



AFU MEDICAL HISTORY FORM

15

ID NUMBER:

CONTACT YEAR:

FORM CODE:

VERSION: A 04/11/94

LAST NAME:

INITIALS:

Public reporting burden for this collection of information is estimated to average 3 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 Clearance 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 asks about a variety of health issues. It should be completed during the appropriate annual follow-up call. ID Number, Contact Year, and Name must be 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.

AFU MEDICAL HISTORY FORM (AMHA screen 1 of 13)

<p>This year we have a few additional medical questions.</p> <p>1. Has a doctor ever said you had diabetes, or sugar in the blood? ... Yes Y</p> <p style="padding-left: 100px;">No N</p> <p style="padding-left: 100px;">Unknown U</p> <p style="padding-left: 100px;">Go to Item 2</p> <p>a. At what age were you first told you had diabetes? <input type="text"/> <input type="text"/></p> <p>2. Has a doctor ever said you had any of the following?</p> <p>a. Kidney stones? Yes Y</p> <p style="padding-left: 100px;">No N</p> <p style="padding-left: 100px;">Unknown U</p>	<p>2.b. Any other kidney disease, apart from a temporary infection? Yes Y</p> <p style="padding-left: 100px;">No N</p> <p style="padding-left: 100px;">Unknown U</p> <p style="padding-left: 100px;">Go to Item 2.d.</p> <p>c. Have you ever had a kidney transplant or been treated with dialysis for more that 6 months? Yes Y</p> <p style="padding-left: 100px;">No N</p> <p>d. Has a doctor ever said you had hepatitis? Yes Y</p> <p style="padding-left: 100px;">No N</p> <p style="padding-left: 100px;">Unknown U</p>
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AFJ MEDICAL HISTORY FORM (AMHA screen 2 of 13)

<p>2.e. Cirrhosis or another chronic liver disease? Yes Y</p> <p style="padding-left: 150px;">No N</p> <p style="padding-left: 150px;">Unknown U</p> <p>f. A thyroid disease, such as hypo- or hyperthyroidism or a goiter? Yes Y</p> <p style="padding-left: 150px;">No N</p> <p style="padding-left: 150px;">Unknown U</p> <p>3. Have you ever been diagnosed by a doctor as having gallstones or a gallbladder attack? Yes Y</p> <p style="padding-left: 150px;">No N</p> <p style="padding-left: 50px;">Go to Item 4</p>	<p>3.a. At what age were you first told you had a gallbladder problem? <input type="text"/> <input type="text"/></p> <p>b. Has your gallbladder been removed? Yes Y</p> <p style="padding-left: 100px;">No N</p> <p style="padding-left: 100px;">Unknown U</p> <p style="padding-left: 50px;">Go to Item 5</p> <p>4. Have you ever had a test, for example ultrasound or x-ray, to check for gallstones? Yes Y</p> <p style="padding-left: 150px;">No N</p> <p style="padding-left: 150px;">Unknown U</p>
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AFJ MEDICAL HISTORY FORM (AMHA screen 3 of 13)

<p>5. Have you ever had a head injury which led you to see a physician or seek hospital care? Yes Y</p> <p style="padding-left: 150px;">No N</p> <p style="padding-left: 50px;">Go to Item 6</p> <p>a. How many times has this happened? <input type="text"/></p> <p>b. How many of these head injuries resulted in your losing consciousness, no matter how briefly? <input type="text"/></p> <p>c. In what year was your last head injury for which you sought medical care? 19 <input type="text"/> <input type="text"/></p>	<p>6. During your lifetime, have you ever used aspirin, or a medicine containing aspirin, on a regular basis? This does not include Tylenol. Yes Y</p> <p style="padding-left: 100px;">No N</p> <p style="padding-left: 100px;">Unknown U</p> <p style="padding-left: 50px;">Go to Item 9</p> <p>When did you first take aspirin, or a medicine containing aspirin, on a regular basis?</p> <p>a. 19 <input type="text"/> <input type="text"/></p> <p style="padding-left: 40px;">year</p>
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7. Please think back about the time when you FIRST came to the ARIC clinic on [insert date]. At that time, were you taking aspirin, or a medicine containing aspirin, on a regular basis? Yes Y

Go to Item 8 — No N
Unknown U

a. At that time, which were you taking--aspirin alone or a medicine containing aspirin? .. Aspirin A

Go to Item 7.d. — Other O

b. What was the brand name?

7.c. Code

d. Can you recall what strength of aspirin was in the pill? Was it baby, regular, or extra strength?
Baby (Less than 300 milligrams) B
Regular (300-499 milligrams) R
Extra Strength (500 milligrams or more) E
Don't Know D

e. How many days a week, on average, were you taking aspirin, or a medicine containing aspirin on [insert FIRST clinic date] ?
days per week

7.f. How many pills were you taking per week, on average?

8. Are you NOW taking aspirin, or a medicine containing aspirin, on a regular basis? Yes Y
Go to Item 9 — No N
Unknown U

When did you stop taking aspirin, or a medicine containing aspirin, on a regular basis?

a. 19
year

9. [DO NOT ASK]

Gender of Participant..... Male M
Females F

10. Except for aspirin or Tylenol, have you ever used other nonsteroidal anti-inflammatory drugs or arthritis medicines on a regular basis? Examples include Ibuprofen, Advil, Nuprin, Motrin, Naprosyn, Feldene and Clinoril.

Yes Y
If Female go to Item 13 — No N
If Male go to Item 20 — Unknown U

When did you start taking that medicine on a regular basis?

a. 19
year

AFU MEDICAL HISTORY FORM (AMHA screen 6 of 13)

11. Please think back about the time when you FIRST came to the ARIC clinic on [insert date]. At that time, were you taking a nonsteroidal anti-inflammatory or arthritis medication on a regular basis?

Yes Y

No N

Unknown U

Go to Item 12

a. What was the brand name of the medicine you were taking at that time?

Go to Item 11.d. — Ibuprofen or Advil I

Other O

b. If "Other", specify: _____

11.c. Code

d. How many pills per week were you taking, on average, on [insert FIRST clinic date]?

Less than 1 tablet per week A

1 tablet per week B

2-5 tablets per week C

6 or more tablets per week D

12. Are you now taking a nonsteroidal anti-inflammatory or arthritis medication on a regular basis?

Yes Y

No N

Unknown U

Go to Item 13

AFU MEDICAL HISTORY FORM (AMHA screen 7 of 13)

When did you stop taking that medicine on a regular basis?

12.a. 19 year

13. [IF MALE, SKIP TO ITEM 20]
Have you ever been pregnant?

Yes Y

No N

Go to Item 15

a. How old were you when you first became pregnant?

14. Have you ever given birth?

Yes Y

No N

Go to Item 15

a. How old were you when your first child was born?

b. What is the total number of months, adding together all children, that you breast fed? months

15. Have you ever had a mammogram, an x-ray like examination of your breast?

Yes Y

No N

Go to Item 16

AFU MEDICAL HISTORY FORM (AMHA screen 8 of 13)

<p>15.a. In what year was your last mammogram? .. 19 <input type="text"/> <input type="text"/></p> <p>16. Have you ever had a breast biopsy, by surgery or needle, to remove and examine a small piece of breast tissue? Yes Y No N</p> <p>17. Have you ever had a mastectomy or lumpectomy to remove part or all of a breast? Yes Y No N</p> <p style="text-align: center;">Go to Item 18</p>	<p>17.a. Which breast(s)? Right only R Left only L Both B</p> <p>18. Have you ever had breast cancer? Yes Y No N</p> <p style="text-align: center;">Go to Item 19</p> <p>18.a. Which breast(s)? Right only R Left only L Both B</p>
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AFU MEDICAL HISTORY FORM (AMHA screen 9 of 13)

<p>19. Has your mother, a full sister, or a child had cancer in <u>both</u> breasts? .. Yes Y No N Unknown U</p> <p>20. Have you ever had chemotherapy or radiation treatment for any kind of cancer? Yes Y No N Unknown U</p> <p>21. Have you ever had a sigmoidoscopy or colonoscopy to detect an abnormality in your colon, large intestine or rectum? Yes Y No N Unknown U</p>	<p>22. Have you ever had a stool test for blood to detect cancer of the colon or rectum? Yes Y No N Unknown U</p> <p>23. Have you ever been diagnosed by a doctor as having a polyp or noncancerous tumor of the colon or rectum? Yes Y No N Unknown U</p>
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AFU MEDICAL HISTORY FORM (AMHA screen 10 of 13)

"The next questions ask about diabetes and cancer in your family. Only full blood relatives should be considered. Do not count half or adopted relatives."

24. Did your mother ever have diabetes, or sugar in the blood? Yes Y

Go to Item 25 No N
 Unknown U

a. Did this start before or after the age of 30? Before B
 After A
 Unknown U

25. Did your mother ever have cancer? .. Yes

Go to Item 26 No N
 Unknown U

What types or location of cancer(s)?

a. _____

b. _____

c. At approximately what age was the (first) cancer diagnosed?

AFU MEDICAL HISTORY FORM (AMHA screen 11 of 13)

26. Did your father ever have diabetes, or sugar in the blood? Yes Y

Go to Item 27 No N
 Unknown U

a. Did this start before or after the age of 30? Before B
 After A
 Unknown U

27. Did your father ever have cancer? .. Yes Y

Go to Item 28 No N
 Unknown U

What types or location of cancer(s)?

27.a. _____

b. _____

c. At approximately what age was the (first) cancer diagnosed?

28. How many full sisters did you have, living or dead?

If 00, Go to Item 29

a. How many sisters, if any, had diabetes, or sugar in the blood?

b. How many sisters had cancer?

If 00, Go to Item 28.s.

Could you please provide the types or locations of cancer in your sisters and the age the first cancer was first diagnosed. [ONE SISTER PER LINE]

28.	Type	Age
c.	_____	d. <input type="text"/> <input type="text"/>
e.	_____	f. <input type="text"/> <input type="text"/>
g.	_____	h. <input type="text"/> <input type="text"/>
i.	_____	j. <input type="text"/> <input type="text"/>
k.	_____	l. <input type="text"/> <input type="text"/>
m.	_____	n. <input type="text"/> <input type="text"/>
o.	_____	p. <input type="text"/> <input type="text"/>
q.	_____	r. <input type="text"/> <input type="text"/>

28.s. For how many of your sisters do you feel you really know their medical history? ..

29. How many full brothers did you have, living or dead?

If 00, Go to Item 30

a. How many brothers, if any, had diabetes, or sugar in the blood?

b. How many brothers had cancer?

If 00, Go to Item 29.s.

Could you please provide the types or locations of cancer in your brothers and the age the first cancer was first diagnosed. [ONE BROTHER PER LINE]

29.	Type	Age
c.	_____	d. <input type="text"/> <input type="text"/>
e.	_____	f. <input type="text"/> <input type="text"/>
g.	_____	h. <input type="text"/> <input type="text"/>
i.	_____	j. <input type="text"/> <input type="text"/>
k.	_____	l. <input type="text"/> <input type="text"/>
m.	_____	n. <input type="text"/> <input type="text"/>
o.	_____	p. <input type="text"/> <input type="text"/>
q.	_____	r. <input type="text"/> <input type="text"/>

29.s. For how many of your brothers do you feel you really know their medical history? ..

30. Do you have a brother or a sister diagnosed as having high blood pressure? Yes Y
 No N
 Unknown U

ADMINISTRATIVE INFORMATION

31. Date of data collection: / /
 month day year

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

33. Code number of person completing this form:

INSTRUCTIONS FOR THE AFU MEDICAL HISTORY FORM
AMH, VERSION A, 04/11/94
PREPARED 04/11/94

I. GENERAL INSTRUCTIONS

The AFU Medical History Form is completed during the first available non-CY07 Annual Follow-up contact occasion. Only one AMH form will be completed per participant. During this telephone interview the AFU Medical History Form is administered following the regular AFU form. The introductory statement ["This year we have a few additional medical questions."] is read as a transition between the first and second form.

II. DETAILED INSTRUCTIONS FOR EACH ITEM

1. A positive response requires diagnosis by a physician. The time frame is anytime prior to this contact. If answered "No" or "Unknown", skip to Item 2.
 - a. Record the earliest age the physician diagnosed the diabetes. Enter the age in years.
2. These are general health questions, similar to item 1 in intention.
 - b. Examples of other kidney (renal) diseases are kidney failure, diabetic kidney disease; answer yes, if dialysis or kidney transplant. If "No" or "Unknown" is recorded, skip to Item 2.d.
 - d. Hepatitis is an inflammation of the liver.
 - e. Examples of liver disease are cirrhosis, cancer, etc.
 - f. Hypothyroidism is an underactive or "low" thyroid.
3. A gallstone or gallbladder attack would involve abdominal pain and likely an x-ray or ultrasound test. A positive response requires diagnosis by a physician. If the participant is unsure, answer "No". If answered "No", skip to Item 4.
 - a. Enter the participant's age in years when the doctor first diagnosed the condition.
 - b. Gallbladders are removed by surgery or through a laparoscope. Occasionally a gallbladder will be removed incidentally during other abdominal surgery and people

may not know if they have had it removed. After 3.b., skip to Item 5.

4. The question is a follow-up to a negative response to Item 3. Its intent is to determine whether a diagnostic test was ever done, not whether gallstones were actually detected.
5. Head injury includes any blow to the head, including car accidents, falls, other trauma, etc. It would exclude spontaneous bleeding into the head or brain. Head injuries which do not lead to seeing a physician or hospital care should be answered No. If "No", skip to Item 6.
 - a. "This" refers to head injury requiring medical care.
 - b. Only head injuries in which there was loss of consciousness (being knocked out) should be recorded. If more than 6, please double check that all resulted in loss of consciousness. If more than 9 (very unlikely), record 9.
 - c. This question is broader than the previous question. It is not restricted to head injuries which resulted in loss of consciousness, but refers to the most recent head injury which required medical care. If only one head injury is reported, the year it occurred should be entered. If more than one, enter the date of the most recent one.
6. We are after lifetime use of aspirin or aspirin containing medication on a regular basis, regardless of the reason for use. It does not include Tylenol, Advil, etc. Consult the list if in doubt. If asked, "regular" is defined as at least once a week for several months. If "No" or "Unknown", skip to Item 9.
 - a. Enter the year of the onset of regular use in a. If unknown enter =.
7. The intent of this question is to identify whether the participant was taking aspirin at the baseline ARIC visit. Since that was some years ago, we are providing the baseline clinic date. Again, we are after regular use for any reason. If participant responses to Items 6a and 7 are contradictory, use a neutral probe to resolve the discrepancy. If "No" or "Unknown", skip to Item 8.
 - a. Most people will simply say aspirin, for which you should mark directly on the form. Record "buffered aspirin" as aspirin. If they give a brand name, probe to determine whether it is plain aspirin or a combination. If they are unsure and you can verify that it is aspirin from the coding list, record as "Aspirin." If they give a brand

name and you cannot immediately determine if it was aspirin alone, record as "other" and specify in b. for later coding. Record "Aspirin" if participants were taking both plain aspirin and medicine containing aspirin. If the response is "Aspirin", skip to Item 7.d. If the response is an aspirin-containing medication "Other", continue with Item 7.b.

- b. Record the brand name of the aspirin containing medication. Quickly refer to the CODING LIST OF ASPIRIN PREPARATIONS to see if more than one type of medication is listed with this brand name. If so, use a neutral probe to obtain more specific information. If the person does not remember, record "Unknown".
 - c. Using CODING LIST OF ASPIRIN PREPARATIONS, select and enter the 5-digit code for the medication reported in Item 7.b. (aspirin containing medication). If the medication is not on the list, code 99999. Do not use the ARIC Medication Coding Dictionary.
 - d. Read the question and select the appropriate letter from the four response codes. Strength refers to the number of milligrams of aspirin per pill, not the total number of milligrams taken. (Buffered aspirin does not refer to strength, rather to added ingredients.) The participant may offer the actual milligrams, which can be categorized as shown in the responses. If they can recall that it was not baby, but can't distinguish between regular and extra strength, record as 'R'. If the participant does not remember at all, record "Don't Know".
 - e. Record the typical frequency of aspirin use at the time of the baseline exam. If less than one day per week, record as zero. Round half days up to the next integer. The maximum number of days per week is 7.
 - f. 'Pills' refers to both aspirin and aspirin containing medications. If > 99 , record as 99. If < 1 , record as zero. If "half tablets" were used, divide the number of half tablets by 2 and round fractions up to the next integer. For example, record the use of 7 half tablets of aspirin per week as 04.
8. This question inquires about regular current use. If "Yes" or "Unknown", skip to Item 9.
- a. People who answered No to Question 8 must have stopped taking aspirin. Enter the year they quit in a.

9. DO NOT ASK THIS QUESTION. Sex of the participant is recorded. This is important for later skip patterns.
10. Questions 10-12 parallel the aspirin questions (questions 6 - 8) but ask about the regular use of nonsteroidal anti-inflammatory drugs. Item 10. excludes Tylenol and aspirin (as separate entities) and steroids. Nonsteroidals are the most common non-aspirin treatments of arthritis. If the participant is unsure about a medicine but mentions its name, quickly check the LIST OF NON-STEROIDAL ANTI-INFLAMMATORY DRUGS to decide. Note the skip patterns.
11. This question also excludes the use of aspirin or Tylenol, but refers specifically to the ARIC baseline exam (Visit 1). If the response is "No" or "Don't Know", skip to Item 12.
 - a. If the participant reports having taken Ibuprofen or Advil, select I and skip to Item 11.d. If the participant reports a different non-steroidal anti-inflammatory drug, select 0 and record the brand name/type in Item 11.b.
 - b. Do not ask this question; record the name based on the response to Item 11.a.
 - c. Using the LIST OF NON-STEROIDAL ANTI-INFLAMMATORY DRUGS or ARIC Medication Coding Dictionary, code the medication listed in 11.b.
13. Note that only women answer Questions 13 through 19. Being pregnant includes pregnancies that ended in abortion, stillbirth, miscarriage, or live birth. If "No", skip to Item 15.
 - a. Enter the age in years of first pregnancy, regardless of outcome.
14. We are only interested in live births. If "No", skip to Item 15.
 - a. This again refers to the first live birth.
 - b. We want the total number of months breast fed, including all children. Thus, you may have to add up the number of months a woman breast fed each of her children. For example, if she had three children and nursed each for six months, this equals 18 months total. If greater than 999 enter 999.
15. This asks about ever having a mammogram, whether or not breast cancer was detected. If "No", skip to Item 16.

- a. Mammograms didn't really come into use until about 1970, so if an earlier date is mentioned, please verify.
16. This includes an aspiration which may have only drawn fluid. The questions should be answered regardless of whether breast cancer was present.
17. Mastectomy includes a partial mastectomy or a lumpectomy. Prophylactic mastectomy is included. If "No", skip to Item 18.
 - a. The participant might have had more than one mastectomy or lumpectomy, even at different times. Enter which breasts were involved.
18. Virtually all women will know if they have had breast cancer. If they say borderline (in situ) cancer, record it as "Yes". If "No", skip to Item 19.
 - a. Indicate which breasts have been involved.
19. We are interested only in bilateral breast cancer, not unilateral. Only full blood relatives (mothers, sisters, or children) should be considered.
20. This question should be asked of both men and women. It asks only about chemotherapy or radiation (x-ray or other nuclear) treatment. Chemotherapy could be by pills or intravenously, and may include hormones and a variety of other medicines.
21. This asks about ever having a sigmoidoscopy or colonoscopy, regardless of whether an abnormality was detected. A "lower GI x-ray" or "barium enema" test is coded "No".
22. A common stool blood test is called Hemoccult. We are asking about whether the test was done, not whether cancer was detected.
23. This question is not inquiring about cancer, but is to record benign colon or rectal tumors. A common name is a polyp. Do not include diverticulitis.
24. Note that only full blood relatives should be considered, excluding half or adopted relatives. This question on diabetes is similar to Question 1, but asks about the participant's mother. This includes gestational diabetes, but not glucose in the urine only. If "No" or "Unknown", skip to Item 25.
 - a. If the age was exactly 30, record as "after".

25. If the participant doesn't know the mother's health history, mark "Unknown". Responses of "No" or "Unknown", skip to Item 26.
- a-b. The person may report more than one cancer. Record information on only one cancer per line, but include as much information as possible about the type or location of the cancer(s).
 - c. If more than one cancer was diagnosed, ask about the age of the first by reading the "first" in parentheses.
- 26-27c. These questions for the father are analogous to those for the mother in questions 24 through 25.c.
28. Again, half sisters or adopted siblings are not to be included. If "zero" sisters is reported, skip to Item 29.
- a. Enter the number. This includes gestational diabetes but not sugar in the urine. If unsure about one or more sisters, consider them as not having diabetes. For example, if one sister had diabetes, one did not, and the participant was unsure about a third, enter 01.
 - b. Enter the number, as described for 28.a. If "zero" is recorded, skip to Item 28.s.
 - c-r. Note that we want one person per line. Thus, the number in 28.b. corresponds to the number of lines completed. (Do not read the phrase in brackets.) If more than one cancer is present in a given person, enter all the information on one line. If the site of cancer is unknown, enter "Unknown". Record the age of first diagnosis.
 - s. We want to know how confidently the participant can answer about their sisters' medical histories. If there is only one sister, adapt the sentence accordingly.
- 29-29s. These questions are analogous to those for sisters in questions 28-28.s.
30. We are interested in living, full siblings who may have high blood pressure (hypertension), treated or untreated. Answer yes if one or more siblings have high blood pressure. If the participant does not know, answer unknown.

CODING LIST OF ASPIRIN PREPARATIONS

The following is a list of commercial preparations containing aspirin alone or in combination with other constituents. If the participant provides a name that is not listed here or you are uncertain what the appropriate code should be enter code 99999

Commercial Name	Combination?	Dose (mg)	Code
Alka-Seltzer Effervescent	N	325	50002
Alka-Seltzer Extra Strength	N	500	50103
Alka-Seltzer Flavored	N	325	50202
Alka-Seltzer Original	N	325	50302
Alka-Seltzer Plus Cold and Cough Medicine	Y	500	50413
Alka-Seltzer Plus Cold Medicine	Y	325	50512
Alka-Seltzer Plus Maximum Strength Sinus Allergy Medicine	Y	500	50613
Alka-Seltzer Plus Night-Time Cold Medicine	Y	500	50713
Alka-Seltzer with Aspirin	N	325	50802
Anacin	Y	400	50912
Anacin Maximum Strength	Y	500	51013
Anodynos	Y	421	51112
APAC Improved	Y	400	51212
Arthritis Pain Formula	N	500	51303
Arthritis Strength Bufferin	N	500	51403
Ascriptin	N	325	51502
Ascriptin A/D	N	325	51602
Ascriptin Extra Strength	N	500	51703
Aspercic	N	324	51802
Aspercic Extra	N	500	51903

Aspergum	N	324	52002
Aspergum, cherry	N	227	52101
Aspermin	N	324	52202
Aspermin Extra	N	500	52303
Aspirin Buffered	N	325	52402
Aspirin Children's	N	75	52501
Aspirin Delayed Release Tablets	N	975	52603
Aspirin Enteric Coated	N	325	52702
Aspirin SR	N	800	52803
Aspirin Tri-Buffered	N	325	52902
Aspirtab	N	324	53002
Aspirtab Max	N	500	53103
Axotal	Y	650	53213
Azdone	Y	500	53313
B-A-C	Y	650	53413
Back-Quell	N	425	53502
Bayer Aspirin	N	325	53602
Bayer Aspirin, Genuine	N	325	53702
Bayer Aspirin Maximum Strength	N	500	53803
Bayer Children's Aspirin	N	81	53901
Bayer Children's Chewable Aspirin	N	81	54001
Bayer Delayed Release Enteric Aspirin (low strength)	N	81	54101
Bayer Delayed Release Enteric Aspirin (regular strength)	N	325	54202
Bayer Extended Release 8-Hour Aspirin	N	650	54303
Bayer Plus Buffered Aspirin	N	325	54402

Bayer Plus, Extra Strength Buffered Aspirin	N	500	54503
BC Cold Powder	Y	650	54613
BC Powder	Y	650	54713
BC Powder Arthritis Strength	Y	742	54813
BC Tablets	Y	325	54912
Buffaprin	N	325	55002
Buffaprin Extra	N	500	55103
Buffasal	N	324	55202
Buffasal Max	N	500	55303
Bufferin	N	325	55502
Bufferin Arthritis	N	500	55603
Bufferin Extra Strength	N	500	55703
Bufferin Extra Strength Tri-Buffered	N	500	55803
Bufferin Tri-Buffered	N	325	55902
Buffets II	Y	227	56011
Buffex	N	325	56102
Buffinol	N	325	56202
Buffinol Extra	N	500	56303
Butalbital, Aspirin, and Caffeine	Y	325	56412
Butalbital Compound	Y	325	56512
Cama Arthritis Pain Reliever	N	500	56603
Co-codaprin	Y	325	56712
Codoxy	Y	325	56812
Cope	Y	421	56912
Darvon-P	Y	500	57013
Darvon Compound-65 Pulvules	Y	389	57112

Dasin	Y	130	57211
Duradyne	Y	230	57311
Easprin	N	975	57403
Ecotrin	N	325	57502
Ecotrin Maximum Strength	N	500	57603
Eight-Hour Bayer Timed-Release Aspirin	N	650	57703
Empirin	N	325	57802
Empirin with Codeine	Y	325	57912
Epromate	Y	325	58012
Equagesic	Y	325	58112
Equazine-M	Y	325	58212
Excedrin	Y	250	58311
Fiorgen PF	Y	325	58412
Fiorinal	Y	325	58512
Fiorinal with Codeine	Y	325	58612
Fortabs	Y	325	58712
Gelpirin	Y	240	58811
Gemnisyn	Y	325	58912
Genacote	N	325	59002
Genacote Maximum Strength	N	500	59103
Genprin	N	325	59202
Gensan	Y	400	59312
Genuine Bayer Aspirin	N	325	59402
Goody's Extra Strength	Y	260	59511
Goody's Headache Powder	Y	520	59613

Halfprin	N	324	59702
1, 2 Halfprin	N	165	59801
Idenal	Y	325	59912
Isollyl Improved	Y	325	60012
Lanorinal	Y	325	60112
Lortab ASA	Y	500	60213
Magnaprin	N	325	60302
Magnaprin Arthritis Strength	N	325	60402
Magnaprin Improved	N	325	60502
Marnal	Y	325	60612
Maximum Bayer Aspirin	N	500	60703
Maxiprin	N	975	60803
McNess Pain	Y	400	60912
Megaprin	N	975	61003
Mepro-Analgesic	Y	325	61112
Meprobamate and Aspirin	Y	325	61212
Meprobamate Compound	Y	325	61312
Meprogesic Q	Y	325	61412
Micrainin	Y	325	61512
Midol	Y	454	61612
Momentum Caplets	Y	500	61713
Norwich Aspirin Caplets	N	500	61803
Norwich Aspirin Tablets	N	325	61902
Norwich Aspirin Enteric, Adult Low	N	81	62001

Norwich Aspirin Enteric Coated	N	325	62102
Norwich Extra-Strength Aspirin	N	500	62203
P-A-C	Y	400	62312
P-A-C Revised Formula	Y	400	62412
Pain Reliever	Y	250	62511
Percodan-Demi	Y	325	62612
Presalin	Y	260	62711
Propoxyphene Compound	Y	389	62812
Regular Strength Ascriptin	N	325	62902
Roxiprin	Y	325	63012
Salatin	Y	259	63111
Saleto	Y	210	63211
Salocol	Y	210	63311
Sloprin	N	800	63403
Stanback Powder	Y	650	63513
St. Joseph Adult (Chewable) Aspirin	N	81	63601
Supac	Y	230	63711
Synalgos	Y	325	63812
Synalgos DC	Y	325	63912
Talwin Compound	Y	325	64012
Tenol-Plus	Y	250	64111
Therapy Bayer Aspirin Caplets	N	325	64202
Ti Buffered Bufferin	N	325	64302
Trigesic	Y	230	64411

Tri-Pain	Y	162	64511
Ursinus Inlay-Tabs	Y	325	64612
Valesin	Y	150	64711
Vanquish	Y	227	64811
Wesprin Buffered	Y	325	64912
ZORprin	N	800	65003

List of Non-Steroidal Anti-Inflammatory Drugs (NSAID)

The list below provides names for frequently used Non-Steroidal Anti-Inflammatory Drugs. We have included both generic and commercial names so you can probe and search for the generic name, if the brand name cannot be found on this list. Code these medications using the ARIC medication code list.

Anaprox ... 112139
Ansaid ... 120731
Butazolidin ... 114085
Clinoril ... 117956
Diclofenac sodium ... 107179
Diflunisal ... 107290
Dolobid ... 107290
Etodolac ... 120727
Feldene ... 115129
Fenoprofen ... 108616
Indocin ... 109974
Indomethacin ... 109974
Ketoprofen ... 110402
Lodine ... 120727
Meclofenamate sodium ... 111095
Meclomen ... 111095
Mefenamic acid ... 111138
Motrin: This is Ibuprofen; check "Ibuprofen"
Nalfon ... 108616
Naprosyn ... 112124
Naproxen ... 112124
Nuprin: This is Ibuprofen; check "Ibuprofen"
Orudis ... 110402
Pedia-Profen: This is Ibuprofen; check "Ibuprofen"
Phenylbutazone ... 114085
Piroxicam ... 115129
Ponstel ... 111138
Relafen
Rufen: This is Ibuprofen; check "Ibuprofen"
Sulindac ... 117956
Suprel
Suprofen
Tolectin ... 118638
Tolmetin Sodium ... 118638
Toradol ... 120743
Voltaren ... 107179