



Medication Survey Form

FORM CODE: MSR
VERSION B 10 /13/2005

ID NUMBER:

CONTACT YEAR:

LAST NAME:

INITIALS:

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.

	A <u>MEDICATION NAME</u>		B <u>CONCENTRATION</u>	C <u>INSTRUCTIONS FOR ADMINISTRATION</u>		D <u>"DID YOU TAKE THIS MEDICATION IN PAST 24 HOURS?"</u>		E <u>"WHAT IS THE REASON YOU TAKE THIS MEDICATION?"</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.					YES - 1, NO - 2 DON'T KNOW - 7 REFUSED - 8 MISSING - 9		SPECIFY REASON DON'T KNOW - 7 REFUSED - 8 MISSING - 9						
INITIAL VISIT - 1 OR FOLLOW-UP - 2														
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

27a. Is the transcription being done at the initial visit or a follow-up contact? Initial 1
 IF INITIAL, PROCEED TO QUESTION 27b, IF A FOLLOW-UP, SKIP TO 27g
 Follow-Up 2

27b. Total number of medications in participant medication bag:

27c. Is additional follow-up needed? Yes 1
 IF NO, THE SKIP TO 27f

Go to 28a

- No 2
- Don't Know 7
- Refused 8
- Missing 9

27d. Reason for follow-up:

27e. Method of follow-up up:

Code numbers for persons transcribing and coding medications:

27f. Code number of medication transcriber at the visit:

ASK THESE ITEMS FOR FOLLOW-UP ONLY

Go to Item 29a

27g. Participant has provided information on:All medications taken in the past 2 weeks

- 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

- 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:

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--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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:

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		/			/				
--	--	---	--	--	---	--	--	--	--

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."

Reason Indicated Not a Reason Don't Know Refused Missing

- 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:

E. ASPIRIN AND NSAID USE

31. 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 Item 34a

"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."

32. 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 Item 34a

33a. 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

33b. How many days a week, on average, are you taking this medication? Days

33c. How many pills are you taking per week, on average? Pills

33d. For what purpose are you taking this medication? Participant mentioned to avoid heart attack or stroke 1
 Participant did NOT mention to avoid heart or attack or stroke 2

33e. When did you start taking aspirin, or a medicine containing aspirin, on a regular basis? /
 m m y y y y

34a. 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
 Missing 9

Go to Item 35a

34b. What is the brand name of the medicine? **[CHECK THE PREPARATION, IF AVAILABLE]** Ibuprofen or Advil 1 — Go to Item 34d
 Other 2
 Don't Know 7
 Refused 8

Missing

9

34c. If "Other", specify:

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

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Pills

34e. 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...”

35a. Vinegar?

Yes	1
No	2
Don't Know	7
Refused	8
Missing	9

Go to Item 36a

35b. How many days during the past 2 weeks?

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Days

35c. For what purpose?

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Missing 9

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

Days

41c. For what purpose?

[Grid for purpose]

41d. Specify type:

[Grid for type]

42a. Have you ever used any other home remedies, teas, roots, herbs or other medicines?

Go to Item 43

- Yes 1
No 2
Don't Know 7
Refused 8
Missing 9

42b. Was this for your heart or for other symptoms?

- Heart 1
Other 2
Don't Know 7
Refused 8

Go to Item 42d

Missing 9

42c. For what other symptoms?

Grid of 24 empty boxes for recording symptoms.

42d. 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 1
Weekly 2
Several times a month 3
Monthly 4
Several times a year 5
Yearly 6
Rarely 7
Almost never 8
Never 9
Don't Know 77
Refused 88
Missing 99

G. ADMINISTRATIVE INFORMATION

43. Date of data collection: Grid for month, day, and year with labels m, d, y.

- 44. Method of data collection: Computer 1
Paper form 2
- 45. Place of data collection In Clinic 1
Off site 2

46. Code number of Interviewer:

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