Medication Survey Form

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
2. 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? …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………...
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.

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<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
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</table>
| MEDICATION NAME | CONCENTRATION | INSTRUCTIONS FOR ADMINISTRATION | "DID YOU TAKE THIS MEDICATION IN PAST 24 HOURS?" | "WHAT IS THE REASON YOU TAKE THIS MEDICATION?"

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**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.

**B CONCENTRATION**

**C INSTRUCTIONS FOR ADMINISTRATION**

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**D “DID YOU TAKE THIS MEDICATION IN PAST 24 HOURS?”**

Yes - 1, no - 2, don’t know - 7, refused - 8, missing - 9

1 2 7 8 9

**E “WHAT IS THE REASON YOU TAKE THIS MEDICATION?”**

Specify reason don’t know - 7, refused - 8, missing - 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
No 2
Go to 28a
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

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

Go to Item 29a
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: ........................................................................................................

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END HERE FOR FOLLOW-UP CONTACT

28a Code Number of medication coder: .................................................................

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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. High blood pressure?  .................................................................  Yes 1  No 2

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.”
30a. You were in a hurry, too busy, or forgot

30b. It was inconvenient, for example, the medication needed to be refrigerated, or had to be taken with food

30c. You thought the medication wouldn’t do you any good

30d. The medication made you feel bad

30e. If you took the medication, you wouldn’t be able to carry out your normal activities—for example, driving

30f. You thought you might become addicted or hooked on the medication

30g. You don’t like to take medicine

30h. You were trying to do without it

30i. You did not have money to purchase the medication (or its refills)

30j. Did not have the medication available

30k. Are there any other reasons why you haven’t taken a prescribed medication?

30l. If yes, specify reason:

Go to Item 31
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
   Go to Item 34a
   No 2
   Don’t know 7
   Refused 8
   Missing 9

"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
   Go to Item 34a
   No 2
   Don’t know 7
   Refused 8
   Missing 9

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

33c. How many pills are you taking per week, on average? ................................................................. \[ \square \] \[ \square \] 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 attack or stroke 2

33e. When did you start taking aspirin, or a medicine containing aspirin, on a regular basis? ................................................................. \[ \square \] \[ \square \] / \[ \square \] \[ \square \] \[ \square \] \[ \square \] 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

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
34c. If "Other", specify:

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

34e. When did you start taking [INSERT NAME] on a regular basis? 

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? 

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

35c. For what purpose?
36a. Epsom Salts? ................................................................. Yes 1
                      Go to Item 37a
                      No 2
                      Don’t know 7
                      Refused 8
                      Missing 9

36b. How many days during the past 2 weeks? .................................. Days

36c. For what purpose?

37a. Lemon juice or lemon? ................................................................. Yes 1
                      Go to Item 38a
                      No 2
                      Don’t Know 7
                      Refused 8
                      Missing 9

37b. How many days during the past 2 weeks? .................................. Days

37c. For what purpose?
38a. Garlic? ................................................................. Yes 1
                  No 2
                  Don’t Know 7
                  Refused 8
                  Missing 9

38b. How many days during the past 2 weeks? ................................................................. Days

38c. For what purpose?

39a. Teas? ................................................................. Yes 1
                  No 2
                  Don’t Know 7
                  Refused 8
                  Missing 8

39b. How many days during the past 2 weeks? ................................................................. Days

39c. For what purpose?

39d. Specify type:

MSR/Version B 10/13/2005
40a. Roots? ................................................................. Yes 1
  Go to Item 41a
  No  2
  Don’t Know  7
  Refused  8
  Missing  9

40b. How many days during the past 2 weeks? ................................................................. Days

40c. For what purpose?

40d. Specify type:

41a. Have you taken any other home remedies, teas, roots or herbs in the last 2 weeks? ................................................................. Yes 1
  Go to Item 42a
  No  2
  Don’t Know  7
  Refused  8
41b. How many days during the past 2 weeks? .......................................................... Days

41c. For what purpose?

41d. Specify type:

42a. Have you ever used any other home remedies, teas, roots, herbs or other medicines? ................................................................. Yes 1

42b. Was this for your heart or for other symptoms? ......................................................... Heart 1

Go to Item 43

No 2

Don’t Know 7

Refused 8

Missing 9

Go to Item 42d

Go to Item 43

Other 2

Don’t Know 7

Refused 8
42c. For what other 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?

- Daily
- Weekly
- Several times a month
- Monthly
- Several times a year
- Yearly
- Rarely
- Almost never
- Never
- Don’t Know
- Refused
- Missing

G. ADMINISTRATIVE INFORMATION

43. Date of data collection: ...

| m | m | d | d | y | y | y | 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: [Redacted]