

**F203: Baseline Medication Audit, version 03/04/05 (B)**



**SECTION A: GENERAL STUDY INFORMATION FOR OFFICE USE ONLY:**

A1. STUDY ID#: LABEL

A2. VISIT # BASELINE SCREENING.....SCRN

A3. DATE AUDIT COMPLETED: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MONTH DAY YEAR

A4. INTERVIEWER INITIALS: \_\_\_\_

A5. INTERVIEW TYPE IN-PERSON .....1

TELEPHONE .....2

**SECTION B: MEDICATION AUDIT**

B1. Are you currently taking or have you taken in the past 4 weeks, any medication **prescribed** by a medical doctor, nurse practitioner or physician's assistant?

YES ..... 1

NO ..... 2 → **SKIP TO B9**

**B2. RECORD EACH PRESCRIPTION MEDICATION BY NAME.**

I need to get a record of all your prescribed medications. Let's go through them one by one. (**PROBES:** Think about **hormones**, steroids, antibiotics, pain medications, **water pills**, **blood pressure pills**, as well as **medications that you take for your urinary incontinence**. Think about any pills that you take by mouth, or liquids that you drink. Think about aerosols that you inhale, patches that you place on your skin, or medicines you inject with a syringe. Think about suppositories, vaginal creams or a vaginal ring, drops for your eyes or ears or nasal sprays. Skin creams or salves should also be included. Some prescribed medications like aspirin are actually available without a prescription but I will list them here if a doctor or nurse prescribed them.)

**B2. All prescription medications with the exception of diuretics (blood pressure pills, water pills) and anticholinergic medications**

†SOURCE CODES: 1 = PATIENT ONLY; 3 = BOTH PATIENT AND RECORD, 5 = PT REPORT AND SENT FOR MR

	a. MEDICATION NAME (PRINT NAME PRECISELY)	b. FREQUENCY	c. START DATE	d. STOP DATE	e. SOURCE CODE†
1.		REGULARLY ..... 1    PRN ..... 2 RX'D / NOT USED ... 3    RX'D TODAY ... 4	____/____/____ MONTH   DAY   YEAR	____/____/____ MONTH   DAY   YEAR	_____
2.		REGULARLY ..... 1    PRN ..... 2 RX'D / NOT USED ... 3    RX'D TODAY ... 4	____/____/____ MONTH   DAY   YEAR	____/____/____ MONTH   DAY   YEAR	_____
3.		REGULARLY ..... 1    PRN ..... 2 RX'D / NOT USED ... 3    RX'D TODAY ... 4	____/____/____ MONTH   DAY   YEAR	____/____/____ MONTH   DAY   YEAR	_____
4.		REGULARLY ..... 1    PRN ..... 2 RX'D / NOT USED ... 3    RX'D TODAY ... 4	____/____/____ MONTH   DAY   YEAR	____/____/____ MONTH   DAY   YEAR	_____
5.		REGULARLY ..... 1    PRN ..... 2 RX'D / NOT USED ... 3    RX'D TODAY ... 4	____/____/____ MONTH   DAY   YEAR	____/____/____ MONTH   DAY   YEAR	_____
6.		REGULARLY ..... 1    PRN ..... 2 RX'D / NOT USED ... 3    RX'D TODAY ... 4	____/____/____ MONTH   DAY   YEAR	____/____/____ MONTH   DAY   YEAR	_____
7.		REGULARLY ..... 1    PRN ..... 2 RX'D / NOT USED ... 3    RX'D TODAY ... 4	____/____/____ MONTH   DAY   YEAR	____/____/____ MONTH   DAY   YEAR	_____
8.		REGULARLY ..... 1    PRN ..... 2 RX'D / NOT USED ... 3    RX'D TODAY ... 4	____/____/____ MONTH   DAY   YEAR	____/____/____ MONTH   DAY   YEAR	_____
9.		REGULARLY ..... 1    PRN ..... 2 RX'D / NOT USED ... 3    RX'D TODAY ... 4	____/____/____ MONTH   DAY   YEAR	____/____/____ MONTH   DAY   YEAR	_____
10.		REGULARLY ..... 1    PRN ..... 2 RX'D / NOT USED ... 3    RX'D TODAY ... 4	____/____/____ MONTH   DAY   YEAR	____/____/____ MONTH   DAY   YEAR	_____

**B3. All diuretics (blood pressure pills, water pills) and anticholinergic medications**

†SOURCE CODES: 1 = PATIENT ONLY; 3 = BOTH PATIENT AND RECORD, 5 = PT REPORT AND SENT FOR MR

	a. MEDICATION NAME (PRINT NAME PRECISELY)	ai. DOSE	b. FREQUENCY	c. START DATE	d. STOP DATE	e. SOURCE CODE†
1.			REGULARLY ..... 1    PRN ..... 2 RX'D / NOT USED ... 3    RX'D TODAY ... 4	____/____/____ MONTH    DAY    YEAR	____/____/____ MONTH    DAY    YEAR	_____
2.			REGULARLY ..... 1    PRN ..... 2 RX'D / NOT USED ... 3    RX'D TODAY ... 4	____/____/____ MONTH    DAY    YEAR	____/____/____ MONTH    DAY    YEAR	_____
3.			REGULARLY ..... 1    PRN ..... 2 RX'D / NOT USED ... 3    RX'D TODAY ... 4	____/____/____ MONTH    DAY    YEAR	____/____/____ MONTH    DAY    YEAR	_____
4.			REGULARLY ..... 1    PRN ..... 2 RX'D / NOT USED ... 3    RX'D TODAY ... 4	____/____/____ MONTH    DAY    YEAR	____/____/____ MONTH    DAY    YEAR	_____
5.			REGULARLY ..... 1    PRN ..... 2 RX'D / NOT USED ... 3    RX'D TODAY ... 4	____/____/____ MONTH    DAY    YEAR	____/____/____ MONTH    DAY    YEAR	_____

B4. DOES THE PATIENT REPORT OR IS THERE EVIDENCE OF USE OF A DIURETIC OR COMBINATION ANTIHYPERTENSIVE MEDICATION THAT CONTAINS A DIURETIC (I.E. WATER PILLS, BLOOD PRESSURE PILLS)? SEE ATTACHED LIST OF DIURETICS AND ANTIHYPERTENSIVE MEDICATIONS THAT CONTAIN A DIURETIC, OR CONSULT A PDR.

YES ..... 1

NO ..... 2 → **SKIP TO B5**

B4a. IF YES, DOES THE PATIENT REPORT OR IS THERE EVIDENCE OF ANY CHANGE IN THE DOSE OF THIS/THESE DIURETIC/COMBINATION ANTIHYPERTENSIVE MEDICATIONS WITHIN THE LAST 3 MONTHS? ASK,

Have you had any change in your diuretic/antihypertensive medications in the last 3 months? Think of changes that your doctor may have made in your prescription, including changes in the type of medication you take or changes in dosing.

YES ..... 1 → **INELIGIBLE\***

NO ..... 2

\*THE PATIENT MAY BE ELIGIBLE AT A LATER DATE.

B5. DOES THE PATIENT REPORT OR IS THERE EVIDENCE OF USE OF AN ANTICHOLINERGIC MEDICATION WITHIN THE LAST 4 WEEKS, SUCH AS DETROL, DITROPAN, OXYTROL PATCH, BENTYL, LEVSIN? SEE ATTACHED LIST OF ANTICHOLINERGIC MEDICATIONS OR CONSULT A PDR.

YES ..... 1➔ INELIGIBLE\*

NO ..... 2

**\*THE PATIENT MAY BE ELIGIBLE AT A LATER DATE.**

B6. DOES THE PATIENT REPORT OR IS THERE EVIDENCE OF CURRENT USE OF A CHOLINERGIC AGONIST? SEE ATTACHED LIST OF CHOLINERGIC AGONISTS OR CONSULT A PDR.

YES ..... 1➔ INELIGIBLE\*

NO ..... 2

B7. DOES THE PATIENT REPORT OR IS THERE EVIDENCE OF USE OF A TRICYCLIC ANTIDEPRESSANT WITHIN THE LAST 4 WEEKS, SUCH AS ELAVIL, PAMELOR, NORPRAMIN? SEE ATTACHED LIST OF TRICYCLIC ANTIDEPRESSANTS OR CONSULT A PDR.

YES ..... 1➔ INELIGIBLE\*

NO ..... 2

**\*THE PATIENT MAY BE ELIGIBLE AT A LATER DATE.**

B8. DOES THE PATIENT REPORT OR IS THERE EVIDENCE OF USE OF DULOXETINE WITHIN THE LAST 4 WEEKS?

YES ..... 1➔ INELIGIBLE\*

NO ..... 2

**\*THE PATIENT MAY BE ELIGIBLE AT A LATER DATE.**

B9. Are you currently taking any medications, supplements, or vitamins **not prescribed** by a physician, NP, or PA?

YES ..... 1  
NO ..... 2➔ **SKIP TO B11**

B10. **RECORD ALL NON- AND / OR SELF-PRESCRIBED MEDICATIONS. ASK:**

I need to get a record of all of these too. Let’s go through them one by one. **(PROBE:** This includes medication that you take on your own for any reason, including vitamins and supplements, medications you might take for pain relief or inflammation, or any over-the-counter hormones you may take. This also includes any medications that you might take on the advice of someone else.)

**B10. All non-prescription medications**

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	a.	b.	c.	d.	e.
	MEDICATION NAME (PRINT NAME PRECISELY)	FREQUENCY	START DATE	STOP DATE	SOURCE CODE†
1.		REGULARLY .....1 PRN ..... 2	____/____/____ MONTH DAY YEAR	____/____/____ MONTH DAY YEAR	_____
2.		REGULARLY .....1 PRN ..... 2	____/____/____ MONTH DAY YEAR	____/____/____ MONTH DAY YEAR	_____
3.		REGULARLY .....1 PRN ..... 2	____/____/____ MONTH DAY YEAR	____/____/____ MONTH DAY YEAR	_____
4.		REGULARLY .....1 PRN ..... 2	____/____/____ MONTH DAY YEAR	____/____/____ MONTH DAY YEAR	_____
5.		REGULARLY .....1 PRN ..... 2	____/____/____ MONTH DAY YEAR	____/____/____ MONTH DAY YEAR	_____

B11. DOES THE PATIENT MEET ALL ELIGIBILITY CRITERIA AS REQUIRED IN THIS FORM?

(REVIEW CODES TO ITEMS B4a, B5, B6, B7, and B8)

YES..... 1➔ **CONTINUE SCREENING**  
NO..... 2➔ **INELIGIBLE; END SCREENING**

## Attachment A

HORMONE REPLACEMENT THERAPIES	
ESTROGENS	PROGESTERONES
Conjugated Estrogen ( <b>Premarin, Cenestin</b> )	Medroxyprogesterone ( <b>Provera, Cycrin</b> )
Estradiol ( <b>Estrace</b> )	Micronized Progesterone ( <b>Prometrium</b> )
Estropipate ( <b>Ogen, Ortho-Est</b> )	
<b>Estratab</b>	COMBINATION ESTROGEN AND PROGESTERONE
<b>Menest</b>	<b>Prempro</b>
Transdermal Systems ( <b>Alora, Climara, Estraderm, FemPatch, Vivelle</b> )	<b>Premphase</b>
Ethinyl Estradiol ( <b>Estinyl</b> )	<b>Estratest</b>
Estrone ( <b>Kestrone, Primestrin, EstraGyn 5</b> )	<b>Activella</b>
Estradiol Vaginal Ring ( <b>Estring</b> )	<b>Combipatch</b>
Estradiol Vaginal Tablet ( <b>Vagifem</b> )	<b>Ortho-Prefest</b>
Estrogen Cream ( <b>Premarin, Estace, Ogen</b> )	<b>Menogen</b>
	SERMS
	Raloxifene ( <b>Evista</b> )
	Nolvadex ( <b>Tamoxifen</b> )

## Attachment B

DIURETICS AND ANTIHYPERTENSIVE COMBO DRUGS
“ <b>Water pills</b> ”
“ <b>Blood pressure pills</b> ”
Atenolol-chlorthalidone ( <b>Tenoretic</b> )
Benazepril – hydrochlorothiazide ( <b>Lotensin</b> )
Bisoprolol- hydrochlorothiazide ( <b>Ziac</b> )
Bumetanide ( <b>Bumex</b> )
Captopril-hydrochlorothiazide ( <b>Vasoretic</b> )
Chlorothiazide
Enalapril- hydrochlorothiazide ( <b>Prinizide</b> )
Furosemide ( <b>Lasix</b> )
Hydrochlorothiazide ( <b>HCTZ</b> )
Lisinopril- hydrochlorothiazide ( <b>Zestoretic</b> )
Losartan- hydrochlorothiazide ( <b>Hyzaar</b> )
Polythiazide
Prazosin-polythiazide ( <b>Minizide</b> )
Propanolol- hydrochlorothiazide ( <b>Inderide</b> )
Spironolactone ( <b>Aldactone</b> )
Triamterene / HCTZ

ANTICHOLINERGIC MEDICATIONS
Amitriptyline ( <b>Elavil</b> )
Belladonna alkaloids/Phenobarbital ( <b>Donnatal</b> )
Clidinium ( <b>Quarzan</b> )
Dicyclomine ( <b>Bentyl</b> )
Glycopyrrolate Tablets ( <b>Robinul, Robinul Forte</b> )
Homatropine ( <b>Homapin</b> )
Hyoscyamine (A-Spas S/L, Anaspaz, Cystospaz, Donnamar, ED-Spaz, Gastrosed, Hyco elixir, Hyosyne, Hysosol, Hyospaz, Levid, Levsin, Levsinex Timecaps, Levsin/SL, Losamine, Medispaz, Spacol, Spasdel, Symax SL)
Hyoscyamine sulfate ( <b>Cystospaz-M</b> )
Imipramine ( <b>Tofranil</b> )
Mepenzolate ( <b>Cantil</b> )
Oxybutynin ( <b>Ditropan, Oxytrol patch</b> )
Propantheline ( <b>Banthine</b> )
Propantheline Bromide ( <b>Pro-Banthine</b> )
Tolterodine ( <b>Detrol</b> )

## Attachment C

CHOLINERGIC AGONISTS	TRICYCLIC ANTIDEPRESSANTS
Donepezil ( <b>Aricept</b> )	Amitriptyline ( <b>Elavil, Endep</b> )
Tacrine ( <b>Cognex</b> )	Amoxapine ( <b>Asendin</b> )
Pyridostigmine ( <b>Mestinon</b> )	Clomipramine ( <b>Anafranil</b> )
Rivastigmine ( <b>Exelon</b> )	Desipramine ( <b>Norpramin, Pertofrane</b> )
Galantamine ( <b>Reminyl</b> )	Doxepin ( <b>Adapin, Sinequan</b> )
Neostigmine ( <b>Prostigmin</b> )	Imipramine ( <b>Janamine, Tofranil</b> )
Edrophonium ( <b>Tensilon</b> )	Imipramine Pamoate ( <b>Tofranil PM</b> )
	Nortriptyline ( <b>Aventyl, Pamelor</b> )
	Protriptyline ( <b>Vivactil</b> )
	Trimipramine ( <b>Surmontil</b> )