



Exam 6A Medications Interviewer Administered

Participant ID #:

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Acrostic:

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Technician ID:

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Date:

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Month

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Day

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Year

Section A Medication Reception

As you know, the Multi-Ethnic Study of Atherosclerosis will be describing all medications its participants are using, both prescription and over-the-counter. These include pills, liquid medications, skin patches, eye drops, creams, salves, inhalers and injections, as well as cold or allergy medications, vitamins, herbal remedies and other supplements. The letter you received about this appointment included a plastic medications bag for all your current medications and asked you to bring them to the clinic. Have you brought this bag with you? Are these all the medications that you have taken in the past two weeks?

- ☐ YES → May I see them? *Continue with Section B* ☐ NO → *Make arrangements to obtain*
- ☐ REFUSED → *Record reason for refusal in Comments Section* ☐ TOOK NO MEDICINES → *Go to end of form*

Section B Prescription Medications

1. Copy the name of the medicine, the strength (include units), and the total number of doses prescribed per day/week/month. Include all pills, skin patches, eye drops, creams, salves, injections, and inhalers (puffers).

2. On the average during the last two weeks, how many of these did you take a day/week/month?

Medication Name*Print the first 20 letters only - please print clearly***Strength (mg, IU, etc.)***Write the decimal as one of the digits***Number Prescribed***Circle: Day, Week, Month***PRN Medicine?**

Medication Name	Strength (mg, IU, etc.)	Number Prescribed	PRN Medicine?	
		__ D W M	__ Y N	__ D W M
		__ D W M	__ Y N	__ D W M
		__ D W M	__ Y N	__ D W M
		__ D W M	__ Y N	__ D W M
		__ D W M	__ Y N	__ D W M
		__ D W M	__ Y N	__ D W M
		__ D W M	__ Y N	__ D W M
		__ D W M	__ Y N	__ D W M
		__ D W M	__ Y N	__ D W M
		__ D W M	__ Y N	__ D W M
		__ D W M	__ Y N	__ D W M
		__ D W M	__ Y N	__ D W M
		__ D W M	__ Y N	__ D W M
		__ D W M	__ Y N	__ D W M
		__ D W M	__ Y N	__ D W M
		__ D W M	__ Y N	__ D W M
		__ D W M	__ Y N	__ D W M
		__ D W M	__ Y N	__ D W M
		__ D W M	__ Y N	__ D W M
		__ D W M	__ Y N	__ D W M
		__ D W M	__ Y N	__ D W M

Number unable to transcribe:

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Exam 6A Medications

Interviewer Administered

Section D Vitamin D

This participant may be eligible for the MESA INVITE study of vitamin D. To determine eligibility, a detailed inventory of vitamin D dose from all prescribed and over-the-counter medications is required.

Vitamin D may be called vitamin D3, vitamin D2, cholecalciferol, or ergocalciferol. Any of these forms of vitamin D should be recorded. The units of vitamin D dose are usually International Units, sometimes abbreviated as IU and sometimes simply called “units” or U, all of which are equal. Rarely, vitamin D dose may be given in micrograms (mcg or µg). 1 microgram is equal to 40 IU of vitamin D.

For prescription medications, vitamin D is usually prescribed alone or in combination with calcium. Please review all prescription medications to see whether vitamin D has been prescribed, with or without calcium.

For over-the-counter medications, vitamin D is often purchased as a single supplement or may be contained in multivitamins, calcium plus vitamin D supplements, and other mixed supplements. Therefore, please check labels of ALL over-the-counter supplements to determine whether they contain vitamin D.

To record dose, please list ONLY the vitamin D dose per pill, tablet, or capsule. If the pill, tablet, or capsule contains components other than vitamin D (such as calcium or other vitamins), the doses of other components are not needed, and the total dose of the pill, tablet, or capsule is not needed.

Medication name	Dose of vitamin D per pill, tablet, or capsule	IU or mcg	Number of pills taken	Per D, W, or M