ARIC
Atherosclerosis Risk in Communities

MEDICATION SURVEY FORM

ID NUMBER: ☐☐☐☐☐☐☐   CONTACT YEAR: | 1 | 0 | FORM CODE: | M | S | R | VERSION: D 12/05/95

LAST NAME: ☐☐☐☐☐☐☐☐☐☐☐☐   INITIALS: ☐☐

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 SURVEY FORM (MSRD screen 1 of 11)

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 while participant proceeds with clinic visit ——— Yes, all	Y
Go to Item 3; transcribe those medications which were brought at this time ——— Some of them	S
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 Screen 6 ——— Took no medications	T
Forgot or was unable to bring medications	F

"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: _____

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 question):

RECORD NUMBER	a. MEDICATION NAME	b. CONCENTRATION	c. CODE NO.	d. "Did you take this medication in the past 24 hours?" YES (Y)/ NO (N) UNKNOWN (U)
4.	_____	_____	⬜⬜⬜⬜⬜	Y N U
	_____	_____		
5.	_____	_____	⬜⬜⬜⬜⬜	Y N U
	_____	_____		
6.	_____	_____	⬜⬜⬜⬜⬜	Y N U
	_____	_____		
7.	_____	_____	⬜⬜⬜⬜⬜	Y N U
	_____	_____		

RECORD NUMBER	a. MEDICATION NAME	b. CONCENTRATION	c. CODE NO.	d. YES (Y)/ NO (N) UNKNOWN (U)
8.				Y N U
9.				Y N U
10.				Y N U
11.				Y N U
12.				Y N U
13.				Y N U
14.				Y N U
15.				Y N U
16.				Y N U
17.				Y N U
18.				Y N U
19.				Y N U
20.				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.}

	Yes	No	Unknown
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

                              Go to Item 28, ┤

                              Screen 7.   └─ Unknown   U

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

"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."

29. Are you NOW taking aspirin, or a medicine containing aspirin, on a regular basis? This does
    not include Tylenol nor Advil. .... Yes   Y

                                                                            ┌──── No   N
                                          ┌──────────────────┐   │
                                          │ Go to Item 30,   │──────────────┤
                                          │ Screen 10.   │   └──── Unknown U
                                          └──────────────────┘

    a. What is the strength of aspirin in the pill? (Check the preparation,
       if available; otherwise - SHOW RESPONSE CARD #1).

                    Less than 300 mg (Baby) .... A

                    300 - 499 mg (Regular) .... B

                    500 mg or greater
                    (Extra strength) C

                    Don't know .... D

29.b. How many days a week, on average, are you taking this
    medication? .... [ ] days per week

c. How many pills are you taking <u>per week</u>, on average? .... [ ][ ] pills per week

d. For what purpose are you taking this medication?

    Participant mentioned to avoid heart attack or stroke .... H

    Participant did not mention to avoid heart or attack or stroke ..... O

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

30. 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, Naprosyn, Feldene and Clinoril. .... Yes   Y

                                              ┌─────────────────┐   ── No   N
                                              │ Go to Item 31, │────┤
                                              │ Screen 11.   │   ── Unknown   U
                                              └─────────────────┘

a. What is the brand name of the medicine? (Check the preparation,
    if available). .... Ibuprofen or Advil   I

                                                                        Other   O
b. If "Other", specify:
    _____

c. How many pills per week are you taking, on average? .... [ ][ ] pills per week

d. When did you start taking _____ on a regular basis? .... [ ][ ] / [ ][ ]
                              [insert name]   month   year

D. 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: .... ☐☐☐

6. ADMINISTRATIVE INFORMATION

31. Date of data collection ....

year   day   month

32. Method of data collection .... Computer

Paper form

33. Each means of record completing this form ....

INSTRUCTIONS FOR MEDICATION SURVEY FORM
MSR, VERSION D, 12/05/95
PREPARED 02/13/96

I.   GENERAL INSTRUCTIONS

The purpose of the Medication Survey is to assess medication usage in
the two weeks preceding the examination date. Information on both
prescription and non-prescription drugs is 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 4.

Interviewers require certification in interviewing techniques and
familiarity with the data entry procedures for paper and electronic
versions of the form (references: Data Entry System manual and the
"General Instructions for Completing Paper Forms"). Transcribers and
coders of medication information also require certification. Header
information (ID Number, Contact Year, and Name) are completed in the
format described in that document.

II.   DETAILED INSTRUCTIONS FOR EACH ITEM

A. RECEPTION

MEDICATION SURVEY FORM   (MSRD screen 1 of 11)

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 while participant proceeds with clinic visit | —— Yes, all | Y |

| | —— Some of them | S |
| Go to Item 3; transcribe those medications which were brought at this time | |

| | No | N |

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, medica-
tions 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 medica-
tion. 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   T

                                     Forgot or was unable
| Go to Item 25 | to bring medications   F
| Screen 6 |
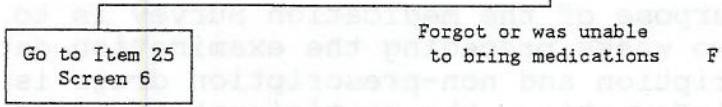
If the response is "Took no medication" in the past two weeks, Section A ends here. Leave Section B (MEDICATION RECORDS) blank and skip to INTERVIEW, Section C (field or screen forward). Item 24 is left blank, and the interviewer continues administering Items 25-30, either at the reception or a subsequent 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 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 three components to document information about each medication used by the participant: (1) Transcription, (2) Interview, and (3) Medication

Coding. Transcription includes recording in column (a) the name
and in column (b) concentration (strength) of each medication
used within the two weeks prior to the interview. The interview
portion consists of determining and recording in column (d)
whether the medication was taken within the last 24 hours.
Medication Codes are looked up in General Product Information
(GPI) section of the hard copy or DES version of the MEDISPAN
Medication Dictionary and recorded in column (c).   The
transcription of the medication name (column a) and concentration
(column b) is done by a trained transcriptionist prior to the
interview with the participant or by an interviewer in
conjunction with the administration of the questions in column
(d).   The coding of the medications from the DES medication
dictionary can be done during the interview if the interviewer is
certified in medication coding, or done later by a trained coder
after the interview is completed.

Column (a). MEDICATION NAME & Column (b) 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 in column (b),
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. For example:

Column (a)	Column (b)
AMPICILLIN	250 mg
AMPICILLIN LIQUID	125mg/5ml
NOSTRIL	½ %
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.

A

Acetaminophen = APAP	Antibiotic = ANTIBIO
Aluminum = AL	Arthritic = ARTHR
Amitriptyline = AMITRIP	Aspirin = ASA
Antihistamine = ANTIHIST	Aspirin, Phenacetin and
Ammononium = AMMON	Caffeine = APC

B
Balanced Salt Solution = BSS   Buffered = BUF

C
Caffeine = CAFF   Chloride = CL
Calcium = CA   Chlorpheniramine = CHLORPHEN
Capsules = CAP   Codeine = COD
Carbonate = CARBON   Compound = CPD or CMP or CMPD
Chewable = CHEW   Concentrate = CON
Chlordiazepoxide = CHLORDIAZ

D
Decongestant = DECONG   Diproprionate = DIPROP
Dextromethorphan = DM   Docusate Sodium = DSS
Dioctylsodium Sulfosuccinate = DSS

E
Expectorant = EXP   Extra = EX

F
Ferrous = FE   Formula = FORM
Fluoride = F

G
Gluconate = GLUCON   Guaifenesin = GG
Glyceryl Guacolate = GG

H
Hydrochloride = HCL   Hydrocortisone = HC
Hydrochlorthiazide = HCTZ   Hydroxide = HYDROX

I
Inhalation = INHAL   Injection = INJ

J
Junior = JR

L
Laxative = LAX   Long Acting = LA
Liquid = LIQ   Lotion = LOT

M
Magnesium = MG   Minerals = M
Maximum = MAX   Multivitamins = MULTIVIT

N
Nitroglycerin = NTGN

O
Ointment = OINT   Ophthalmic = OPTH

P
Penicillin = PCN
Pediatric = PED
Perphenazine = PERPHEN
Phenobarbital = PB
Phenylephrine = PE

Phenylpropanolamine = PPA
Potassium = K
Potassium Iodide = KI
Powder = PWD
Pyrilamine = PYRIL

R
Reliever = REL

S
Simethicone = SIMETH
Sodium = SOD
Solution = SOLN
Strength = STR
Suppository = SUPP

Suspension = SUSP
Sustained Action = SA
Sustained Release = SR
Syrup = SYR

T
Tablets = TAB
Theophyllin = THEOPH

Therapeutic = T
Time Disintegration = TD

V
Vaccine = VAC
Vitamin = VIT

W
With = W

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 asking the strength or dose of the drug taken. Sometimes the drug name includes numbers or letters which could be mistaken for dosage. Having these numbers or letters as part of the drug name helps in selecting the appropriate code. 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 may 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 of fixed dosage:
> Dyazide (hydrochlorothiazide and triamterene) code "DYAZIDE"

> Examples of variable dosage:
> 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		
%	- 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: "AMPICILLIN 125 mg/5ml"

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

Prioritization is performed only if there are more than 17 medications and 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.

Example:

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): |

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

| RECORD NUMBER | a. | b. MEDICATION NAME & CONCENTRATION | c. CODE NO. | YES (Y)/ NO (N) UNKNOWN (U) |
| 4. | | AMPICILLIN 125 mg / 5 mL | | 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 or form. 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   (MSRD screen 5 of 11)

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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 (c). CODE NUMBER.

The six-digit medication code numbers are found in the **hard copy or DES version of 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:

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

When coding a medication which contains more than one word, look for a match of the entire name in the dictionary. If the name matches, enter the corresponding code. If a complete match cannot be found, but the dictionary has a single entry for the ingredient(s) in the medication (usually the first word of the drug name), and there are no other entries containing this word, select the corresponding code. This occurs most often when:

    both the brand and generic name are transcribed, but only one is
    given in the dictionary;

    the form of the drug is transcribed, but not given in the
    dictionary;

    the seller's name is transcribed, but is not listed in the
    dictionary.

It is critical that the other words in the transcribed drug name do NOT involve additional ingredients.

Examples:

CORDARONE/AMIODARONE	not in the dictionary; code as AMIODARONE, which is listed.
DIMETAPP ELIXIR	not in the dictionary; code as DIMETAPP, which is listed.
ECKERD ALLERGY RELIEF TABS	not in the dictionary; code as ALLERGY RELIEF, which is listed.
TYLENOL NO. 3	not in the dictionary; cannot code, since "NO.3" could designate another ingredient; in fact, it designates codeine. It can be coded by searching for the abbreviation of tylenol's ingredient with codeine: APAP W CODEINE, which is in the dictionary.

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 (d).   USE IN PAST 24 HOURS

After the transcription of the medication name and concentration, or the verification of the accuracy of the transcription and its use within the last 2 weeks, the interviewer ascertains the use of each medication within the past 24 hours, while showing the participant each separate container. The following question is asked for each medication:

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

If probing is required to assist the participant in remembering, the question may be repeated, specifying a time on the previous day. For example, "Have you taken this medication since 10:00 a.m. yesterday?"

d.
"Did you take

RECORD NUMBER	a. MEDICATION NAME & CONCENTRATION	b.	c. CODE NO.	"...this medication in the past 24 hours?" YES (Y)/ NO (N) UNKNOWN (U)
4.	AMPICILLIN 125 mg /5 mL		⬜⬜⬜⬜⬜	Ⓨ N U

Repeat this process for all medications, e.g., transcribe or verify the transcription of the medication/concentration and ask the question in column (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 if the medication was taken in the last 24 hours. 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.

During the rest of the Medication Survey interview or during a subsequent interview, the participant may recall other medications or vitamins taken during the past two weeks. Their names and concentrations are transcribed in column (a and b, respectively) and last ingestion (use) is recorded in column (c) 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 information on some medications were provided from the participant's memory.

C. INTERVIEW

This portion of the Medication Survey is administered by the physician assistant/nurse clinician or a trained interviewer.

For Item 24, ask if medications were taken in the past two weeks for the nine listed reasons.

The following synonyms may be given in response to participant questions.

a. High blood pressure   = hypertension
c. Angina or chest pain = heart pains
d. Control of heart rhythm = medicine for fast or irregular heart
                              rate or heart beats
e. Heart failure   = congestive heart failure, <u>not</u> heart
                              attack
f. Blood thinning   = anticoagulation
i. 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 (MSRD screen 6 of 11)

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.	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

If any of the conditions are answered affirmatively, be sure that the
medication is recorded in Section B. The interviewer, however, cannot
ask the participant to identify which medication was used to treat any
of the conditions. For example, if the participant reported taking a
medication to lower blood pressure during the last two weeks (Item
24.a), and no recognizable antihypertensive medications were recorded
in Section B, the interviewer may probe to determine if the names of
all medications taken during the last two weeks were recorded. If the
person indicates that the names of all his/her medications have been
transcribed, the interviewer <u>cannot</u> probe further to determine which
medication was used to treat the high blood pressure.

Items 25-30 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. This question is
asked as worded. It may help to preface Item 25 with an explanation.

"I know you said you took no medications, but we include the next few questions as a memory jogger".

Although the primary purpose of Item 25 is to identify participants who are taking aspirin, the question is broadly constructed to include aspirin and other medications which may contain aspirin but are not necessarily labelled as aspirin, such as "Alka-Seltzer, cold medicine or headache powder". Therefore, this question may identify persons taking medications which do not include aspirin. With a positive response, continue with Item 26 and verify that the relevant information on the medication(s) was recorded in Items 4-20. If the response is NO or UNKNOWN, skip to Item 28.

Item 26 is narrower in scope and refers specifically to aspirin or aspirin-containing medications that have been taken within the two weeks preceding Visit 4. Record the number of days in this two week period (maximum of 14 days) that aspirin or aspirin-containing medications were taken. If no aspirin was taken, enter '00' and go to Item 28.

Ask Item 27 as written. Do not read the choices. If the participant mentions avoiding heart attack or stroke as part of his/her response, record "H." Individuals could be following the advice of their provider of medical care in doing this, or they could be acting on their own, based on information obtained through the media, friends or other sources. If the participant mentions "blood thinning" or avoiding blood clots as the reason for taking aspirin, record "H." If neither a heart attack or stroke is mentioned, record "O," even if the aspirin was prescribed by a physician.

Read Item 28 to all participants following the instructions provided at the end of the question, e.g., read the bracketed "other" if the response to Item 25 was positive and include "or menstrual cramps" for females only. The use of analgesic and anti-inflammatory medications that do not contain aspirin is verified because these (like aspirin) may affect some of the hemostasis tests. With a positive response, confirm whether the reported medications are transcribed in Section B.

Read Item 29 to all participants following the transition statement provided. We are after the current use (NOW) of aspirin or aspirin containing medication on a regular basis, regardless of the reason for its use. These medications do not include Tylenol, Advil, etc. Consult the list of Aspirin or Aspirin Containing Medications at the end of these instructions if in doubt. If asked by the participant, "regular" is defined as at least once a week for several months. If the response is "No" or "Unknown", skip to Item 30, Screen 18. When the response is Yes, continue by asking Item 29a.

a. 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, but to added ingredients.) The participant may offer

the actual milligrams, which can be categorized as shown in the responses. If the person can recall that the strength of the pill was not baby, but can't distinguish between regular and extra strength, code as regular, 'B'. If the participant does not remember at all, record "Don't Know".

b. Read the question. The purpose of this question is to document the <u>number of days per week</u> aspirin is taken. Record the typical frequency (i.e., "on average") of the aspirin that is used on a regular basis. 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.

c. Read the question. In contrast to part (b), the purpose of this question is to document the average number of aspirin tablets the person takes during a typical week. 'Pills' refers to both aspirin and aspirin containing medications, either in tablet or powder form. 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.

d. Read the question. Do not read the choices. If the participant mentions avoiding heart attack or stroke as part of his/her response, record "H." Individuals could be following the advice of their provider of medical care in doing this, or they could be acting on their own, based on information obtained through the media, friends or other sources. If the participant mentions "blood thinning" or avoiding blood clots as the reason for taking aspirin, record "H." If neither a heart attack or stroke is mentioned, record "O," even if the aspirin was prescribed by a physician. With a positive response to the initial Item 29, confirm whether the reported medication(s) is transcribed in section B.

e. Enter the year and month of the onset of regular use in 29.e. If the participant is unsure, ask for a best guess. If an estimate cannot be made, record "==" in the appropriate month or year field(s).

Read Item 30 as written. Question 30 parallels the aspirin question (Question 29) but documents the current, regular use of nonsteroidal anti-inflammatory drugs (NSAID). Item 30. excludes Tylenol and aspirin (as separate entities) and steroids. Nonsteroidal drugs 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 skip patterns. If participant answers YES, then continue by reading 30a.

a. If the response to 30a is Ibuprofen or Advil, record "I" and skip to 30.c. If the participant reports a different non-steroidal anti-inflammatory drug, then code "O" for Other and transcribe the name in Item 30.b

b. Do not ask this question; record the name based on the response to Item 30.a. If the preparation is available, use it to verify the response.

c. Read the question. The purpose of this question is to document the average number of NSAID tablets the person takes during a typical week. 'Pills' refers to tablets. 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 Ibuprofen per week as 04.

d. Read Item 30d inserting the brand name of the drug where indicated and record the month and year the participant began taking the drug on a regular basis.

D. ADMINISTRATIVE INFORMATION

31. Enter the date on which the participant was seen in the clinic. Code in numbers using leading zeroes where necessary to fill all boxes. For example, May 3, 1993, would be entered as:

0	5	/	0	3	/	9	3
month		day			year		

32. Record "C" if the form was completed on the computerized data entry system, or "P" if the paper form was used. If the form was completed partially on paper and partially on the computer, code as "Paper Form."

33. The person at the clinic who has completed this form must enter his/her code number in the boxes provided.

At the close of the interview, 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.

participant is unsure about a medicine but mentions its name, quickly check the LIST OF NON-STEROIDAL ANTI-INFLAMMATORY DRUGS to decide. Note skip patterns. If participant answers YES, then continue by reading 30a.

    a.   If the response to 30a is Ibuprofen or Advil, record "I" and skip to 30-c. If the participant reports a different non-steroidal anti-inflammatory drug, then code "O" for Other and transcribe the name in item 30-b

    b.   Do not ask this question; record the name based on the response to item 30.a. If the preparation is available, use it to verify the response.

    c.   Read the question. The purpose of this question is to document the average number of NSAID tablets the person takes during a typical week. 'Pills' refers to tablets. If >9, 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 Ibuprofen per week as 04.

    d.   Read item 30d inserting the brand name of the drug where indicated and record the month and year the participant began taking the drug on a regular basis.

B. ADMINISTRATIVE INFORMATION

31. Enter the date on which the participant was seen in the clinic. Code in numbers using leading zeroes where necessary to fill all boxes. For example, May 1, 1991, would be entered as:

0	5	/	0	1	/	9	3
month			day			year	

32. Record "C" if the form was completed on the computerized data entry system, or "P" if the paper form was used. If the form was completed partially on paper and partially on the computer, code as "Paper Form."

33. The person at the clinic who has completed this form must enter his/her code number in the boxes provided.

34. At the close of the interview, ensure 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.