



# Medication Survey Follow-Up Form

FORM CODE: FUP  
VERSION A 08/09/2005

ID NUMBER:

CONTACT YEAR:

LAST NAME:

INITIALS:

INSTRUCTIONS: This form is completed during a follow up telephone call to the participant (or walk in visit to the clinic) to obtain information on medications that were not brought to the clinic visit, or to clarify information (e.g. medication with an 888 or 999 data entry code on the MSR form). This follow up form should be completed immediately after the clinic visit, but under no circumstances should it be completed more than three months following the participant's clinic visit. It is to be completed by appropriately trained persons at the workstations. 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.

Instruct the participant to obtain all of her or his medications taken during the past 2 weeks. 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. MEDICATION TRANSCRIPTION

Ask if the participant has all of her/ his medications available. Remind the participant that we are interested in ALL medications including *prescription medications, over the counter medications, cold or allergy pills, herbals, vitamins, and other remedies*. Ask the participant to take one medication bottle at a time and respond to each question as you ask it. Transcribe the NAME followed by the CONCENTRATION and INSTRUCTIONS FOR ADMINISTRATION of each medication in the spaces below. Ask the respondent to read the complete list of ingredients for nutritional supplements and list each one (continue on the second line if needed). If the participant brings medications to the clinic, make a copy of the bottle and label it with the participant's JID. Before ending, ask *Are there any other medications that you took during the past two weeks, that is, any other prescription medications, over the counter medications, cold or allergy pills, herbals, vitamins, or anything else?*

**A**  
**MEDICATION NAME**

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

**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

1.	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	1   2   7   8   9	<hr/> 7 8 9
2.	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	1   2   7   8   9	<hr/> 7 8 9
3.	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	1   2   7   8   9	<hr/> 7 8 9
4.	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	1   2   7   8   9	<hr/> 7 8 9
22	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	1   2   7   8   9	<hr/> 7 8 9

All medications taken in past 2 weeks .....	1
Some medications taken in 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 24

Can't find the container(s), bottle(s).....	1
Can't read the label(s).....	2
None of the medications taken in the past 2 weeks .....	3
Don't know .....	7
Refused.....	8
Missing .....	9

[illegible]

## B. 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>
24a. High blood pressure? .....	1	2	7	8	9
24b. High blood cholesterol? .....	1	2	7	8	9
24c. Angina or chest pain?.....	1	2	7	8	9
24d. Control of heart rhythm?.....	1	2	7	8	9
24e. Heart failure or fluid on the lungs?.....	1	2	7	8	9
24f. Blood thinning? .....	1	2	7	8	9
24g. Diabetes or high blood sugar? .....	1	2	7	8	9
24h. Stroke? .....	1	2	7	8	9
24i. Leg pain when walking? .....	1	2	7	8	9

C. ADMINISTRATIVE INFORMATION

25. Date of data collection: ..... 

		/			/				
m	m		d	d		y	y	y	y

26. Method of data collection: ..... In clinic 1  
By phone 2  
Off site 3

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

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

--	--	--

29. Code number of medication coder..... 

--	--	--