and transcribe the name in Item 34c.
- c. Do not ask this question; record the name based on the response to Item 34b. If the preparation is available, use it to verify the response.
- d. Read the question. The purpose of this question is to document the average number of NSAID tablets the person takes during a typical week. 'Pills' refers to tablets. If >99, record as 99. If < 1, record as zero. If "half tablets" were used, divide the number of half tablets by 2 and round fractions up to the next integer. For example, record the use of 7 half tablets of Ibuprofen per week as 04.
- e. Read Item 34e inserting the brand name of the drug where indicated and record the month and year the participant began taking the drug on a regular basis.

F. Folk Medicine

This section documents the use of home remedies or folk medicines during the last two weeks.

- 35-41. Read Items 35-41 exactly as worded. For each affirmative choice determine and record the number of days the remedy was used during the past two weeks and the purpose for its use. Record the purpose verbatim in the space provided. If additional space is needed, add a note log in the DES.
42. Read Item 42 to all respondents, emphasizing "ever." If "Yes", continue on with Items 42b and 42c. If "No", end the interview.

G. ADMINISTRATIVE INFORMATION

- 43. Enter the date of data collection.
- 44. Enter the method of data collection by PAPER or COMPUTER
- 45. Enter the 3-digit JHS interviewer ID of the person completing this form.