

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 1 / 0 1 / 1 0
- A4. DATE OF VISIT: _ _ / _ _ / _ _ _ _
M M D D Y Y Y Y
- A5. INTERVIEWER'S INITIALS: _ _ _
- A6. Is this study visit an irregular (accelerated) visit? Yes..... 1
No..... 2
- A7. Has the child taken any medications in the last 30 days? Yes..... 1 **(Skip to B1a)**
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 **(continue to B1a)**
No..... 2 **(END FORM HERE)**

SECTION B: Inventory

***Instructions:** The CKiD study is interested in obtaining information about **ALL medications**. Complete a MEDS form for each of the medications the child has taken or was supposed to have taken **in the last 30 days prior** to the study visit.

DO NOT LEAVE ANY FIELD BLANK (unless instructed to do so by skip patterns).

B1a. Medication: _____

B1b. Drug Code: _____ -- _____ -- _____ **[If DRUG is not listed on the alphabetical coding sheet and a Drug code cannot be assigned using the classification list, use drug code "99-99-99"]**

B1c. How is (DRUG) taken?

oral.....	1	injection		otic (to ear).....	15
Nasogastric tube.....	6	intravenous.....	5	ophthalmologic (to eye).....	16
G-tube/button.....	14	subcutaneous injection.....	8	Other.....	98
per rectal.....	7	intramuscular injection.....	12	Please Specify Other:	
inhalation.....	3	Intradermal injection.....	13	_____	
intranasal.....	4	transdermal	10		
sublingual.....	9	topical.....	11		

B1d. What is the DRUG's form?

Pill/Tablet/Patch/Powder....	1 (Skip to B2)	Inhaler/Spray...	3 (Skip to B1e)	Liquid (syrup/gel/cream/lotion/injections)...	5 (Skip to B1e)
Drop.....	2	Nebulizer.....	4 (Skip to B1e)	Rectal Formulation.....	6 (Skip to B1e)

B1d1. If drops, where is dose delivered?

Right1 Left2 Both3 Other.....99

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Medication Name: _____

B1e. Provide the **volume** of the dose (or number of drops/puffs/nebulizer treatments/suppository) the child takes and **circle the units**: _____

(1 tsp=5mL; 1tbsp=15mL; 1oz=30mL)

mL/cc.....	1	puff/nebulizer....	4	N/A (topical creams).....	-1
L.....	2	suppository.....	5	Other.....	99
drop.....	3	grams.....	6	Please Specify Other:	_____

B1f. Provide the **concentration** of the medication. _____ / _____

This is a **measurement unit** per a **specific volume**.
(Refer to medication label.)

mcg.....	1	mL or cc.....	1 (Skip to B5)
mg.....	2	L.....	2 (Skip to B5)
g.....	3	gm.....	3 (Skip to B5)
%.....	4	per actuation (spray/puff).....	4 (Skip to B5)
units.....	5	N/A (topical cream).....	-1 (Skip to B5)
Other.....	99	Other.....	99
Specify: _____		Specify: _____	(Skip to B5)

Indicate the measuring unit in the first column and the volume unit in the second column.

B2. Individual dose (DRUG): _____

B3. Units of (DRUG)

mg.....	1	g.....	10	Other.....	98
mcg.....	2	%.....	11	Specify Other:	_____
vitamins.....	9				

B5. What is the frequency in which (name of child) is supposed to take (DRUG)?

q4 (every 4 hours).....	1	qod (every other day).....	6	q3week (every 3 weeks)...	12
q6 (every 6 hours or 4 times/day).....	2	triweek (3 times/week).....	10	qmonth (every month).....	13
q8 / tid (every 8 hours or 3 times/day)....	3	biweek (2 times/week).....	14	PRN (as needed).....	9
q12 / bid (every 12 hours or twice/day).....	4	qweek (every week).....	7	Other.....	8
q24 / qday (every day or once/day).....	5	q2week (every 2 weeks)....	11	Specify Other:	_____

B6. Is (DRUG) a prescribed medication?

Yes.....1
No..... 2 **(END FORM HERE)**

B7. How many times did (name of child) take prescribed (DRUG) in the last 30 days? _____

B8. Has (name of child) missed taking (DRUG) as prescribed in the past 30 days?

Yes..... 1
No..... 2 → **(END FORM HERE)**
N/A..... 99

B9. Has (DRUG) been taken as prescribed in the past 7 days?

Yes..... 1 → **(DO NOT COMPLETE SECTION C)**
No..... 2
N/A..... 99 → **(DO NOT COMPLETE SECTION C)**



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Medication Name: _____

Section C: Medication Adherence for Prescribed Medication

C1. In the past 7 days, how many times did (name of child) take the (DRUG)? ____ ____

C2. In the past 7 days, how many times did (name of child) miss taking (DRUG) as prescribed? ____ ____ (If "0", skip to C3)

a. For the times when (name of child) missed taking (DRUG), how many times was this due to (name of child) refusing to take this medication? ____ ____

C3. Does (DRUG) bother (name of child)?

Never.....	1	Often.....	3
Sometimes.....	2	Always.....	4

C4. How well do you think (DRUG) helps (name of child)?

Very well.....	1	Not at all.....	3
Somewhat.....	2	Don't Know.....	-8

C5. Please answer the following questions by responding "never", "sometimes" or "a lot" for **EACH** statement. Remember your answers will be kept private.

	<u>Never</u>	<u>Sometimes</u>	<u>A lot</u>	
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.	0	1	2	N/A Skip to C6
1. Specify: _____				

C6. Who completed the medication adherence questions (i.e., questions C1-C5)?

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