♥ARIC MEDICATION SURVEY FORM

BER: ☐☐☐☐☐☐☐   CONTACT YEAR: ☐☐   FORM CODE: M S R   VERSION: B 01-

AME: ☐☐☐☐☐☐☐☐☐☐☐   INITIALS: ☐☐

NSTRUCTIONS: This form is completed 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, participant name and contact year 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 incorrec· 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. 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.

MEDICATION SURVEY FORM   (MSRB screen 1 of 7)

RECEPTION

Did you bring the containers of all medications you used in the past two weeks?..............Yes, all

Some of them

No

> If "Yes, all", go to Section B and begin transcription
>   while participant proceeds with clinic visit.
> If "Some of them", go to Item 3; transcribe those
>   medications which were brought at this time.

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

Forgot or was unable to bring medications

> Go to Item 25
> Screen 6
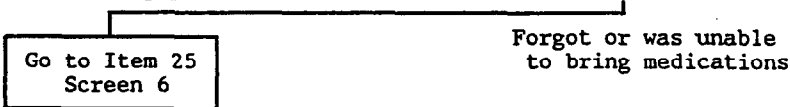
t's all right. Since the information on medications is so important
would still like to ask you about it during the interview."

ould 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

                                                   No or not
                                                  applicable   N

{Attempt to convert refusals; indicate on Itinerary Form}

cribe method of follow-up to be used: _____

DICATION RECORDS

ranscription (Copy the NAME followed by the
CONCENTRATION of each medication in the spaces
below. Continue on second line if needed.):

II. Interview (For each
    medication, circle the
    appropriate response to
    the following questions.):

			c. "Was this medication prescribed for you, over-the-counter, or shared?"	d. "Did you take this medication in the pas 24 hours?"
D R	a. MEDICATION NAME & CONCENTRATION	b. CODE NO.	RX (R)/OTC (O)/ SHARED (S)/ UNKNOWN (U)	YES (Y)/ NO (N) UNKNOWN (I
	_____	☐☐☐☐☐☐	R O S U	Y N I
	_____			
	_____	☐☐☐☐☐☐	R O S U	Y N I
	_____			
	_____	☐☐☐☐☐☐	R O S U	Y N I
	_____			
	_____	☐☐☐☐☐☐	R O S U	Y N I
	_____			

RD ER	a. MEDICATION NAME & CONCENTRATION	b. CODE NO.	c. RX (R)/OTC (O)/ SHARED (S)/ UNKNOWN (U)	d. YES (Y)/ NO (N) UNKNOWN (
.	_____ _____	[ ][ ][ ][ ][ ][ ]	R O S U	Y N
.	_____ _____	[ ][ ][ ][ ][ ][ ]	R O S U	Y N
.	_____ _____	[ ][ ][ ][ ][ ][ ]	R O S U	Y N
.	_____ _____	[ ][ ][ ][ ][ ][ ]	R O S U	Y N
.	_____ _____	[ ][ ][ ][ ][ ][ ]	R O S U	Y N
.	_____ _____	[ ][ ][ ][ ][ ][ ]	R O S U	Y N
..	_____ _____	[ ][ ][ ][ ][ ][ ]	R O S U	Y N
.	_____ _____	[ ][ ][ ][ ][ ][ ]	R O S U	Y N
.	_____ _____	[ ][ ][ ][ ][ ][ ]	R O S U	Y N
.	_____ _____	[ ][ ][ ][ ][ ][ ]	R O S U	Y N
.	_____ _____	[ ][ ][ ][ ][ ][ ]	R O S U	Y N
9.	_____ _____	[ ][ ][ ][ ][ ][ ]	R O S U	Y N
0.	_____ MEDICATION NAME & CONCENTRATION	[ ][ ][ ][ ][ ][ ]	R O S U	Y N

MEDICATION SURVEY FORM   (MSRB screen 5 of 7)

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

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

. Code numbers of persons transcribing and coding medications:

a. Transcriber code number:............................... ☐☐☐

b. Medication coder code number:.......................... ☐☐☐

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

                              month   day   year

MEDICATION SURVEY FORM   (MSRB screen 6 of 7)

INTERVIEW

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

ı. Were any of the medications you took during the past two weeks for:
{If "Yes", verify that medication name is on medication record.}

	Yes	No	Unknown
ı. High Blood Pressure..............	Y	N	U
ɔ. Angina or Chest Pain.............	Y	N	U
ɔ. Control of Heart Rhythm..........	Y	N	U
ɔ. Heart Failure....................	Y	N	U
ə. Blood Thinning...................	Y	N	U
f. Diabetes or High Blood Sugar.....	Y	N	U
g. Stroke..........................	Y	N	U
h. Leg pain when walking............	Y	N	U

5. During the past two weeks, did you take any Aspirin,
Alka-Seltzer, cold medicine, or headache powder?........................Yes   Y

                                                          No   N

                                                      Unknown   U

. During the past two weeks, did you take any [other] medication for
  arthritis, fever, or muscle aches and pains, (or menstrual cramps)?.....Yes   Y

          {Read bracketed "other" unless no meds were reported;   No   N
              include parethetical portion for females only.}
                                                                         Unknown   U

ADMINISTRATIVE INFORMATION

. Date of medications interview:....... [| | / | | | / | |]
                                         month   day   year

., Interviewer Code Number:.................................... [| |]

INSTRUCTIONS FOR MEDICATION SURVEY FORM
MSR, VERSION B, 1/25/90
PREPARED 1/25/90

I.   GENERAL INSTRUCTIONS

The purpose of the Medication Survey is to assess medication usage in the two weeks preceding the examination date. Both prescription and non-prescription drugs are ascertained. To obtain this information, the participant is asked prior to the clinic visit to bring to the field center all medications taken in the two-week period preceding Visit 2.

The interviewer and transcriber should be familiar with and understand the document titled "General Instructions for Completing Paper Forms" prior to administering this form. ID Number, Contact Year, and Name are completed in the format described in that document.

If the paper form is used for data collection, the header information is completed prior to the arrival of the participant at the field center and the information is keyed into the data entry system as soon as possible following its completion.

II.   DETAILED INSTRUCTIONS FOR EACH ITEM

Section A. RECEPTION

MEDICATION SURVEY FORM   (MSRB screen 1 of 7)

RECEPTION

id you bring the containers of all medications you used in the past two weeks?..............Yes, all   Y

Some of them   S

No   N

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If "Yes, all", go to Section B and begin transcription
   while participant proceeds with clinic visit.
If "Some of them", go to Item 3; transcribe those
   medications which were brought at this time.
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If the response is "Yes, all", go to Section B (MEDICATION RECORDS) and begin the transcription. This can take place at the reception station or while the participant proceeds with the clinic visit. As the participant delivers the medications, indicate where (and by whom) they will be returned before he/she leaves. Mention that medication names will be copied from the labels, and that if required, medications will be taken out of their container only in the presence of, and with approval of, the participant. Finally, indicate that a trained interviewer will later ask a few questions about each medication. Verify that the medications bag is clearly identified with the participant's name. Do not open the medications bag or transcribe medications until the participant has signed the informed consent.

If the response is "Some of them", go to Item 3 to make arrangements for those medications which were not brought; transcribe those medications which were brought in Section B (MEDICATION RECORDS).

If the response is "No", ask Item 2:

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   I

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            ┌──────────────┐            Forgot or was unable
            │ Go to Item 25│            to bring medications      F
            │ Screen 6     │
            └──────────────┘
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If the response is "Took no medication" in the past two weeks, Section A ends here. Leave Section B (MEDICATION RECORDS) blank (field or screen forward). Section C (INTERVIEW, Items 24-26) is administered by a certified interviewer, either at the reception or a subsequent workstation.

If the response is "Forgot or was unable to bring medications", reassure the respondent and ask Item 3:

3. 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

                                                                              No or not
                                                                              applicable   N

                    {Attempt to convert refusals; indicate on Itinerary Form}

Describe method of follow-up to be used: _____

If the participant agrees to follow-up, make arrangements for obtaining the information over the telephone. Describe the method of follow-up after Item 3 on the form. If the participant brought some medications, complete as much of Section B (MEDICATION RECORDS) as possible.

In case of deliberate omission to bring medications to the field center, the trained interviewer attempts participant conversion at the reception or a subsequent workstation. If participant conversion is to be attempted after reception, write a note to that effect on the Itinerary Sheet. Leave Section B (MEDICATION RECORDS) blank if no medications were brought in. Even if the participant declines to bring in (or provide medication names by telephone interview), attempt to complete as much of Section C (INTERVIEW) as possible. If the participant has not brought his/her medications, but remembers the names and concentration (strength) of all medications taken during the previous two weeks with confidence, the interviewer can make the judgement to record this information without a follow-up phone call.

B. MEDICATION RECORDS

Section B (MEDICATION RECORDS) is divided into two components to document information about each medication used by the participant: (I) Transcription and (II) Interview. Transcription has two parts: the name and concentration (strength) of each medication is listed in column (a); a code number is entered in column (b). The interview also has two parts: the source of the medication (prescription, over-the-counter, or shared) is recorded in column (c). And the use of the medication within the last 24 hours is documented in column (d). The transcription of the medication name and concentration (column a) can be done by a trained transcriptionist or in conjunction with the administration of the questions in columns (c) and (d) by a trained interviewer. The coding of the medications is always done later by a trained coder after the interview is completed.

Column (a). MEDICATION NAME & CONCENTRATION

Open the medications bag and remove all medications. In column (a), transcribe the medication name (in BLOCK LETTERS if using a paper form), followed by the concentration, beginning with Item 4. Include all parts of the medication name and any numbers and/or letters that identify the strength (concentration). For keying purposes, the following format should be used when transcribing the medication name and concentration: Drug Name (1 space) weight (1 space) unit. For example:

AMPICILLIN 250 mg	ASCORBIC ACID 250 mg
CHLOR-TRIMETHON 12 mg	NOSTRIL 1/2%
TELORIN 8 mg	ANACIN MAXIMUM STRENGTH

Also copy any numbers and codes which follow or are part of the name. For example:

ANACIN-3	STUARTNATAL 1 + 1
ACEROLA C (100 MG)	ILETIN I NPH
TRIAMINIC12	S-K AMPICILLIN
OVRAL28	CALTRATE 600 + VITAMIN D
ORTHO-NOVUM 10/11-28	

If in doubt, it is preferable to add information that may be significant. This will help later in identifying (and coding) a medication.

To facilitate the recording process some standard abbreviations have been established.

CAP = capsule(s)	SOLN = solution
CPD = compound	SUPP = suppositories
OINT = ointment	W = with
OPTH = ophthalmic	

Each drug name should be written out even if the same name or a portion of the name appeared in the previous drug. Do not use ditto marks (") to indicate a repeat of a previous item.

For this study we are not interested in the strength or dose of the drug taken. Sometimes the drug name may include numbers or letters which could be mistaken for dosage or dosage forms. Therefore, it is better to record all the information related to medication name and concentration on the form in a standard format. The following guidelines are offered for standardization.

Medication Name

*   Print complete names using block capital letters.

*   Record all identifying characters and numbers referring to concentration.

*   Include as much identifying information as possible.

Sometimes the dosage form my appear to be part of the drug name since a few companies have trademarks for their dosage forms. For example, Enseals for enteric coated tablets and Kapseals or Pulvales for capsules. You may record these names as identifying information.

Combination Drugs

Combination medicines contain two or more drugs in a single pill or tablet. Some combination medicines such as Dyazide come in only one fixed combination (hydrochlorothiazide 25 mg and triamterene 50 mg); these combination medicines do not generally list a strength. Record DYAZIDE, in the space medication name and do not record anything for concentration.

Other combination medicines such as Inderide are available in more than one fixed dose combination (propranolol 40 mg and hydrochlorothiazide 25 mg; or propranolol 80 mg and hydrochlorothiazide 25 mg); these combination medicines generally list the strength as in "Inderide 40/25" or "Inderide 80/25." For these medicines, record INDERIDE, in the space for name, and "40/25" or "80/25" after the name as the concentration. For example:

Drugs containing two or more medications:
Example: Dyazide (hydrochlorothiazide and triamterene) code "DYAZIDE"

Variable Dosage:

Examples:

    Inderide 40/25 (40 mg Inderal, 25 mg hydrochlorothiazide)
       code "INDERIDE 40/25"

    Inderide 80/25 (80 mg Inderal, 25 mg hydrochlorothiazide)
       code "INDERIDE 80/25"

* Do not record flavors of products and whether the preparations are sugar-free or sodium-free.

Concentration

Most drug concentrations are given in grams or milligrams. Record as written
on the label using the abbreviations "gm" for grams and "mg" for milligrams.
Rarely the dosage may be given in grains. Use the abbreviation gr for this.

When strength is not recorded as milligrams (mg) record all numbers, digits and
characters used to denote concentration; this includes:

. - decimal point	gm = gram(s)
ml - milliliter	gr = grain(s)
/ml - per milliliter	mg = milligram
mEq - milliequivalents	
hr - hour	
/hr - per hour and	
% - percent	Note: When the abbreviation, "PC" (percent) is used, record percent symbol, "%."

SPECIFICS:

*   Record strength of combination drugs where strength is separated by a "/"
     here.

*   Liquid medicines concentration is often written in mg/ml (milligrams per
     milliliter). For example, Ampicillin 125 mg /5 ml, is recorded as:
         Name: AMPICILLIN
         Concentration: 125 mg/5ml

*   Concentration for some medicines may be written as a percentage. For
     example: Alupent 0.6%, is recorded as:
         Name: ALUPENT
         Concentration: 0.6%

*   Concentration for insulin is generally "U100" or 100 units per milliliter."
     This is often written as "100/ml" or "100U/ml." Record Insulin
     concentration as "U100" unless another strength is listed on the label.

NOTE: Do not record the quantity or number of pills/tablets dispensed.

If more than 17 medications are present or reported by the participant only 17
medications are coded and keyed, selected according to the priorities described
below. If it is necessary to defer the assignation of priorities for
medications to be transcribed, the name and strength of each additional
medications is recorded on the back of page 3 of the paper form, until 17
medication names are selected for transcription and coding. Medications may be
prioritized during transcription by combining the transcription and interview
components and asking the participant whether each medication is a
prescription, over-the-counter, or shared medication and whether it was taken
(used) within the last 24 hours. Prioritization is based on the following
algorithm: prescription medications first; then aspirin, aspirin-containing
medications and anti-inflammatory preparations (aspirin, Alka-Seltzer, headache
powders, cold medicine, medication for arthritis); followed by other
over-the-counter preparations; and vitamins and food supplements last. The
definitions of prescription, over-the-counter and shared medications and the
instructions for the administration of the interview questions are below in the
instructions for administering columns (c) and (d).

Example:

MEDICATION SURVEY FORM   (MSRB screen 3 of 7)

B. MEDICATION RECORDS

I. <u>Transcription</u> (Copy the NAME followed by the
   CONCENTRATION of each medication in the spaces
   below. Continue on second line if needed.):

II. Interview (For each
    medication, circle the
    appropriate response to
    the following questions.):

				c. "Was this medication prescribed for you, over-the-counter, or shared?"	d. "Did you take this medication in the past 24 hours?"
RECORD NUMBER	a. MEDICATION NAME & CONCENTRATION		b. CODE NO.	RX (R)/OTC (O)/ SHARED (S)/ UNKNOWN (U)	YES (Y)/ NO (N) UNKNOWN (U)
4.	*AMPICILLIN* *125 mg/5 ml*		☐☐☐☐☐	R O S U	Y N U

Once all names are transcribed, count the total number of different medications
(including those which could not be transcribed) and enter this number in Item
21. Count the actual medications to determine the total. Do not refer to the
record numbers on the screen. Set aside any containers which have no clear
label and/or identification or medications without containers for later
transcription by a trained interviewer. Add the number of these medications
which you are unable to transcribe, and enter this number in Item 22. For
example, if there were 7 medications in the bag, and you were able to
transcribe 5 of them, items 21 and 22 would be completed as follows:

MEDICATION SURVEY FORM   (MSRB screen 5 of 7)

21. Total number of medications in bag:........................ | 0 | 7 |

22. Number of medications unable to transcribe:................ | 0 | 2 |

Open containers to examine medications only in the presence of the participant. If necessary, make a note on the form, and let the participant know that a trained interviewer will identify these medications with him/her. Enter your ARIC ID number in Item 23a (Transcriber code number). The ID number of the person coding the medication is entered in Item 23b. The date on which the medications are coded is entered in Item 23c. Return the medications to the carrier bag. If the interview portion has not been administered, place the Medication Survey paper form (if appropriate) in the medication bag and take the medication bag to the workstation in which the interview will be administered. If the interview portion of Section B has been administered, take the bag to a secure place at the physical exam workstation. AT NO TIME SHOULD THE MEDICATIONS BE LEFT UNATTENDED AT THE RECEPTION AREA.

Column (b). CODE NUMBER.

The six-digit medication code numbers are found in the Medication Dictionary which has been distributed to each Field Center. The drug names are listed in alphabetical order. Drug names that begin with a number, ditto ("), or a dash (-) are listed first. If a drug name is separated by a hyphen, the portion of the name preceding the hyphen is listed in alphabetical order.

If you encounter a drug name which is not in the dictionary, do not guess at a match. Simply set the status code to Q (questionable) so that the pharmacist at the Coordinating Center can develop a code number and update the dictionary.

For this study we are not interested in the actual strength of medication taken by the participant. Therefore, we have not included strength in the dictionary. Numbers that appear in the dictionary are used to differentiate between products. Before coding a drug entry, determine whether the numbers which are recorded are part of the name or are strength/concentration information. Numbers referring to strength/concentration are not used in the matching process.

Some drug products use a suffix to distinguish between combination products containing the same primary drug. For example:

    Davron = propoxyphene hydrochloride
    Davron N = propoxyphene napsylate
    Davron Cmpd = propoxyphene hydrochloride with aspirin and caffeine
    Davron with ASA = propoxyphene hydrochloride and aspirin

When coding a drug entry which contains more than one word, look for a match of the entire name in the dictionary. If the name matches then code it. If the dictionary only contains a single entry containing the first word in the compound name and no other entry containing this word, then use that word and corresponding code for the entry.

In order to put drug names on the prescription label, pharmacists may use abbreviations. Unfortunately, these abbreviations are often not standardized. Some frequently used abbreviations, however, occur in the Medication Dictionary. For example:

APAP	=	acetaminophen	HC	=	hydrocortisone
ASA	=	aspirin	HCI	=	hydrochloride
CAFF	=	caffeine	HCTZ	=	hydrochlorothiazide
Cl	=	chloride	IV	=	intravenous
CMP	=	compound	K	=	potassium
COD	=	codeine	M	=	minerals
DM	=	dextromethorphan	SR	=	sustained release
Fl	=	fluoride	T	=	therapeutic
GG	=	glyceralguiacolate			

Column (c). SOURCE OF MEDICATION

If done separately from the transcription of medication names/concentration, begin the interview portion of Section B by retrieving the participant's medication bag and form (if data are collected by paper form) and verifying the participant's name. Otherwise, begin this portion of Section B by placing all medications from the bag on the desk or counter so that the participant can see each one.

Take each medication, one at a time, and verify its name and the concentration as transcribed on the form (or enter it in column (a)). If the medication names have already been transcribed, verify the accuracy of the transcription and correct any discrepancies. Confirm that each medication was used during the last two weeks. If not, cross out its name and concentration in the transcription list (column a). If its use is confirmed, show the medication to the participant and ask the question in column (c) and then the question in column (d).

c. "Was this medication prescribed for you, over-the-counter, or shared?"

There are four response categories for this question: RX (R), prescription; OTC (O), over-the-counter; SHARED (S); and UNKNOWN (U). For the purposes of this study, a PRESCRIPTION medicine is one for which the participant has received from his or her physician a prescription that is filled by a pharmacist. An OVER-THE-COUNTER medication is one that may be purchased without a prescription from a physician. Physicians sometimes write prescriptions for over-the-counter medications. For example, the participant may take one aspirin a day. If the physician wrote a prescription for the aspirin, then it counts as a prescription medication. If the physician recommended the use of an over-the-counter medicine, such as aspirin, but did not write a prescription for it, then the aspirin is not coded as a prescription medication. Be sure to ask the participant if a product was prescribed. Even if it is normally an OTC product, or not labelled as a prescription, it may have been prescribed. A SHARED medication is a prescription medication written for another individual (e.g., other than the participant). An UNKNOWN medicine is a medication for which the dispensing source cannot be determined.

Column (d).   USE IN PAST 24 HOURS

This is the second part of the interview. For each medication, past use should
be determined immediately after the source, while the medication being queried
is clearly and visibly indicated to the participant. The following question is
asked for each medication

    d. "Did you take this medication in the last 24 hours?"

The question in column (d) is self-explanatory. To assist the participant in
remembering, one may ask the question specifying a time on the previous day.
For example, "Have you taken this medication since 10:00 a.m. yesterday?"

	a.	b.	c. "Was this medication prescribed for you, over-the-counter, or shared?" RX (R)/OTC (O)/	d. "Did you take this medication in the past 24 hours?" YES (Y)/
RECORD NUMBER	MEDICATION NAME & CONCENTRATION	CODE NO.	SHARED (S)/ UNKNOWN (U)	NO (N) UNKNOWN (U)
4.	*AMPICILLIN* *125 mg/5 ml*	☐☐☐☐☐☐	(R) O S U	(Y) N U

Repeat this process for all medications, e.g., transcribe or verify the
transcription of the medication/concentration and ask the questions in columns
(c) and (d). Determine from Item 22 on the form at the end of Section B
whether there are any medications in the bag for which the receptionist was
unable to transcribe the name/concentration. These may include unmarked
containers, loose pills, and containers with more than one medication. Ask the
participant to open any unmarked containers, and to handle loose pills. With
the participant's help and using a Physicians Desk Reference (PDR), attempt to
identify these medications. If possible, enter the name and concentration, and
ask the questions in columns (c) and (d). If the medication cannot be
identified, write UNKNOWN for the medication name and draw two horizontal lines
through the boxes (enter "=" in the spaces) for the medication code number. If
additional medications can be transcribed, adjust the total for Item 22,
"Number of medications unable to transcribe:", accordingly. After this has
been completed for all containers, prescriptions and medications in the bag,
probe the participant on whether all medications taken in the previous two
weeks are included. For any additional medications recalled by the
participant, record the names and answer the questions with as much detail as

possible. If there is any doubt, arrange for a phone call during which the participant can provide accurate information.

Often during an interview the participant will recall other medications or vitamins taken during the past two weeks. These should be transcribed and their source and last ingestion (use) documented at this time, just as if they had been in the medication bag. However, the number of medications in the bag is not changed. This documents that the information on some medications were provided from the participant's memory.

Section C. INTERVIEW

This portion of the Medication Survey is administered by the physicians assistant/nurse clinician or a trained interviewer. Items 25 - 26 are administered to all participants, even if use of any medication during the last two weeks was denied or no medication was brought to the field center. It may help to preface Items 25-26 with an explanation. "I know you said you took no medications, but we use these questions as a memory jogger." or "In addition to recording the names of the medication(s) you used in the last two weeks, we want to know why you are taking this (these) medication(s)."

For Item 24, ask if medications were taken in the past two weeks for the eight listed reasons. If answered affirmatively, be sure that the medication is recorded in Section B. It is not, however, necessary to indicate which medication corresponds to which symptom/condition. The following synonyms may be given in response to participant questions.

a. High blood pressure   = hypertension
b. Angina or chest pain   = heart pains
c. Control of heart rhythm = medicine for fast or irregular heart rate or
                             heart beats
d. Heart failure   = congestive heart failure, not heart attack
e. Blood thinning   = anticoagulation
h. Leg pain when walking   = claudication

Note: Stroke does not include TIA nor "slight strokes" which lasted less than 24 hours.

For example, if the participant had taken medication for high blood pressure and claudication and no other listed conditions, Item 24 would be coded as follows:

MEDICATION SURVEY FORM   (MSRB screen 6 of 7)

C. INTERVIEW

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

24. Were any of the medications you took during the past two weeks for:
    {If "Yes", verify that medication name is on medication record.}

	Yes	No	Unknown
a. High Blood Pressure..............	Y	N	U
b. Angina or Chest Pain............	Y	N	U
c. Control of Heart Rhythm..........	Y	N	U
d. Heart Failure....................	Y	N	U
e. Blood Thinning...................	Y	N	U
f. Diabetes or High Blood Sugar.....	Y	N	U
g. Stroke...........................	Y	N	U
h. Leg pain when walking...........	Y	N	U

The administration guidelines for Items 25 and 26 are the same as those for Item 24. They are asked of all participants, regardless of whether they reported taking any medications during the past two weeks or whether they brought any medication to the field center. Questions 25 and 26 should be asked as worded and are not intended to record only aspirin-containing medications or specific anti-inflammatory agents. Comparable explanations about "memory jogging" or "medical conditions" may be offered at the beginning of each question. In Item 25, the use of aspirin or aspirin containing medication(s) is verified because these may affect some of the hemostasis analyses. Again, confirm whether any reported medications are documented in Section B.

25. During the past two weeks, did you take any Aspirin, Alka-Seltzer, cold medicine, or headache powder?.......................Yes   Y

                                                                          No   N

                                                                          Unknown   U

Read Item 26 following the instructions provided at the end of the question, e.g., read the bracketed "other" unless no medications were reported and include "or menstrual cramps" for females only. The use of analgesic and anti-inflammatory medications that are not aspirin based is verified because these may also affect some of the hemostasis tests. As for the two above questions, confirm whether the reported medications are transcribed in Section B.

<div align="center">MEDICATION SURVEY FORM   (MSRB screen 7 of 7)</div>

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┌────────────────────────────────────────────────────────────────────────────┐
│                                                                              │
│   26. During the past two weeks, did you take any [other] medication for     │
│       arthritis, fever, or muscle aches and pains, (or menstrual cramps)?.....Yes      Y │
│                                                                              │
│             {Read bracketed "other" unless no meds were reported;      No      N │
│                  include parenthetical portion for females only.}            │
│                                                                 Unknown      U │
│                                                                              │
```

Section D. ADMINISTRATIVE INFORMATION

Review the form for completeness. Record the date of the interview in Item 27 using the standard date format and enter your code in the spaces provided in Item 28. Secure all medications in the carrier bag and return it to the participant or explain where he/she should pick it up before leaving. The medication bag must be stored in a secure location until it is returned to the participant. If data were collected on a paper form, place the form in the participant's folder.

III. MEDICATION CODING

Each medication name is coded by trained field center personnel, as specified in the instructions for column b. This may be done after the participant has left. A (hard copy) translation dictionary is used at the field center. If no match is found in the dictionary, set the status field to Q (questionable). The drug will be coded by the pharmacist at the Coordinating Center. The appropriate code will then be relayed to the field center for local data entry. Only exact matches and specific spelling variants listed in the dictionary are coded, by entering the corresponding numeric code in the boxes in column (b) of Section B.