

## MEDICATION SURVEY FORM

ID NUMBER:	CONTACT YEAR:	0 7 FORM CODE: MSR VERSION: C 02/25/93
LAST NAME:		INITIALS:
constant when		

Public reporting burden for this collection of information is estimated to average 4 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to Reports Clearence Officer, PHS, 721-H Hubert H. Humphrey Bldg., 200 Independence Ave. SW, Washington, D.C. 20201, Attn. PRA; and to the Office of Management and Budget, Paperwork Reduction Project (OMB 0925-0281), Washington, D.C. 20503.

## INSTRUCTIONS:

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 incorrect 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 SURVERY FORM (MSRC screen 1 of 8) A. RECEPTION 1. Did you bring all the medications you used in the past two weeks, or their containers? Go to Section B and begin transcription Yes, all while participant proceeds with clinic visit Some of them S Go to Item 3; transcribe those medications which were brought at this time No N 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? Go to Item 25 - Took no medications Screen 6 Forgot or was unable to bring medications F

That's alright. Since the information on medications is so important, we would still like ask you about it during the interview."	e to
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}	
escribe method of follow-up to be used:	

I. Transe	cription (Copy the	NAME followed by the					II	. Int	ervi	ew (For e	each me	dica	ation,
CONCE	NTRATION of each m	edication in the spaces ond line if needed):					10,015			the appro			
					by appropriate rolling		pres	scrib r-the	ed f	dication for you, unter or	thi in	you s me	d. u take edication past 's?"
RECORD NUMBER		a. E <u>&amp; CONCENTRATION</u>		COD	b. E NO.		SHA	(R)/C RED (	(S)/	(0)/	NO	(Y) (N) (NOWN	)/   (U)
4	Imageus bemoint	ent bong is zerl znegloszne	is el j	ed dot		ere len	R	0	S	U	<b>Y</b>	N	U
5	E3 18191Q105 FIOR	Appropriate Today Lond	002 0	10000	ENGUE IN		R	0	S	U	Y	N	U
6.		70 CAN CONTRACT - 100 CT - 100	. 3 (90)	DW1 23	pri 2	Legal	R	0	S	U	Y	N	U
T.	716 ,007	begin transcription											
7					TT		R	0	s	U	Y	N	U

RECORD NUMBER	a.  MEDICATION NAME & CONCENTRATION	b. CODE NO.	C. RX (R)/OTC (O)/ SHARED (S)/ UNKNOWN (U)	d. YES (Y)/ NO (N) UNKNOWN (U)
8.			R O S U	Y N U
9.			R O S U	Y N U
10.			R O S U	Y N U
11.			R O S U	Y N U
12.			R O S U	Y N U
13.			R O S U	Y N U
14.			R O S U	Y N U
15.			R O S U	YNU
16.			R O S U	YNU
17.			R O S U	Y N U
18.			R O S U	Y N U
19.			R O S U	YNU
20.			R O S U	YNU

MEDICATION SURVERY FORM (MSRC screen	of 8)			
21. Total number of medications in bag:				
23. Code numbers of persons transcribing and coding medications:				
a. Transcriber code number:				
b. Medication coder code number:				
c. Date of medication coding:	/ year			
MEDICATION SURVERY FORM (MSRC screen 6	5 of 8)			
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.}				
N	Yes	No	Unknown	
		NO	OTIKTOWIT	
a. High Blood Pressure	Υ	N	U	
b. High Blood Cholesterol	Υ	N	U	
c. Angina or Chest Pain	Υ	N	U	
d. Control of Heart Rhythm	Υ	N	U	
e. Heart Failure	Ÿ	N	U	
f. Blood Thinning	Υ	N	U	
g. Diabetes or High Blood Sugar	Y	N	U	
h. Stroke	Y	N	U	201
i. Leg pain when walking	Y	N	U	
25. During the past two weeks, did you take any aspirin, Alka-Seltzer, cold medicine or headache powder?				Y
Go to	o Item 28	_	Unknown	U

MEDICATION SURVERY FORM (MSRC screen 7 of 8) 26. How many days during the last two weeks did you take aspirin, or a medication that contains aspirin? ..... days [Record 00 if participant did not take aspirin and go to Item 28.] 27. For what purpose are you taking aspirin? ...... Participant mentioned avoiding heart attack or stroke [DO NOT READ CHOICES] Participant did not mention avoiding heart attack or stroke 0 28. 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 medications were reported; No N include parenthetical portion for females only} Unknown U

MEDICATION SURVERY FORM (MSRC screen 8 of 8)
D. ADMINISTRATIVE INFORMATION
29. Date of data collection:
Month Day Year
30. Method of data collection:
Paper form P
31. Code number of person completing this form:
2

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