



Medications
Interviewer Administered

Participant Id#:

Acrostic:

Date: / /

Section A: Medication Reception

Now we would like to ask you about prescription medications you are currently taking. We just want to know about any prescription medications that you have taken in the past two weeks. Do you have this information available now?

- Yes → First I will list the medications you told us you took previously and you can let me know if you are still taking them and if the dose is the same. Then you can tell me about any other medications you are taking now.
- No → Make arrangements to call back
- 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.

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

| Medication Name <i>Print the first 20 letters only - Please print clearly</i> | Strength(mg, IU, etc.) <i>Write the decimal as one of the digits</i> | Number Prescribed <i>Circle: Day, Week, Month</i> | PRN Medicine? | |
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Number unable to transcribe:

Comments:

For MESA Field Center Use Only:

Interviewer ID:

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Reviewer ID:

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Data Entry ID:

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