

If the patient uses no other prescription or non-prescription medications, check here and STOP. (1)

3. Use of Non-Steroidal Anti-Inflammatory Medications

a) During the last month, has the patient taken any non-steroidal anti-inflammatory medications? No Yes
(1) (2)

If no, go to 4.

If yes, answer the following:

1) How many days, during the last month, has the patient taken non-steroidal anti-inflammatory medications? ___ __ days

2) Which medication was taken during this time period?

- | | | | |
|-------------|-------|---------------------------------------|-------|
| 1. Clinoril | (1) | 5. Meclomin | (5) |
| 2. Dolobid | (2) | 6. Advil, Medipren, Motrin, or Nuprin | (6) |
| 3. Feldene | (3) | 7. Naprosyn or Anaprox | (7) |
| 4. Indocin | (4) | 8. Other, (specify): _____ | (8) |

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4. Has the patient taken medication for pain? No Yes
(If yes, specify name and dose): (1) (2)

If the patient uses no other prescription or non-prescription medications, check here and STOP. (1)

5. If the patient is female ask the following:

If not, then go to 6:

a) Has the patient used oral contraceptives since the last visit? No Yes
(1) (2)

If yes, specify type of drug: _____

If yes, how long has the patient been taking oral contraceptives? ___ __ years ___ __ months

b) Has the patient taken hormone replacement therapy (HRT) (1) (2)

If no, go to 6.

If yes, answer the following:

How long has the patient taken HRT? ___ __ years ___ __ months

Does this include a progestational agent? No Yes Unsure
(1) (2) (3)

If the patient uses no other prescription or non-prescription medications, check here and STOP. (1)

6. Has the patient taken hormones? No Yes
(1) (2)

If no, go to 7.

a) Thyroid (specify): _____ (1) (2)

b) Glucocorticoids (1) (2)

c) Other, (specify): _____ (1) (2)

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7. Has the patient taken lipid lowering medications? No Yes
(1) (2)

(If yes, specify name and dose):

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8. Has the patient taken anticoagulants? No Yes
(1) (2)

(If yes, specify name and dose):

If the patient uses no other prescription or non-prescription medications, check here and STOP. (1)

9. Has the patient taken any of the following regularly? No Yes
(1) (2)

a) Tranquilizers:

Specify name and dose: _____

b) Antidepressants: (1) (2)

Specify name and dose: _____

If the patient uses no other prescription or non-prescription medications, check here and STOP. (1)

10. Has the patient taken coronary vasodilators? No Yes
(1) (2)

If yes, specify name and dose: _____

If the patient uses no other prescription or non-prescription medications, check here and STOP. (1)

11. Has the patient taken digitalis? No Yes
(1) (2)

If the patient uses no other prescription or non-prescription medications, check here and STOP. (1)

12. Has the patient taken antiarrhythmic medications? No Yes
(1) (2)

If no, go to 13.

a) Quinidine (1) (2)

b) Procaine amide (1) (2)

c) DPH (diphenylhydantoin) (1) (2)

d) Other, (specify): _____ (1) (2)

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13. Has the patient taken ACE inhibitors? No Yes
(1) (2)

If yes, does the patient take ACE inhibitor for

a) Hypertension (1) (2)

b) Nephropathy (1) (2)

 1) Macroalbuminuria (1) (2)

 2) Microalbuminuria (1) (2)

c) Prophylactic Reasons (1) (2)

14. Has the patient taken antihypertensives regularly? No Yes
(1) (2)

If yes, answer the following. If no, go to 15.

a) Diuretics (1) (2)

If yes, answer each:

 1) Hydrochlorothiazide (1) (2)

 2) Other thiazide diuretic, specify: _____ (1) (2)

 3) Furosemide (1) (2)

 4) Other loop diuretic, specify: _____ (1) (2)

 5) Metolazone (1) (2)

b) Beta blockers, specify: _____ (1) (2)

c) Labetalol (1) (2)

- | | <u>No</u> | <u>Yes</u> |
|-------------------------------------------------------|-----------|------------|
| d) Prazosin-like agents (Minipress, Minizide, Hytrin) | (1) | (2) |
| e) Hydralazine (Apresoline, Reserpine, Serpasil) | (1) | (2) |
| f) Guanabenz (Wytensin) | (1) | (2) |
| g) Clonidine (Catapress) | (1) | (2) |
| h) Methyldopa | (1) | (2) |
| i) Minoxidil | (1) | (2) |
| j) Calcium channel blockers | (1) | (2) |
| k) Other, (specify): _____ | (1) | (2) |
- Note: If patient used ACE inhibitor indicate in K) other

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- | | Right Eye | | Left Eye | |
|---------------------------------------------------------------------------|-----------|------------|-----------|------------|
| | <u>No</u> | <u>Yes</u> | <u>No</u> | <u>Yes</u> |
| 15. Has the patient used ocular medications which require a prescription? | (1) | (2) | (1) | (2) |

If no, go to 16.
If yes, answer the following:

- | | | | | |
|--------------------------|-------|-------|-------|-------|
| a) Steroid drops | (1) | (2) | (1) | (2) |
| b) Glaucoma drops | (1) | (2) | (1) | (2) |
| c) Mydriatics | (1) | (2) | (1) | (2) |
| d) Other (specify below) | (1) | (2) | (1) | (2) |

R- _____

L- _____

- | | <u>No</u> | <u>Yes</u> |
|-----------------------------------------------------------------------------|-----------|------------|
| 16. Has the patient taken any other medication(s) not previously specified? | (1) | (2) |

If, yes specify name and dose: _____
