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OMB#: 0925-0584 Exp. 8/31/2017

HCHS/SOL Visit 2 Medication Use Questionnaire

ID	NUMBER: FORM CODE: MUE Contact VERSION: 1, 6/3/2016 Occasion 0 2 SEQ # 1											
AD	ADMINISTRATIVE INFORMATION											
0a.	0a. Completion Date: Day Year Ob. Staff ID:											
for	Instructions: This form should be completed during the participant's visit. Enter information provided by the participant for each question. Record medication information in the "Medication record" section as it applies. Set CDART Field Status to 'Refused', 'No Response', 'Missing', etc. for those questions that do not list these values as possible answer choices.											
A.	A. Reception As you know, the SOL records all prescription and over-the-counter medications used in the past four weeks, including cold, allergy, vitamins, minerals and dietary supplements. These medications include solid and non-solid medications that you may swallow, inhale, apply to the skin, inject, implant, or place in the ears, eyes, nose, mouth, or any other part of the body. The materials mailed for your appointment included a 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 \bigcirc \rightarrow STOP; Thank ppt. and close form											
	Forgot or was unable to bring 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 GO TO SECTION C, QUESTION 26											
	Yes 1											
4.	Describe method of follow-up to be used:											

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B. Medication Record

Confirm, or carefully copy the MEDICATION NAME into "a" using upper case letters. Confirm, or copy the formulation STRENGTH (weight for solids and concentration for non-solids), using periods to indicate decimal points. Confirm, or copy the UNITS used to measure strength, using upper case letters and standard abbreviations. For combination medications, use a forward slash (/) to separate active ingredients, corresponding strengths, and units.

	greaients, corresponaing	i sirerigiris, and units.	
#			Medication name (a)
5.	(b) Strength	(c) Units	
	(b) Strength	(c) Units	
6	(b) Strength	(c) Units	-
7.	(b) Strength	(c) Units	
	(1) 1 1 5	(1)	
8.	(b) Strength	(c) Units	
9.	(b) Strength	(c) Units	
] 9.	(b) Guengui	(c) Office	┪
10.	(b) Strength	(c) Units	
	(1) 0: 11	() 11 %	
11.	(b) Strength	(c) Units	_
12.	(b) Strength	(c) Units	
'	(a) 3.13.1.g	(6) 66	
13.	(b) Strength	(c) Units	_
1.1	(b) Strength	(c) Units	
14.	(b) Siterigiti	(c) Office	-
15.	(b) Strength	(c) Units	
	4.1.2		
16.	(b) Strength	(c) Units	_
17.	(b) Strength	(c) Units	
'''	(5) 55119	(5) 511110	┪
18.	(b) Strength	(c) Units	
10	(b) Ctronath	(a) I la:ta	
19.	(b) Strength	(c) Units	
20.	(b) Strength	(c) Units	

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21.		(b) Strength					Units								
22.	<u> </u>	(b) Strength				(c)	Units								
ZZ .		(5) 51101	119111			(0)	Critic								
23.		(b) Stre	ngth			(c)	Units								
24.		(b) Stre	nath			(c)	Units								
		(3) 3.1.3.				(5)									
25.	Total n	umber o	of med	dicatio	ns in l	bag									
C. I	Medica	tion Use	e Inte	rview	,										
		ıld like to				•									
26.			e med	dicatio	ns yo	u took	(during	the	last four weeks for:	No			Yes	Unkn	
	a. Ast	hma								0 🗌		1		9 [
	b. Ch	ronic bro	nchit	is or e	emphy	sema				0 🗌		1		9 [
	c. Hig	jh blood	suga	r or di	abetes	5			0 🗌		1		9 [
	d. Hig	jh blood	press	sure o	r hype	rtensi	ion		0 🗌		1		9 [
	e. Hig	jh blood	chole	esterol						0 🗌		1		9 [
	f. Ch	est pain	or an	gina						0 🗌		1		9 [
	g. Abı	normal h	neart r	hythn	า					0 🗌		1		9 [
	h. He	art failur	е							0 🗌		1		9 [
	i. Blo	od thinn	ing							0 🗆		1		9 [
	j. Str	oke								0 🗌		1		9 [
	k. Mir	ni-stroke	or TI	A						0 🗌		1		9 [
	l. Le	g pain wl	hile w	alking	or cla	audica	ation			0 🗆		1		9 [
	m. De	pression	l							0 🗆		1		9 [
	n. An	xiety								0 🗆		1		9 [
	o. Gla	aucoma								0 🗆		1		9 [
	n. Ac	lisease d	of the	thvroi	d					0 🗆		1		9 [\neg