



Value

F503: Baseline Medication Audit, version 09/08/08 (A)

SECTION A: GENERAL STUDY INFORMATION FOR OFFICE USE ONLY

A1. Study ID#:

A2. Visit #: Baseline VBAS

A3. Date Form Completed: ___/___/___
Month Day Year

A4. Study Staff Initials: _____

A5. Is this a repeat abstraction due to previously expired measures?
Yes 1 No 2

REPEAT_MEAS	Frequency	Percent	Cum Freq	Cum Percent
2:No	630	100.00	630	100.00

SECTION B: MEDICATION AUDIT

B1. Is the patient currently taking any medication for incontinence?
Yes 1
No 2 → **SKIP TO B2**

INCONT_MED S	Frequency	Percent	Cum Freq	Cum Percent
1:Yes	61	9.68	61	9.68
2:No	569	90.32	630	100.00

	a.	b.
	MEDICATION NAME (PRINT NAME PRECISELY)	FREQUENCY
1.		REGULARLY1 PRN2 RX'D /NOT USED.....3
2.		REGULARLY1 PRN2 RX'D /NOT USED.....3
3.		REGULARLY1 PRN2 RX'D /NOT USED.....3
4.		REGULARLY1 PRN2 RX'D /NOT USED.....3
5.		REGULARLY1 PRN2 RX'D /NOT USED.....3

B2. Is the patient currently taking any other medications with anticholinergic properties? Yes 1
 No 2 → **SKIP TO B3**

ACH_ME D	Frequency	Percent	Cum Freq	Cum Percent
1:Yes	51	8.10	51	8.10
2:No	579	91.90	630	100.00

	a.	b.
	MEDICATION NAME (PRINT NAME PRECISELY)	FREQUENCY
1.		REGULARLY1 PRN2 RX'D /NOT USED.....3
2.		REGULARLY1 PRN2 RX'D /NOT USED.....3
3.		REGULARLY1 PRN2 RX'D /NOT USED.....3
4.		REGULARLY1 PRN2 RX'D /NOT USED.....3
5.		REGULARLY1 PRN2 RX'D /NOT USED.....3

B3. Is the patient currently taking any diuretics or combination anti-hypertensives that include a diuretic? Yes..... 1
 No 2 **END OF FORM**

DIURETICS	Frequency	Percent	Cum Freq	Cum Percent
1:Yes	98	15.56	98	15.56
2:No	532	84.44	630	100.00

	a.	b.
	MEDICATION NAME (PRINT NAME PRECISELY)	FREQUENCY
1.		REGULARLY1 PRN2 RX'D /NOT USED.....3
2.		REGULARLY1 PRN2 RX'D /NOT USED.....3
3.		REGULARLY1 PRN2 RX'D /NOT USED.....3
4.		REGULARLY1 PRN2 RX'D /NOT USED.....3
5.		REGULARLY1 PRN2 RX'D /NOT USED.....3

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