

# MEDICATION AND SUPPLEMENT INVENTORY (MEDS)

## Chronic Kidney Disease in Children (CKiD)

### SECTION A: GENERAL INFORMATION

A1. PARTICIPANT ID: ENTER NUMBER ONLY IF LABEL IS NOT AVAILABLE

|\_| - |\_|\_| - |\_|\_|\_|

A2. CKiD VISIT #:

\_\_ \_\_

A3. FORM VERSION:

1 0 / 0 1 / 1 2

A4. DATE OF VISIT:

\_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_

M M D D Y Y Y Y

A5. INTERVIEWER'S INITIALS:

\_\_ \_\_ \_\_

A6. Who completed this form?

Child/young adult ..... 1  
Parent..... 2  
Both (Parent and Child/young adult) 3  
Other..... 4

A7. Has the child taken any medications in the last 30 days?

Yes..... 1 → (If medication is in the form of a Pill/Tablet/Patch/Powder skip to A9 on page 2, otherwise skip to A9 on page 3)  
No..... 2

A8. Were there any medications that your child was supposed to take but did not take in the past 30 days?

Yes..... 1 → (If medication is in the form of a Pill/Tablet/Patch/Powder continue to A9 on page 2, otherwise go to A9 on page 3)  
No..... 2 (END FORM HERE)

**Instructions:** The family should have brought the bottles/packages of all medications *and any herbal remedies, health supplements, vitamins, etc.* that the child has taken *in the last 30 days prior* to the baseline study visit. The interviewer should confirm that all medications are present, and examine the medication and supplement packages to complete this form.

Please **complete Section B for each of the medications the child has taken, or was supposed to take in the last 30 days.**

If medication is in the form of a Pill, Tablet, Patch, or Powder complete **Question A9 and Section B on page 2.**

If medication is in the form of Drops, Inhaler/Spray, Nebulizer, Rectal Formulation or Liquid (syrup, gel, cream, lotion, injection), complete **Question A9 on page 3 and Section B on page 3.**

Only one medication may be recorded on each page. Therefore, additional copies are provided in the binder. Please note that sites may have to make more copies, as needed.

# MEDICATION AND SUPPLEMENT INVENTORY (MEDS)

## Pill/Tablet/Patch/Powder

**A9. What is the DRUG's form?** Pill/Tablet/Patch/Powder.... 1 (If drug form is NOT a Pill/Tablet/Patch/Powder, go to page 3)

### Section B: Pill/Tablet/Patch/Powder

	B1a. Medication (Brand Name and/or Generic)	B1b. Drug Code: (see medication coding sheets provided in the binder)	B1c. How is the drug taken <sup>a</sup> ? (see ADMINISTRATION codes on page 4)	B2. Individual Dose	B3. Units <sup>b</sup> (see UNITS codes on page 4)	B5. What is the frequency <sup>c</sup> that drug suppose be taken? (see FREQUENCY codes on page 4)
1		_ _ _ _	_ _	_ _ _ _ . _ _ _ _	_ _	_ _

B6. Is (DRUG) a prescribed medication?	B7. How many times did (name of child) take prescribed medication in the past 30 days?	B8. Has (name of child) missed taking (DRUG) in the past 30 days?	B9. Has (DRUG) been taken as prescribed in the past 7 days?
Yes.....1 No..... 2 (END)	_ _ _ _	Yes..... 1 No..... 2 (END)	Yes..... 1(END) No..... 2

### Section C: Medication Adherence for Prescribed Medication

<sup>d</sup> BOTHER: 1 = Never 2 = Sometimes 3 = Often 4 = Always				<sup>e</sup> RATE: 1 = Very Well 2 = Somewhat 3 = Not at all -8 = Don't know			
C2. In the past 7 days, how many times was drug missed? (If "0" skip to C3)	C2a. For the times when missed, how many times was this due to the child refusing to take medication?	C3. Does drug bother <sup>d</sup> child? (see codes listed above)	C4. How well <sup>e</sup> do you think the drug helps? (see codes listed above)	C5. Please answer the following questions by responding "never", "sometimes" or "a lot" for EACH statement. Remember your answers will be kept private. 0 = Never (N), 1 = Sometimes (S), 2 = A lot (A)			
_ _	_ _	_ _	_	a. The medication causes side effects.	0	1	2
				b. It is hard to remember to give (name of child) the (DRUG).	0	1	2
				c. It is hard to get to the pharmacy to pick up the (DRUG).	0	1	2
				d. It is hard to open the (DRUG) container.	0	1	2
				e. It is hard to get the (DRUG) refill on time.	0	1	2
				f. It is hard to remember to give (name of child) the (DRUG) on weekends.	0	1	2
				g. It is hard to pay for the (DRUG).	0	1	2
				h. The (DRUG) tastes bad.	0	1	2
				i. It hurts/is painful to take (DRUG).	0	1	2
				j. Other reason, specify: _____	0	1	2

## MEDICATION AND SUPPLEMENT INVENTORY (MEDS)

### Drop/Inhaler/Nebulizer/Rectal Formulation/Liquid (syrup, gel, cream, lotion, injection)

- A9. What is the DRUG's form?** Drop..... 2 Inhaler/Spray... 3 (Skip to B1a) Liquid (syrup/gel/cream/lotion/injections)...5 (Skip to B1a)  
 Nebulizer..... 4 (Skip to B1a) Rectal Formulation.....6 (Skip to B1a)
- A9a. If drops, where is dose delivered?**  
 Right .....1 (Skip to B1a) Left .....2 (Skip to B1a3) Both .....3 (Skip to B1a) Other.....99 (Skip to B1a 3)

#### Section B: Drop/Inhaler/Nebulizer/Rectal Formulation/Liquid (syrup, gel, cream, lotion, injection)

	B1a. Medication (Brand Name and/or Generic)	B1b. Drug Code: (see medication coding sheets provided in binder)	B1c. How is the drug taken <sup>a</sup> ? (see ADMINISTRATION codes on page 4)	B1e. Volume of the dose (or number of drops/puffs /nebulizer treatment/suppository) and indicated the units <sup>b1</sup> (see VOLUME UNITS codes on page 4)	B1f. Concentration This is a measurement unit per a specific volume. (Refer to the medication label) Indicate the measuring unit <sup>b2</sup> in the 1 <sup>st</sup> column and the volume unit <sup>b3</sup> in the 2 <sup>nd</sup> column. (see CONCENTRATION UNITS codes on page 4)		B5. What is the frequency <sup>c</sup> that drug suppose be taken? (see FREQUENCY codes on page 4)
1		_ _ - _ - _ - _	_ _ _	_ _ _ _ . _ _ _ <i>Unit:</i> _ _ _ _	_ _ _ _ . _ _ _ <i>Unit:</i> _ _ _ _	_ _ _ _ <i>Unit:</i> _ _ _ _	_ _ _

B6. Is (DRUG) a prescribed medication?	B7. How many times did (name of child) take prescribed medication in the past 30 days?	B8. Has (name of child) missed taking (DRUG) in the past 30 days?	B9. Has (DRUG) been taken as prescribed in the past 7 days?
Yes.....1 No..... 2 (END)	_ _ _ _	Yes..... 1 No..... 2 (END)	Yes..... 1(END) No..... 2

#### Section C: Medication Adherence for Prescribed Medication

<sup>d</sup> BOTHER: 1 = Never 2 = Sometimes 3 = Often 4 = Always			<sup>e</sup> RATE: 1 = Very Well 2 = Somewhat 3 = Not at all -8 = Don't know				
C2. In the past 7 days, how many times was drug missed? (If "0" skip to C3)	C2a. For the times when missed, how many times was this due to the child refusing to take medication?	C3. Does drug bother <sup>d</sup> child? (see codes listed above)	C4. How well <sup>e</sup> do you think the drug helps? (see codes listed above)	C5. Please answer the following questions by responding "never", "sometimes" or "a lot" for EACH statement. Remember your answers will be kept private. 0 = Never (N), 1 = Sometimes (S), 2 = A lot (A)			
_ _ _	_ _ _	_ _ _	_ _	a. The medication causes side effects.	0	1	2
				b. It is hard to remember to give (name of child) the (DRUG).	0	1	2
				c. It is hard to get to the pharmacy to pick up the (DRUG).	0	1	2
				d. It is hard to open the (DRUG) container.	0	1	2
				e. It is hard to get the (DRUG) refill on time.	0	1	2
				f. It is hard to remember to give (name of child) the (DRUG) on weekends.	0	1	2
				g. It is hard to pay for the (DRUG).	0	1	2
				h. The (DRUG) tastes bad.	0	1	2
				i. It hurts/is painful to take (DRUG).	0	1	2
				j. Other reason, specify: _____	0	1	2

# MEDICATION AND SUPPLEMENT INVENTORY (MEDS)

## CODES AND EXAMPLES

Codes for page 2 medication that is in the form of a Pill/Tablet/Patch/Powder

<b><sup>a</sup> ADMINISTRATION Code:</b>	1 = oral	3 = inhalation	4 = intanasal	10 = transdermal	<b>Injection:</b>	5 = intravenous	12 = intramuscular
	6 = nasogastric	7 = per rectal	9 = sublingual	11 = topical		8 = subcutaneous	13 = intradermal

<b><sup>b</sup> UNITS Code:</b>	1 = mg	2 = mcg	9 = vitamins	10 = g	11 = %	98 = other	Specify: _____
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<b><sup>c</sup> FREQUENCY Code:</b>	3 = q8 / tid (every 8 hours or 3 times/day)	6 = qod (every other day)	7 = qweek (every week)	13 = qmonth (every month)
	1 = q4 (every 4 hours)	4 = q12 / bid (every 12 hours or twice/day)	10 = triweek (3 times/week)	11 = q2week (every 2 weeks)
	2 = q6 (every 6 hours)	5 = q24 / qday (every day or once/day)	14 = biweek (2 times/week)	12 = q3week (ever 3 weeks)
				9 = PRN (as needed)
				8 = other: Specify Other: _____

	B1a. Medication (Brand Name and/or Generic)	B1b. Drug Code:	B1c. How is the drug taken <sup>a</sup> ? (see ADMINISTRATION codes)	B2. Individual Dose	B3. Units <sup>b</sup> (see UNITS codes)	B5. What is the frequency <sup>c</sup> that drug suppose be taken? (see FREQUENCY codes)
0	Tums Ultra	<u>1</u> <u>2</u> - <u>0</u> <u>1</u> - <u>0</u> <u>0</u>	_ <u>1</u>	<u>1</u> <u>0</u> <u>0</u> <u>0</u> . <u>0</u> <u>0</u>	_ <u>1</u>	_ <u>3</u>

Codes for page 3 medication that is in the form of a Drop/Inhale/Nebulizer/ Rectal Formulation/ Liquid (syrup, gel, cream, lotion, injection)

<b><sup>a</sup> ADMINISTRATION Code:</b>	1 = oral	3 = inhalation	4 = intanasal	10 = transdermal	<b>Injection:</b>	5 = intravenous	12 = intramuscular
	6 = nasogastric	7 = per rectal	9 = sublingual	11 = topical		8 = subcutaneous	13 = intradermal

<b><sup>b1</sup> Volume UNITS Code:</b>	1 = ml/cc	2 = L	3 = drop	4 =puff/nebulizer	5 = suppository	6 = grams	-1 = N/A (topical cream)	99 = Other	Specify: _____
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<b><sup>b2</sup> Concentration UNITS (1st Column):</b>	1 = mcg	2 = mg	3 = g	4 = %	5 = units	99 = Other	Specify: _____
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<b><sup>b3</sup> Concentration UNITS (2<sup>nd</sup> Column):</b>	1 = ml/cc	2 = L	3 = gm	4 =per actuation (spray/puff)	-1 = N/A (topical cream)	99 = Other	Specify: _____
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<b><sup>c</sup> FREQUENCY Code:</b>	3 = q8 / tid (every 8 hours or 3 times/day)	6 = qod (every other day)	7 = qweek (every week)	13 = qmonth (every month)
	1 = q4 (every 4 hours)	4 = q12 / bid (every 12 hours or twice/day)	10 = triweek (3 times/week)	11 = q2week (every 2 weeks)
	2 = q6 (every 6 hours)	5 = q24 / qday (every day or once/day)	14 = biweek (2 times/week)	12 = q3week (ever 3 weeks)
				9 = PRN (as needed)
				8 = other: Specify Other: _____

	B1a. Medication (Brand Name and/or Generic)	B1b. Drug Code:	B1c. How is the drug taken <sup>a</sup> ? (see ADMINISTRATION codes)	B1e. Volume of the dose (or number of drops/puffs /nebulizer treatment/suppository) and indicated the units <sup>b1</sup> (see VOLUME UNITS codes)	B1f. Concentration This is a measurement unit per a specific volume. (Refer to the medication label) Indicate the measuring unit <sup>b2</sup> in the 1 <sup>st</sup> column and the volume unit <sup>b3</sup> in the 2 <sup>nd</sup> column. (see CONCENTRATION UNITS codes)	B5. What is the frequency <sup>c</sup> that drug suppose be taken? (see FREQUENCY codes)
0	Amoxicillin suspension	<u>0</u> <u>2</u> - <u>0</u> <u>1</u> - <u>0</u> <u>0</u>	_ <u>1</u>	<u>5</u> Unit: <u>1</u>	<u>2</u> <u>5</u> <u>0</u> . <u>0</u> <u>0</u> <u>0</u> Unit: <u>2</u>	_ <u>3</u>