

FOLLOW-UP MEDICATION USE QUESTIONNAIRE

ID NUMBER:			FORM CODE: MEF VERSION: 1.0 10/21/2022	Event:
0a) Date of Colle	ection:			0b) Staff Code:
follow-up clinic	visit. Initially, I	ist all non-study m		follow-up phone call and 3-year currently taking with regularity. Do at least once per week.
the last SO • For the 3-ye	URCE contact ear follow-up c	t.		ninking back to the baseline visit as ing back to the 18-month follow-up
1) Are you regul □ No₀ → G	<u> </u>	ny medication(s)?	?	

Yes₁

1a) Total number of medications:

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NOTE: Pull the previous list of medications recorded (i.e., previously entered MED or MEF) during the participant's last SOURCE clinic visit or phone call and review with the participant. Enter all previously recorded medication(s), if applicable, and any new medication(s) the participant is taking with regularity.

MEDICATION RECORD

Begin entering the <u>Coded Medication Name</u> into <u>item (a)</u> and select the matching medication name (and dosage, if known). If the medication name is not found in the coding dictionary, enter the <u>Uncoded</u> <u>Medication Name</u> into <u>item (b)</u>. Enter the dosage <u>Strength</u> and <u>Units</u> in <u>item (c)</u> and <u>item (d)</u>, respectively, for all uncoded medications.

2)	(a) Coded Medication Name		
	(b) Uncoded Medication Name	(c) Strength	(d) Units

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Event:

3)	(a) Coded Medication Name		
	(b) Uncoded Medication Name	(c) Strength	(d) Units
4)	(a) Coded Medication Name		
	(b) Uncoded Medication Name	(c) Strength	(d) Units
5)	(a) Coded Medication Name		
	(b) Uncoded Medication Name	(c) Strength	(d) Units
\sim	(a) Octad Madiatian Name		
6)	(a) Coded Medication Name		
	(b) Uncoded Medication Name	(c) Strength	(d) Units
7)	(a) Coded Medication Name		
	(b) Uncoded Medication Name	(c) Strength	(d) Units

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Event:

8)	(a) Coded Medication Name		
	(b) Uncoded Medication Name	(c) Strength	(d) Units
9)	(a) Coded Medication Name		
3)			
	(b) Uncoded Medication Name	(c) Strength	(d) Units
10)	(a) Coded Medication Name		
	(b) Uncoded Medication Name	(c) Strength	(d) Units
11)	(a) Coded Medication Name		
	(b) Uncoded Medication Name	(c) Strength	(d) Units
12)	(a) Coded Medication Name		
	(b) Uncoded Medication Name	(c) Strength	(d) Units

ID NUMBER:									
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Event: _____

13)	(a) Coded Medication Name		
	(b) Uncoded Medication Name	(c) Strength	(d) Units

14) Are any of the medications you take for: (If Yes, verify that the <u>Medication Name</u> is on the medication record.)

14a) Asthma	<u>No₀</u> □	<u>Yes₁</u>	Don't know ₂
14b) Chronic bronchitis or emphysema			
14c) High blood sugar or diabetes			
14d) High blood pressure or hypertension			
14e) High blood cholesterol			
14f) Chest pain or angina			
14g) Abnormal heart rhythm			
14h) Heart failure			
14i) Blood thinning			
14j) Stroke			
14k) Mini-stroke or TIA			
14l) Leg pain while walking or claudication			
14m) Other			
14m1) Please specify other:			

15) Are you currently using supplemental oxygen (prescribed by your doctor) at home?

 \square No₀ \rightarrow Go to 16

Yes₁

15a) Approximately how many hours in a 24-hour period do you use oxygen?



ID NUMBER:				FORM CODE: M VERSION: 1.0 10/21		Event:
	ou are usin No₀ Ƴes₁	g nighttime	supplementa	al oxygen, do you us	e oxygen	only at night?
No, have r	ever used ntly using ₁	0	used nicotine		oy (gum,	patch, lozenge, or spray)?
☐ No, have r☐ Yes, have☐ Yes, curre	lever used used in th ntly using	0	not currently arenicline) ₂	cription medication fo	or tobacco	o cessation?
18) Are you curren ☐ No₀ → Go ☐ Yes₁		ny oral ant	ioxidant supp	lements (listed below	N)?	
18a 18b 18c 18c 18c 18f 18f 18g 18f) Vitar) Vitar) Vitar) Vitar) Zinc Copp) Fish) Ome Othe	nin A (beta nin C (asco nin D (chole nin E (alpha oer oil ga 3 r	carotene) orbic acid) ecalciferol) a-tocopherol)			
	18i [.]	1) Please s	pecify other: <u>.</u>			

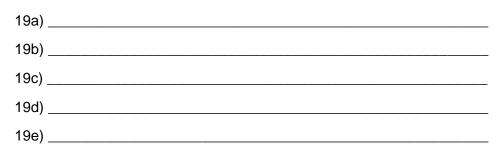
Event: _____

19) Are you currently using or have you used any other medications (prescribed or over the counter) or supplements regularly that are not listed above?

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Yes₁

If Yes, please list any other medications (prescribed or over the counter) or supplements not listed above:



END OF FORM