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OMB#: 0925-0584
Exp. 2/28/2011

HCHS/SOL Medication Use Questionnaire

ID NUMBER:

FORM CODE: MUE
VERSION: A 8/30/07

Contact Occasion SEQ #

Acrostic: _____

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

Instructions: This form should be completed during the participant's visit. Affix the participant ID label above. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes. If a number is entered incorrectly, mark through the incorrect entry with an "=". Code the correct entry clearly above the incorrect entry.

A. Reception

As you know, HCHS/SOL is recording all prescription and over-the-counter medications used by participants in the past four weeks, including cold and allergy medications, vitamins, herbal remedies, and other supplements. These medications include solid and non-solid formulations that you may swallow, inhale, apply to the skin or hair, inject, implant, or place in the ears, eyes, nose, mouth, or any other part of the body. The letter you received about this appointment included a plastic bag for all your current medications and asked you to bring them to the clinic.

1. Did you bring all the medications that you used in the past four weeks, or their containers?
Yes, all of them 1 → **GO TO SECTION B, QUESTION 5**
No, some of them 2 → **GO TO SECTION A, QUESTION 3**
No, none of them 3

2. Is this because you forgot, because you have not taken any medications at all in the last four weeks, or because you could not bring your medications?
Took no medication 1 → **GO TO SECTION C, QUESTION 34**
Forgot or was unable to bring medication 2

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

3. May we follow up on this after the visit so that we can get the information from the other medication labels? (Explain follow-up options)
No or not applicable.. 0 → **Scan/transcribe what you can in Section B and attempt to convert refusals; indicate this on tracking form**
Yes..... 1

4. Describe method of follow-up to be used: _____

ID NUMBER:									
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Occasion

		SEQ #		
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B. Medication Record

Copy the MEDICATION UPC / NDC from each medication label. For each medication, begin with the left-most space in fields a-c and the rightmost space in field d. Using upper case letters, carefully copy the MEDICATION NAME. Using periods to indicate decimal points, copy the formulation STRENGTH (weight for solids and concentration for non-solids). Using upper case letters and standard abbreviations, copy the UNITS used to measure strength. For combination medications, use a forward slash (/) to separate active ingredients, corresponding strengths, and units.

#	(a) Medication UPC / NDC	Medication name (b)
5.	<input type="text"/>	
	(c) Strength (d) Units	
6.	<input type="text"/>	
	(c) Strength (d) Units	
7.	<input type="text"/>	
	(c) Strength (d) Units	
8.	<input type="text"/>	
	(c) Strength (d) Units	
9.	<input type="text"/>	
	(c) Strength (d) Units	
10.	<input type="text"/>	
	(c) Strength (d) Units	
11.	<input type="text"/>	
	(c) Strength (d) Units	
12.	<input type="text"/>	
	(c) Strength (d) Units	
13.	<input type="text"/>	
	(c) Strength (d) Units	
14.	<input type="text"/>	
	(c) Strength (d) Units	

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#	(a) Medication UPC	Medication name (b)
15.	<input type="text"/>	
	(c) Strength <input type="text"/> <input type="text"/> (d) Units <input type="text"/> <input type="text"/>	
	<input type="text"/> <input type="text"/>	
16.	<input type="text"/>	
	(c) Strength <input type="text"/> <input type="text"/> (d) Units <input type="text"/> <input type="text"/>	
	<input type="text"/> <input type="text"/>	
17.	<input type="text"/>	
	(c) Strength <input type="text"/> <input type="text"/> (d) Units <input type="text"/> <input type="text"/>	
	<input type="text"/> <input type="text"/>	
18.	<input type="text"/>	
	(c) Strength <input type="text"/> <input type="text"/> (d) Units <input type="text"/> <input type="text"/>	
	<input type="text"/> <input type="text"/>	
19.	<input type="text"/>	
	(c) Strength <input type="text"/> <input type="text"/> (d) Units <input type="text"/> <input type="text"/>	
	<input type="text"/> <input type="text"/>	
20.	<input type="text"/>	
	(c) Strength <input type="text"/> <input type="text"/> (d) Units <input type="text"/> <input type="text"/>	
	<input type="text"/> <input type="text"/>	
21.	<input type="text"/>	
	(c) Strength <input type="text"/> <input type="text"/> (d) Units <input type="text"/> <input type="text"/>	
	<input type="text"/> <input type="text"/>	
22.	<input type="text"/>	
	(c) Strength <input type="text"/> <input type="text"/> (d) Units <input type="text"/> <input type="text"/>	
	<input type="text"/> <input type="text"/>	
23.	<input type="text"/>	
	(c) Strength <input type="text"/> <input type="text"/> (d) Units <input type="text"/> <input type="text"/>	
	<input type="text"/> <input type="text"/>	
24.	<input type="text"/>	
	(c) Strength <input type="text"/> <input type="text"/> (d) Units <input type="text"/> <input type="text"/>	
	<input type="text"/> <input type="text"/>	
25.	<input type="text"/>	
	(c) Strength <input type="text"/> <input type="text"/> (d) Units <input type="text"/> <input type="text"/>	
	<input type="text"/> <input type="text"/>	

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#	(a) Medication UPC	Medication name (b)
26.	<input type="text"/>	
	(c) Strength <input type="text"/> <input type="text"/> (d) Units <input type="text"/> <input type="text"/>	
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
27.	<input type="text"/>	
	(c) Strength <input type="text"/> <input type="text"/> (d) Units <input type="text"/> <input type="text"/>	
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
28.	<input type="text"/>	
	(c) Strength <input type="text"/> <input type="text"/> (d) Units <input type="text"/> <input type="text"/>	
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
29.	<input type="text"/>	
	(c) Strength <input type="text"/> <input type="text"/> (d) Units <input type="text"/> <input type="text"/>	
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

30. Total number of medications in bag.....

31. Number of medications in bag unable to successfully scan or transcribe

32. HCHS/SOL ID staff number of person scanning / transcribing medications

a. Scanner / transcriber (items 5-29):

b. Date of scanning / transcription: / /
Month Day Year

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37. During the past four weeks, did you take any [other] medication for arthritis, fever, or muscle aches and pains, or cramps? (Read bracketed "other" unless no medications were reported.)

- No 0
 Yes 1
 Unknown 9

38. **Excluding** aspirin, acetaminophen (for example, Tylenol), and corticosteroids (for example prednisone), are you NOW taking other anti-inflammatory or arthritis medications on a regular basis? Common examples are shown on this list.

Show participant List #2: Commonly Used Non-Steroidal Anti-Inflammatory Drugs, NSAIDS

- No 0 → **END QUESTIONNAIRE**
 Yes 1
 Unknown 9 → **END QUESTIONNAIRE**

39. Unless already recorded in Items B5-B29, record the following information for the medication identified by Item 38.

Already recorded 1

(a) Medication UPC										Medication name (b)									
<input type="checkbox"/>																			
(c) Strength					(d) Units														

40. How many pills per week are you taking, on average?

Number of pills per week

41. Staff ID number of person who interviewed the participant: