



# Medication Survey Form

FORM CODE: MSR  
VERSION A 09/25/2000

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. Did you bring all the medications you used in the past two weeks, or their containers? This includes all prescription medications, all over-the-counter medications, all vitamins, minerals, herbs and dietary supplements? ..... Yes, all Y

Go to Item 4: Begin transcription while participant proceeds with clinic visit.

Some of them S

No N

Go to Item 3a and transcribe those medications which were brought at this time.
  
2. Is this because you forgot, because you have not taken any medications at all in the last two weeks, or because you could not bring your medications? ..... Took no medications T

Go to Item 31a

Forgot or was unable to bring medications F

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

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 Y

ATTEMPT TO CONVERT REFUSALS; INDICATE ON ITINERARY FORM

No or not applicable N

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

Two rows of 18 empty boxes each for describing the follow-up method.

**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).

Table with 5 columns: A MEDICATION NAME, B CONCENTRATION, C INSTRUCTIONS FOR ADMINISTRATION, D "DID YOU TAKE THIS MEDICATION IN PAST 24 HOURS?" (YES - Y, NO - N, DON'T KNOW - D), E CODE NUMBER. Rows 4 and 5 are provided for transcription.

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>CODE NUMBER</u>
			YES - Y, NO - N DON'T KNOW - D	
6. _____ _____	_____	_____	Y    N    D	_____
7. _____ _____	_____	_____	Y    N    D	_____
8. _____ _____	_____	_____	Y    N    D	_____
9. _____ _____	_____	_____	Y    N    D	_____
10. _____ _____	_____	_____	Y    N    D	_____
11. _____ _____	_____	_____	Y    N    D	_____
12. _____ _____	_____	_____	Y    N    D	_____

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>  YES - Y, NO - N DON'T KNOW - D	E <u>CODE NUMBER</u>
13. _____ _____	_____	_____	Y    N    D	_____
14. _____ _____	_____	_____	Y    N    D	_____
15. _____ _____	_____	_____	Y    N    D	_____
16. _____ _____	_____	_____	Y    N    D	_____
17. _____ _____	_____	_____	Y    N    D	_____
18. _____ _____	_____	_____	Y    N    D	_____
19. _____ _____	_____	_____	Y    N    D	_____

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>  YES - Y, NO - N DON'T KNOW - D	E <u>CODE NUMBER</u>
20. _____ _____	_____	_____	Y    N    D	_____
21. _____ _____	_____	_____	Y    N    D	_____
22. _____ _____	_____	_____	Y    N    D	_____
23. _____ _____	_____	_____	Y    N    D	_____
24. _____ _____	_____	_____	Y    N    D	_____
25. _____ _____	_____	_____	Y    N    D	_____
26. _____ _____	_____	_____	Y    N    D	_____

27. Total number of medications in bag: .....

28. Number of medications unable to transcribe: .....

Code numbers of person transcribing and coding medications:

29a. Transcriber code number: .....

29b. Medication coder code number: .....

29c. Date of medication coding: .....   /   /

m m d d y y y y

**C. INTERVIEW**

"Now I would like to ask about a few specific medications."

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>
30a. High blood pressure? .....	Y	N	D
30b. High blood cholesterol? .....	Y	N	D
30c. Angina or chest pain? .....	Y	N	D

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
30d. Control of heart rhythm? .....	Y	N	D
30e. Heart failure? .....	Y	N	D
30f. Blood thinning? .....	Y	N	D
30g. Diabetes or high blood sugar? .....	Y	N	D
30h. Stroke? .....	Y	N	D
30i. Leg pain when walking? .....	Y	N	D

**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>
31a. You were in a hurry, too busy, or forgot.....	Y	N	D
31b. It was inconvenient, for example, the medication needed to be refrigerated, or had to be taken with food.....	Y	N	D
31c. You thought the medication wouldn't do you any good.....	Y	N	D

	<u>Reason Indicated</u>	<u>Not a Reason</u>	<u>Don't Know</u>
31d. The medication made you feel bad.....	Y	N	D
31e. If you took the medication, you wouldn't be able to carry out your normal activities—for example, driving.....	Y	N	D
31f. You thought you might become addicted or hooked on the medication.....	Y	N	D
31g. You don't like to take medicine.....	Y	N	D
31h. You were trying to do without it.....	Y	N	D
31i. You did not have money to purchase the medication (or its refills) .....	Y	N	D
31j. Did not have the medication available.....	Y	N	D
31k. Are there any other reasons why you haven't taken a prescribed medication? .....	Y	N	D

Go to Item 32

31l. If yes, specify reason:




**E. ASPIRIN AND NSAID USE**

32. During the past two weeks, did you take any aspirin, Alka-Seltzer, cold medicine or headache powder? ..... Yes Y
- No N  
 Don't know D
- Go to Item 35a

"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 Y
- No N  
 Don't know D
- Go to Item 35a

- 34a. What is the strength of aspirin in the pill? **[CHECK THE PREPARATION, IF AVAILABLE; OTHERWISE SHOW RC #1]** ..... Less than 300 mg (Baby) A
- 300 – 499 mg (Regular) B
- 500 mg or greater (Extra strength) C
- Don't know D

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 H
- Participant did NOT mention to avoid heart or attack or stroke O











43d. 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 D  
 Weekly W  
 Several times a month S  
 Monthly M  
 Several times a year T  
 Yearly Y  
 Rarely R  
 Almost never A  
 Never N

**G. ADMINISTRATIVE INFORMATION**

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

		/			/				
m	m		d	d		y	y	y	y

45. Method of data collection: ..... Computer C  
 Paper form P

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

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