

HALT-C Trial

Analgesics Medications History – Risk Factors AS

Form # 141 Version B: 12/03/2001

SECTION A: GENERAL INFORMATION

A1. Affix ID Label Here →

— — — - — — — — - — —

A2. Patient initials: — — — —

A3. Visit number: — — — —

A4. Visit Date: MM / DD / YYYY — — / — — / — — — —

A5. Initials of person completing Section A: — — — —

Note: This is a patient administered form.

SECTION B: ANALGESICS USE

We are interested in how certain medicines might affect liver disease.

B1. In the past 12 months have you taken any medicine for pain or inflammation (such as headaches, muscle aches, or arthritis) at least once a week? (Circle one answer below.)

- 1. Yes

- 2. No **(STOP HERE AND TURN IN FORM)**

Please look at the following list of medicines. For each medicine that you have taken at least once a week over the last 12 months, please circle the name of the medicine and the number that best describes how often you have taken it. Circle only one number for each question.

B2. PRESCRIPTION MEDICINES (brand names are shown first)

	Once a week	2 to 6 times per week	Once a day	More than once a day
a) Celebrex (celecoxib)	1	2	3	4
b) Clinoril (sulindac)	1	2	3	4
c) Daypro (oxaprozin)	1	2	3	4
d) Feldene (piroxicam)	1	2	3	4
e) Fiorinal	1	2	3	4
f) Indocin (indomethacin)	1	2	3	4
g) Motrin (ibuprofen)	1	2	3	4
h) Naprosyn (naproxen)	1	2	3	4
i) Orudis (ketoprofen)	1	2	3	4

_____ - _____ - _____

	Once a week	2 to 6 times per week	Once a day	More than once a day
j) Percodan	1	2	3	4
k) Relafen (nabumetone)	1	2	3	4
l) Vioxx (rofecoxib)	1	2	3	4

B3. NON-PRESCRIPTION MEDICINES

	Once a week	2 to 6 times per week	Once a day	More than once a day
Aspirin products:				
a) Anacin	1	2	3	4
b) Baby Aspirin	1	2	3	4
c) Bayer Aspirin	1	2	3	4
d) Generic Aspirin	1	2	3	4
e) Bufferin	1	2	3	4
f) Excedrin	1	2	3	4
g) Ecotrin	1	2	3	4
h) Alka Seltzer	1	2	3	4
i) Doan's pills	1	2	3	4
Other Aspirin products				
j) Name _____	1	2	3	4
k) Name _____	1	2	3	4

	Once a week	2 to 6 times per week	Once a day	More than once a day
Ibuprofen or Naproxin products:				
l) Advil	1	2	3	4
m) Aleve	1	2	3	4
n) Motrin	1	2	3	4
o) Nuprin	1	2	3	4
p) Medipren	1	2	3	4
q) Generic ibuprofen	1	2	3	4
r) Generic naproxin	1	2	3	4

____ - ____ - ____

We are interested in finding out if the use of medicines you described in the previous section of this questionnaire is typical of your use of these medicines in the past.

B4. For each medicine that you circled above, how did the amount you took over the last 12 months compare to what you typically took over the last 10 years (Write in the name of the medication on the line provided. Then circle the statement that most closely applies).

a) The last 12 months of _____ was
Name of first medicine circled

1. Less than what you took over the last 10 years
2. About the same as what you took over the last 10 years
3. More than what you took over the last 10 years
4. Do not know

b) The last 12 months of _____ was
Name of second medicine circled

1. Less than what you took over the last 10 years
2. About the same as what you took over the last 10 years
3. More than what you took over the last 10 years
4. Do not know

c) The last 12 months of _____ was
Name of third medicine circled

1. Less than what you took over the last 10 years
2. About the same as what you took over the last 10 years
3. More than what you took over the last 10 years
4. Do not know

d) The last 12 months of _____ was
Name of fourth medicine circled

1. Less than what you took over the last 10 years
2. About the same as what you took over the last 10 years
3. More than what you took over the last 10 years
4. Do not know