



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

SECTION B: MEDICATION AUDIT

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

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

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

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