

HALT-C Trial Medications Interview

Form # 12 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 form: __ __ __ **Signature Required**

Notes:

- Complete this form at every follow-up visit.
- This form is based on a printout of the medications - part of the Visit Control Sheet - that the patient reported taking at the last visit. For new medications, please enter the medication name and its code from the Medication Code List.
- For medications the patient is no longer taking (B3, C3), after the interview, copy computer generated code and medication code from the Visit Control Sheet.

SECTION B: PRESCRIBED MEDICATIONS

ASK THE PATIENT ABOUT MEDICATIONS PRESCRIBED BY A DOCTOR OR NURSE PRACTITIONER. THIS INCLUDES ALL PRESCRIPTION MEDICATIONS INCLUDING PAIN AND INFLAMMATION MEDICATIONS THAT REQUIRE A PRESCRIPTION.

B1. Was the patient taking any prescription medication at the last study visit?
CONSULT MEDICATION LIST ON VISIT CONTROL SHEET

YES 1
NO 2 (B4)

READ LIST OF PRESCRIPTION MEDICATIONS FROM THE VISIT CONTROL SHEET AND ASK WHETHER THE PATIENT HAS STOPPED TAKING ANY OF THE MEDICATIONS

B2. Since the last visit, has the patient stopped taking any of these prescription medications?

YES 1
NO 2 (B4)

B3. Which of these medications is the patient no longer taking?

	COMPUTER GENERATED CODE FROM VCS	MEDICATION NAME
	a.	b.
1.	_____	
2.	_____	
3.	_____	
4.	_____	
5.	_____	

Patient ID: _____ - _____ - _____

B4. Is the patient currently taking any (additional) prescription medications?

INCLUDE ALL PRESCRIPTION MEDICATIONS THAT THE PATIENT MAY HAVE USED FOR ANY REASON, INCLUDING TO RELIEVE PAIN OR INFLAMMATION. THIS INCLUDES ASPIRIN PRODUCTS REQUIRING A PRESCRIPTION THAT THE PATIENT MAY HAVE TAKEN FOR HEART HEALTH REASONS.

YES 1
NO 2 (SECTION C)

B5. List the (additional) prescription medications that the patient is currently taking.

	MEDICATION NAME	MEDICATION CODE
	a.	b.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

SECTION C: NON-PRESCRIPTION – HERBAL, ALTERNATIVE, DIETARY SUPPLEMENTS, AND OTHER OVER THE COUNTER MEDICATIONS

NEXT, ASK THE PATIENT ABOUT NON-PRESCRIPTION MEDICATIONS.

C1. Was the patient taking any non-prescription medications (including alternative medications and supplements) at the last study visit? CONSULT VISIT CONTROL SHEET.

YES 1
NO 2 (C4)

READ THE LIST OF NON-PRESCRIPTION MEDICATIONS FROM THE VISIT CONTROL SHEET AND ASK WHETHER THE PATIENT HAS STOPPED TAKING ANY OF THE MEDICATIONS

C2. Since the last visit, has the patient stopped taking any of these medications?

YES 1
NO 2 (C4)

Patient ID: _____ - _____ - _____

C3. Which of these is the patient no longer taking?

	COMPUTER GENERATED CODE FROM VCS	MEDICATION NAME
	a.	b.
1.	_____	
2.	_____	
3.	_____	
4.	_____	
5.	_____	

FOR THE REST OF THIS SECTION, USE SHOW CARD #10, COMPLEMENTARY AND ALTERNATIVE MEDICATIONS.

C4. Is the patient currently taking any (additional) non-prescription medications including herbal, alternative, dietary supplements or other over the counter medications? **(SHOW CARD #10)**

YES 1
 NO 2 (END OF FROM)

C5. list them.

	MEDICATION NAME	MEDICATION CODE
	a.	c.
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Signature _____