



MEDICATION SURVEY FORM (MSRC screen 2 of 8)

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

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: \_\_\_\_\_

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B. MEDICATION RECORDS

I. Transcription (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):

RECORD NUMBER	a. MEDICATION NAME & CONCENTRATION	b. CODE NO.	c. "Was this medication prescribed for you, over-the-counter or shared?"			d. "Did you take this medication in the past 24 hours?"											
			RX (R)/OTC (O)/SHARED (S)/UNKNOWN (U)	YES (Y)/NO (N)/UNKNOWN (U)	YES (Y)/NO (N)/UNKNOWN (U)	YES (Y)/NO (N)/UNKNOWN (U)											
4.	_____	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									R	O	S	U	Y	N	U
5.	_____	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									R	O	S	U	Y	N	U
6.	_____	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									R	O	S	U	Y	N	U
7.	_____	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									R	O	S	U	Y	N	U

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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.	_____ _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	R O S U	Y N U
9.	_____ _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	R O S U	Y N U
10.	_____ _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	R O S U	Y N U
11.	_____ _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	R O S U	Y N U
12.	_____ _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	R O S U	Y N U
13.	_____ _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	R O S U	Y N U
14.	_____ _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	R O S U	Y N U
15.	_____ _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	R O S U	Y N U
16.	_____ _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	R O S U	Y N U
17.	_____ _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	R O S U	Y N U
18.	_____ _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	R O S U	Y N U
19.	_____ _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	R O S U	Y N U
20.	_____ _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	R O S U	Y N U

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

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

23. 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

**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.)

	<u>Yes</u>	<u>No</u>	<u>Unknown</u>
a. High Blood Pressure .....	Y	N	U
b. High Blood Cholesterol .....	Y	N	U
c. Angina or Chest Pain .....	Y	N	U
d. Control of Heart Rhythm .....	Y	N	U
e. Heart Failure .....	Y	N	U
f. Blood Thinning .....	Y	N	U
g. Diabetes or High Blood Sugar .....	Y	N	U
h. Stroke .....	Y	N	U
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? ..... Yes                      Y

No                      N  
 Unknown                      U

Go to Item 28

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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 H  
[DO NOT READ CHOICES] Participant did not mention avoiding heart attack or stroke O

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

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D. ADMINISTRATIVE INFORMATION

29. Date of data collection: .....   /   /    
Month Day Year

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

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

