

Medication Survey Form

FORM CODE: MSR VERSION C 10/09/2008

CONTACT YEAR:	0 9			
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.

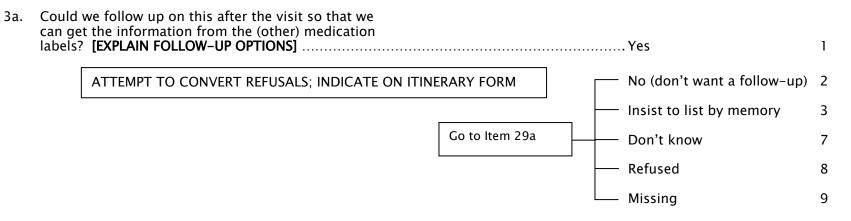
At the reception station, verify that the medication bag is clearly identified with the participant's name and ID number. Do not open the medication bag or transcribe medications until the participant has signed the informed consent. The transcription section of Section B is completed while the participant 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

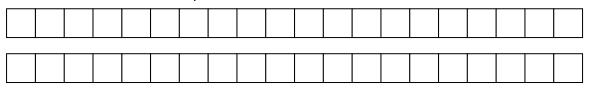
1.	Have you taken any medications in the past two weeks? This includes all prescription medications, all over-the-counter medications, all vitamins, minerals, herbs and dietary supplements?	 Yes	1
		No	2
	Go to Item 30a	 Don't know	7
		 Refused	8
		Missina	9

2.	Did you bring all the medications you used in the two weeks, or their containers? This includes a prescription medications, all over-the-counter			Go to Item 4: Begi participant procee	n transcription while ds with clinic visit.
	medications, all vitamins, minerals, herbs and o	lietary	Yes, a	11	1
			Some	of them	2
		Go to Item 3a to determine follow up options for medications they did not bring.	None	(forgot/unable)	3
		Go to Item 4 and transcribe those medications which were brought at this time.	Don't	Know	7
		, , , , , , , , , , , , , , , , , , ,	Refus	ed	8
			Missir	ıg	9

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



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



B. MEDICATION TRANSCRIPTION

Transcribe the <u>NAME</u> followed by the <u>CONCENTRATION and INSTRUCTIONS FOR ADMINISTRATION</u> 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.

	INITIAL VISIT - 1 OR FOLLOW- UP - 2	A MEDICATION NAME ENTER NAME EXACTLY AS PRINTED ON LABEL ENTER "888" IF LABEL UNCLEARINCLUDE YOUR BEST EFFORT AT TRANSCRIBING. ENTER "999' IF MEDICATION CANNOT BE TRANSCRIBED AND NOTE REASON IN NOTES.	B <u>CONCENTRATION</u>	C INSTRUCTIONS FOR ADMINISTRATION	D "DID YOU TAKE THIS MEDICATION <u>IN PAST 24 HOURS?"</u> YES – 1, NO – 2 DON'T KNOW – 7 REFUSED – 8 MISSING – 9				<u>RE</u> / <u>THI</u> SF DC	e <u>What</u> Son y S <u>Medi</u> Pecify I Dn't ki Refuse Missin	<u>IS THE</u> <u>OU TA</u> CATIO REASC NOW - ED - 8	<u>AKE</u> <u>DN?"</u> DN - 7	
	-				_ 1	2	7	8	9	1	2	78	9
4 (1)					1	2	7	8	9	1	2	78	9
5 (2)					1	2	7	8	9	1	2	78	9
6 (3)					1	2	7	8	9	1	2	78	9
7 (4)					1	2	7	8	9	1	2	78	9
8 (5)					- 1	2	7	8	9	1			
9 (6)					- ' 1	2	, 7	8	9	 1		78	
10 (7)					- '	2	, 7	-	-	<u>.</u> 1			
11 (8)					- 1		,	8	9			78	
12 (9)					1	2	7	8	9	1	2	78	9
					1	2	7	8	9	1	2	7 8	9

A <u>MEDICATION NAME</u>

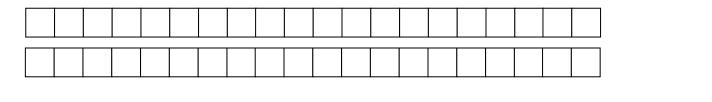
	INITIAL VISIT - 1 OR FOLLOW- UP - 2	ENTER NAME EXACTLY AS PRINTED ON LABEL ENTER "888" IF LABEL UNCLEARINCLUDE YOUR BEST EFFORT AT TRANSCRIBING. ENTER "999' IF MEDICATION CANNOT BE TRANSCRIBED AND NOTE REASON IN NOTES.	B <u>CONCENTRATION</u>	C INSTRUCTIONS FOR <u>ADMINISTRATION</u>	D "DID YOU TAKE THIS MEDICATION IN PAST 24 HOURS?" YES - 1, NO - 2 DON'T KNOW - 7 REFUSED - 8 MISSING - 9					E <u>"WHAT IS THE</u> <u>REASON YOU TAKE</u> <u>THIS MEDICATION?"</u> SPECIFY REASON DON'T KNOW – 7 REFUSED – 8 MISSING – 9			
13 (10)					1	2	7	8	9	1	2 7	89	
14 (11)						2	7	8	9	1		8 9	
15 (12)					1	2	, 7	8	9	 1	2 7		
16 (13)					1		-		-	<u> </u>			
17 (14)					1	2		8	9	1	2 7		
18 (15)					1	2	7	8	9	1		89	
19 (16)					1	2	7	8	9	1	2 7	89	
20 (17)					1	2	7	8	9	1	2 7	89	
21 (18)					1	2	7	8	9	1	2 7	89	
					1	2	7	8	9	1	2 7	89	
22 (19)					1	2	7	8	9	1	27	8 9	
23.(20)					1	2	7	8	9	1	2 7	89	
24 (21)					1	2	7	8	9	1	2 7	89	
25 (22)					1	2	7	8	9	1	2 7	89	
26 (23)					1	2	7	8	9	1	2 7	89	

27a. Is the transcription being done at the initial visit or a follow-up contact? IF INITIAL, PROCEED TO QUESTION 27b, IF A FOLLOW-UP, SKIP TO 27g	. Initial	1
	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	No	2
	Don't Know	7
Go to 28a	Refused	8
27d. Reason for follow-up:	Missing	9
27e. Method of follow-up up:		
Code numbers for persons transcribing and coding medications:		
27f. Code number of medication transcriber at the visit:		

Go to Item 29a 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 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:

ASK THESE ITEMS FOR FOLLOW-UP ONLY



27j. Code number of person completing follow-up:		1
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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.]

29a	a. High blood pressure? 1	<u>es No</u> 1 2	Don't <u>Know</u> 7	<u>Refused</u> 8	<u>Missing</u> 9	
29ł	b. High blood cholesterol?	1 2	7	8	9	
290	. Angina or chest pain?	1 2	7	8	9	
290	d. Control of heart rhythm?	1 2	7	8	9	
296	e. Heart failure or fluid on the lungs1	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?	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 <u>Indicated</u>	Not a <u>Reason</u>	Don't <u>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
/Version B	10/09/2008			Go to	9 of 19	9

301. If yes, specify reason:

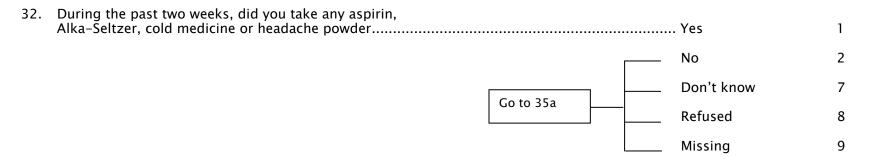
31a. Do you ever forget to take you medicine?	. Yes	1
	No	2
	Don't know	7
	Refused	8
	Missing	9
31b. Are you careless at times about taking your medicine?	. Yes	1
	No	2
	Don't know	7
	Refused	8
	Refused	0
	Missing	9

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

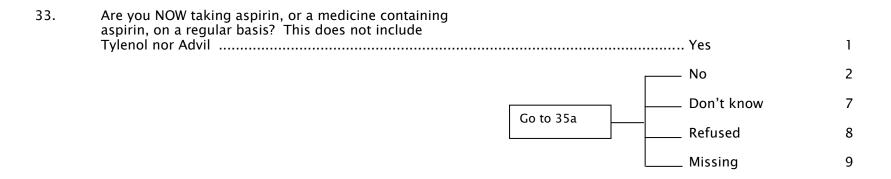
31d. Sometimes if you feel worse when you take your medicine, do you stop taking it?	Yes	1
	No	2
	Don't know	7
	Refused	8
	Missing	9

E. ASPIRIN AND NSAID USE

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



"Next I would like to ask you about your <u>regular</u> 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."



34a.	What is the strength of aspirin in the pill? [CHECK THE PREPARATION, IF AVAILABLE; OTHERWISE SHOW RC #1]	ess than 300 mg ((Baby)	1	
	3	300 – 499 mg (Reg	ular)	2	
	5	500 mg or greater	(Extra strength)	3	
	[Don't know		7	
	F	Refused		8	
	Ν	Missing		9	
	34b. How many days a week, on average, are you taking this medication?			Days	
	34c. How many pills are you taking <u>per week</u> , on average?			Pills	
	34d. For what purpose are you taking this medication?	Participant men heart attack or		1	
		Participant did avoid heart atta	NOT mention to ick or stroke	2	
	34e. When did you start taking aspirin, or a medicine containing aspirin, on a regular basis?	[/	/	
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.		m m d	d y 1	у у у
			- No	2	
			- Don't know	7	
	Go to 3	36a	- Refused	8	

																		Missing		9		
b. What i [CHEC											 				 	 		uprofen or Advil ther		1— 2	Go to Item	35d
																	Do	on't Know		7		
																	Re	efused		8		
35c. l	lf "O	ther	", sp	ecify	:												М	issing		9		
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35d. I	How aver	' mai age?	ny pi	lls p	er w	eek a	are y	ou t	aking	I, on	 				 	 	 		. Pill	ls		
35e. \	Whe on a	n dia rea	d you ular	ı stai basis	rt ta s?	king	[INS	ERT	NAM	E]	 				 					-		

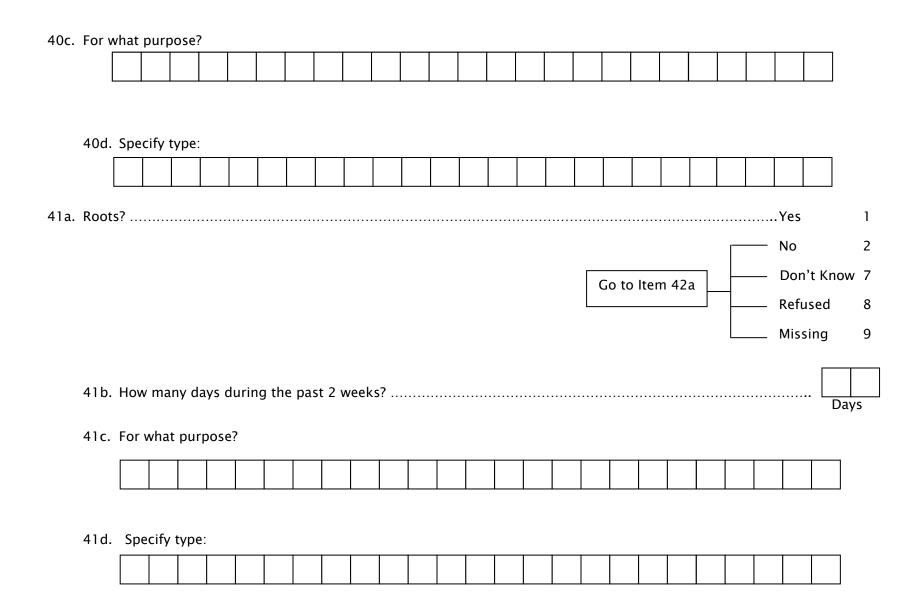
F. FOLK MEDICINE

"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..."



36b	. How	v mar	ıy da	ys d	uring	, the	past	t 2 w	/eeks	s?	 	 	 										
																						Da	ys
36c.	. For	what	purp	ose	?																		
a. Epso	om Sa	lts?									 	 	 							Ye	S		
																		Γ		No)		
													Γ	Go	to Ite	em 3	8a			Do	on't ki	now	
																				Re	fused		
																				Mi	ssing		
	. How) the	past	t 2 w	veeks	s?	 	 	 									Da	y
a. Lem	non ju	ice o	r lem	on?							 	 	 							····· `	Yes		
																				— I	No		
														G	o to	lten	1 39a			_ I	Don't	Knov	V
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-	38b.		many	, uu			,																Days
	38c.	For w	/hat r	ourp	ose?																		/ -
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9a. (Garlio											 	 		 						Ye	5	1
																				I	— No		2
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																					– Re	used	8
																					_ Mi	sing	9
-	ROH	How	manı	/ day	vs du	urino	ı the	nast	+ 2 va	veeks	7												
	39b.	How	many	/ day	vs du	ıring) the	past	t 2 w	veeks	;?	 	 		 								Days
							, the	past	t 2 w	veeks	s?	 	 		 							[Days
		How For w					the	past	t 2 w	veeks	;?	 	 		 								Days
) the	past	t 2 w	veeks	;?												Days
3	39c.	For w	/hat p	ourp	ose?																		
3	39c.	For w	/hat p	ourp	ose?																Ye	5]
3	39c.	For w	/hat p	ourp	ose?																Ye	5	
3	39c.	For w	/hat p	ourp	ose?																Ye — No — Do	s n't Kn] 1
3	39c.	For w	/hat p	ourp	ose?																Ye: — No — Do — Re	s n't Kn] 1 2 10w 7
: 0a. ⁻	39с. Гeas?	For w	vhat r	ourp 	ose?								 		 G	o to	Item	41a	· · · · · ·		Ye: — No — Do — Re	n't Kn Fused] 2 10w 2 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 Go to Item 43a Refused 8 Missing 9 42b. How many days during the past 2 weeks? Days 42c. For what purpose? 41d. Specify type: 43a. Have you ever used any other home remedies, teas, 1 No 2 Don't Know 7 Go to Item 44 Refused 8 Missing 9

	43b.	Was	s this fo	r youi	r hea	rt or for o	othe	r sympto	ms?	 •••••	 	 	 		Heart	1	Go to Item 43d
															Other	2	
															Don't Know	7	
															Refused	8	
	4.2	_				2									Missing	9	
	42c.	For	what ot	ther s	ympt	:oms?											
43d.						u say you											
	any o week	of th <u>(ly, s</u>	ese rem everal t	edies imes a	? Wo <u>a mo</u>	ould you : nth, mon	say <u>c</u> ithly,	<u>laily,</u> , <u>severa</u> l	_								
	<u>time</u> [SHC	<u>s a y</u>)W R	<u>ear, yea</u> C #2]	<u>rly</u> , <u>ra</u>	arely,	<u>nth, mor</u> almost r	<u>ieve</u> i	<u>r</u> , or <u>neve</u>	<u>r</u> ?	 	 	 	 	Daily		1	
														Weekly		2	
														Several time	es a month	3	
														Monthly		4	
														Several time	es a year	5	
														Yearly		6	
														Rarely		7	
														Almost nev	er	8	
														Never		9	
														Don't Know	1	77	
														Refused		88	
														Missing		99	

G. ADMINISTRATIVE INFORMATION

44.	Date of data collection:	m	m	/	d	d	/	у	у	у	у
45.	Method of data collection:						mpu per f				1 2
46.	Place of data collection:					In	Clini f site	с			1 2

47	Code number of Interviewer:		
47.			