

Participant ID:

{pid}

Date of Visit:

{d_form}

Acrostic:

{acrostic}

Administered By:

{compby}

Visit Code:

{visit_code}

Barcode:

{barcode}

1. We are interested in the prescription medications you are using. We are particularly interested in medications your doctor prescribed for you and were filled by a pharmacist. These include pills, skin patches, eye drops, creams, salves, and injections. The letter you received about this appointment asked you to bring them to the clinic. Did you bring all of the medications that you took in the last two weeks?

{mibringem}

- ()
- (1) Yes
- (2) No
- (3) Took no meds
- (9) Refused

1. {mimed1}

2. {mimed2}

3. {mimed3}

4. {mimed4}

5. {mimed5}

6. {mimed6}

7. {mimed7}

8. {mimed8}

9. {mimed9}

10. {mimed10}

11. {mimed11}

12. {mimed12}

13. {mimed13}

14. {mimed14}

15. {mimed15}

16. {mimed16}

17. {mimed17}

18. {mimed18}

19. {mimed19}

20. {mimed20}

21. {mimed21}

22. {mimed22}

23. {mimed23}

24. {mimed24}

25. {mimed25}

26. {mimed26}

27. {mimed27}

28. {mimed28}

29. {mimed29}

30. {mimed30}

31. {mimed31}

32. {mimed32}

33. {mimed33}

34. {mimed34}

35. {mimed35}

36. {mimed36}

37. {mimed37}

38. {mimed38}

39. {mimed39}

40. {mimed40}

2. During an average week, how often do you take one or more aspirin tablets? (Do not include Tylenol, Ibuprofen or similar drugs)

{miaspirin}

- ()
- (1) Never or less than 1 day per week
- (2) 1 or 2 days per week
- (3) 3-4 days per week (every other day)
- (4) 5 or 6 days per week
- (5) Every day

3. During the average week, how often do you take a calcium supplement (not in the form of a multi-vitamin)?

{micalcium}

- ()
- (1) Never or less than 1 day per week
- (2) 1 or 2 days per week
- (3) 3-4 days per week (every other day)
- (4) 5 or 6 days per week
- (5) Every day

Usual Dose Taken {micalcdse}

4. During the average week, how often do you take Vitamin D as a supplement (not in the form of a multi-vitamin)?

{mivitd}

- ()
- (1) Never or less than 1 day per week
- (2) 1 or 2 days per week
- (3) 3-4 days per week (every other day)
- (4) 5 or 6 days per week
- (5) Every day
- (6) Frequency other than weekly (specify)

Specify (i.e., monthly) {mivitd_spc}

Usual Dose Taken {mivitddse}

My Health, Part A - Medication Inventory

PID: _____ ADMINISTERED BY:

ACROSTIC: _____

VISIT: _____

DATE of VISIT: / / 20



1. We are interested in the prescription medications you are using. We are particularly interested in medications your doctor prescribed for you and were filled by a pharmacist. These include pills, skin patches, eye drops, creams, salves, and injections. The letter you received about this appointment asked you to bring them to the clinic. Did you bring all of the medications that you took in the last two weeks?

- Yes → **May I see them?**
- No → **Make arrangements to obtain.**
- Took no meds → **Go to question 2**
- Refused

1.	<input type="text"/>
2.	<input type="text"/>
3.	<input type="text"/>
4.	<input type="text"/>
5.	<input type="text"/>
6.	<input type="text"/>
7.	<input type="text"/>
8.	<input type="text"/>
9.	<input type="text"/>
10.	<input type="text"/>

Medications continued...

11.

12.

13.

14.

15.

2. During an average week, how often do you take one or more aspirin tablets? (Do not include Tylenol, Ibuprofen or similar drugs)

- Never or less than 1 day per week
- 1 or 2 days per week
- 3-4 days per week (every other day)
- 5 or 6 days per week
- Every day

3. During the average week, how often do you take a calcium supplement (not in the form of a multi-vitamin)?

- Never or less than 1 day per week
- 1 or 2 days per week
- 3-4 days per week (every other day)
- 5 or 6 days per week
- Every day

Usual Dose Taken:

mg

4. During the average week, how often do you take Vitamin D as a supplement (not in the form of a multi-vitamin)?

- Never or less than 1 day per week
- 1 or 2 days per week
- 3-4 days per week (every other day)
- 5 or 6 days per week
- Every day
- Frequency other than weekly

Usual Dose Taken:

IU

Specify (i.e., monthly)