MEDICATION QUESTIONNAIRE

ID No.				-				
Form Type	M	Q	0	1				

1. **SUBJECT'S INITIALS:** ___ ___ ___

See Form 10 for Date of Interview and Reference Dates

2. **DATE OF INTERVIEW:** ___ ___ - ___ ___ - ___ ___ ___ ___
Month Day Year

A. **REFERENCE DATE:** ___ ___ - ___ ___ - ___ ___ ___ ___
(COMPLETE PRIOR TO INTERVIEW) Month Day Year

B. **REFERENCE PERIOD:** **(1)** ___ ___ - ___ ___ - ___ ___ ___ ___
(COMPLETE PRIOR TO INTERVIEW) Month Day Year
to
(2) ___ ___ - ___ ___ - ___ ___ ___ ___
Month Day Year

Now I will read slowly from a long list of things which some people have taken to improve or maintain their health. For each item, please tell me whether you have ever taken it regularly — that is, once a week for three months or more. If you have ever taken it regularly, I will ask you if you took it regularly for more than one year and whether you took it during the reference period.

IF A NAME IS GIVEN IN PARENTHESES ASK THE FIRST NAME, WHICH IS ALSO KNOWN AS (SECOND NAME).

	A				B	
	Use				One or More Years	
	Never	Ended Before Reference Period	Current or Ended in the Reference Period	Unknown	Yes	No
3. Nonprescription stool softeners (such as Ex-Lax, Metamucil, prunes)	(1)	(2) nonrx1	(3)	(4)	(1) nonmy1	(2)
4. Non-prescription medicines for indigestion	(1)	(2) nonrx2	(3)	(4)	(1) nonmy2	(2)

		A				B	
		Use				One or More Years	
		Never	Ended Before Reference Period	Current or Ended in the Reference Period	Unknown	Yes	No
5.	Non-prescription medicines for allergies	(1)	(2) nonrx3	(3)	(4)	(1)	(2) nonmy3
6.	Non-prescription medicines for coughs or colds	(1)	(2) nonrx4	(3)	(4)	(1)	(2) nonmy4
7.	Non-prescription medicines for diarrhea	(1)	(2) nonrx5	(3)	(4)	(1)	(2) nonmy5
8.	Non-prescription medicines to help you sleep	(1)	(2) nonrx6	(3)	(4)	(1)	(2) nonmy6
9.	Non-prescription vitamins and minerals	(1)	(2) nonrx7	(3)	(4)	(1)	(2) nonmy7
10.	Aspirin	(1)	(2) nonrx8	(3)	(4)	(1)	(2) nonmy8
11.	Acetaminophen (Tylenol)	(1)	(2) nonrx9	(3)	(4)	(1)	(2) nonmy9
12.	Non-prescription, non-steroidal anti-inflammatory drugs (Motrin, Advil, Alleve)	(1)	(2) nonrx10	(3)	(4)	(1)	(2) nonmy10
13.	Goldenseal (yellowroot)	(1)	(2) nonrx11	(3)	(4)	(1)	(2) nonmy11
14.	Sassafras	(1)	(2) nonrx12	(3)	(4)	(1)	(2) nonmy12
15.	Comfrey	(1)	(2) nonrx13	(3)	(4)	(1)	(2) nonmy13
16.	Bloodroot	(1)	(2) nonrx14	(3)	(4)	(1)	(2) nonmy14
17.	Tansy	(1)	(2) nonrx15	(3)	(4)	(1)	(2) nonmy15
18.	Senna	(1)	(2) nonrx16	(3)	(4)	(1)	(2) nonmy16
19.	Beth Root (birthroot)	(1)	(2) nonrx17	(3)	(4)	(1)	(2) nonmy17
20.	Ginseng (gensang)	(1)	(2) nonrx18	(3)	(4)	(1)	(2) nonmy18
21.	Ginkgo	(1)	(2) nonrx19	(3)	(4)	(1)	(2) nonmy19
22.	Echinacea	(1)	(2) nonrx20	(3)	(4)	(1)	(2) nonmy20
23.	Astragalus	(1)	(2) nonrx21	(3)	(4)	(1)	(2) nonmy21

		A				B	
		Use				One or More Years	
		Never	Ended Before Reference Period	Current or Ended in the Reference Period	Unknown	Yes	No
24.	Other herbs	(1)	(2) nonrx22	(3)	(4)	(1)	(2) nonmy22
	(1) **IF YES**, Specify which ones						
25.	Dr. John's (or Father John's) Medicine	(1)	(2) nonrx23	(3)	(4)	(1)	(2) nonmy23
26.	Black Draught	(1)	(2) nonrx24	(3)	(4)	(1)	(2) nonmy24
27.	Other traditional remedies	(1)	(2) nonrx25	(3)	(4)	(1)	(2) nonmy25
28.	Lecithin	(1)	(2) nonrx26	(3)	(4)	(1)	(2) nonmy26
29.	Clay (eating)	(1)	(2) nonrx27	(3)	(4)	(1)	(2) nonmy27
30.	Starch (eating raw starch from box)	(1)	(2) nonrx28	(3)	(4)	(1)	(2) nonmy28
31.	Other dietary supplements	(1)	(2) nonrx29	(3)	(4)	(1)	(2) nonmy29
	(1) **IF YES**, Specify which ones						
32.	Melatonin	(1)	(2) nonrx30	(3)	(4)	(1)	(2) nonmy30
33.	Coffee/tea (by this I mean at least two cups once a day for three months or more)	(1)	(2) nonrx31	(3)	(4)	(1)	(2) nonmy31

Now I want to ask some questions about your use of prescription medications.

		Yes	No	
34.	Have you ever taken any heart or blood pressure medicine?	(1)	(2)	hrtrx

IF YES, ANSWER QUESTIONS 35 - 43.
IF NO, GO TO QUESTION 44.
IF RESPONSE IN COLUMN A IS NEVER OR UNKNOWN, GO TO THE NEXT QUESTION.

		A				B	
		Use				One or More Years	
		Never	Ended Before Reference Period	Current or Ended in the Reference Period	Unknown	Yes	No
35.	Amiodarone (Cordarone)	(1)	(2) hrtrx1	(3)	(4)	(1)	(2) hrtmy1
36.	Atenolol (Tenoretic, Tenormin)	(1)	(2) hrtrx2	(3)	(4)	(1)	(2) hrtmy2
37.	Diltiazem (Cardiazem, Dilacor)	(1)	(2) hrtrx3	(3)	(4)	(1)	(2) hrtmy3
38.	Hydralazine (Apresazide, Apresoline, Serapes, Hydrazide)	(1)	(2) hrtrx4	(3)	(4)	(1)	(2) hrtmy4
39.	Methyldopa (Aldomet, Aldoclor, Aldocil)	(1)	(2) hrtrx5	(3)	(4)	(1)	(2) hrtmy5
40.	Procainamide (Procan SR)	(1)	(2) hrtrx6	(3)	(4)	(1)	(2) hrtmy6
41.	Propanolol (Inderal, Inderide)	(1)	(2) hrtrx7	(3)	(4)	(1)	(2) hrtmy7
42.	Quinidine (Cardioquin, Quinidex)	(1)	(2) hrtrx8	(3)	(4)	(1)	(2) hrtmy8
43.	Thiazide diuretics (such as Moduretic, Diazide, Hydrodiuril)	(1)	(2) hrtrx9	(3)	(4)	(1)	(2) hrtmy9

44. Did you ever take medicines to fight infections? Yes (1) No (2) infrx

IF YES, ANSWER QUESTIONS 45-46.
IF NO, GO TO QUESTION 47.

45.	Nitrofurantoin (Macrobid, Macrodantin)	(1)	(2) infrx1	(3)	(4)	(1)	(2) infmy1
46.	Penicillin	(1)	(2) infrx2	(3)	(4)	(1)	(2) infmy2
47.	Did you ever take medicines for birth control?	(1)	(2) bcrx1	(3)	(4)	(1)	(2) bcmy1

48. Did you ever take any anti-inflammatory medicine? Yes (1) No (2) ainrx

49. Did you ever take cancer treatment? (1) (2) canrx

IF YES TO QUESTION 48 OR 49, ANSWER QUESTIONS 50-58.
IF NO TO BOTH QUESTIONS 48 AND 49, GO TO QUESTION 59.

		A				B	
		Use				One or More Years	
		Never	Ended Before Reference Period	Current or Ended in the Reference Period	Unknown	Yes	No
50.	Allopurinol (Zyloprim)	(1)	(2) canrx1	(3)	(4)	(1) canmy1	(2)
51.	Alpha-Interferon (Alferon-N, Intron-A, Roferon-A)	(1)	(2) canrx2	(3)	(4)	(1) canmy2	(2)
52.	Azathioprine (Imuran)	(1)	(2) canrx3	(3)	(4)	(1) canmy3	(2)
53.	Bleomycin (Blenoxane)	(1)	(2) canrx4	(3)	(4)	(1) canmy4	(2)
54.	D-Penicillamine (Cuprimine, Depen)	(1)	(2) canrx5	(3)	(4)	(1) canmy5	(2)
55.	Gold Salts (Myochrysine, Gold Sodium Thiomalate)	(1)	(2) canrx6	(3)	(4)	(1) canmy6	(2)
56.	Methotrexate (Rheumatrex)	(1)	(2) canrx7	(3)	(4)	(1) canmy7	(2)
57.	Minocycline (Dynacin, Minocin)	(1)	(2) canrx8	(3)	(4)	(1) canmy8	(2)
58.	Vincristine (Oncovin)	(1)	(2) canrx9	(3)	(4)	(1) canmy9	(2)

59. Have you ever taken any seizure or tranquilizer medicine? Yes (1) No (2) sezrx

IF YES, ANSWER QUESTIONS 60-62.
IF NO, GO TO QUESTION 63.

60.	Carbamazepine (Tegretol)	(1)	(2) sezrx1	(3)	(4)	(1) sezmy1	(2)
61.	Diazepam (Librium, Valium)	(1)	(2) sezrx2	(3)	(4)	(1) sezmy2	(2)
62.	Phenytoin (Dilantin)	(1)	(2) sezrx3	(3)	(4)	(1) sezmy3	(2)

jntreplc

63. Have you had a joint (knee or hip) replacement? Yes (1) No (2)

IF YES, ANSWER ITEM A.
IF NO, GO TO QUESTION 64.

repl_yr

A. What year did you receive the replacement? ____ ____ ____ ____ year

silimpnt

64. Do you have or have you ever had silicone implants or injections? Yes (1) No (2)

IF YES, ANSWER ITEMS A AND B.
IF NO, GO TO QUESTION 65.

impl_yr

A. What year did you receive the implant(s) or injections? ____ ____ ____ ____ year

stil_hav

B. Do you still have the implant(s) or injections? (1) Yes (2) No

remv_yr

(1) **IF NO**, What year was (were) the implant(s) or injections removed? ____ ____ ____ ____ year

65. **INTERVIEWER:**

A. **SIGNATURE:** _____

B. **ACCESS STAFF NO.:** ____ ____ ____ - ____ ____

66. **RESEARCH COORDINATOR:**

A. **SIGNATURE:** _____

B. **ACCESS STAFF NO.:** ____ ____ ____ - ____ ____

67. **DATE FORM COMPLETED:** ____ ____ - ____ ____ - ____ ____ ____ ____
Month Day Year

FORM 14 †
Medication Questionnaire

ITEM	NAME	TYPE (LENGTH)	CODES OR UNITS
	REV	I(1)	Form Revision
	newid	F(5.1)	Patient ID
3a	NONRX1	I(1)	Use non-rx stool softeners 1=Ever 2=Never
3b	NONMY1	I(1)	> 1 yr, non-rx stool softeners 1=Yes 2=No
4a	NONRX2	I(1)	Use non-rx for indigestion 1=Ever 2=Never
4b	NONMY2	I(1)	> 1 yr, non-rx for indigestion 1=Yes 2=No
5a	NONRX3	I(1)	Use non-rx for allergies 1=Ever 2=Never
5b	NONMY3	I(1)	> 1 yr, non-rx for allergies 1=Yes 2=No
6a	NONRX4	I(1)	Use non-rx for cough/cold 1=Ever 2=Never
6b	NONMY4	I(1)	> 1 yr, non-rx for cough/cold 1=Yes 2=No
7a	NONRX5	I(1)	Use non-rx for diarrhea 1=Ever 2=Never
7b	NONMY5	I(1)	> 1 yr, non-rx for diarrhea 1=Yes 2=No
8a	NONRX6	I(1)	Use non-rx for sleep 1=Ever 2=Never
8b	NONMY6	I(1)	> 1 yr, non-rx for sleep 1=Yes 2=No
9a	NONRX7	I(1)	Use non-rx vitamins/minerals 1=Ever 2=Never
9b	NONMY7	I(1)	> 1 yr, non-rx vitamins/minerals 1=Yes 2=No
10a	NONRX8	I(1)	Use Aspirin 1=Ever 2=Never
10b	NONMY8	I(1)	> 1 yr, Aspirin 1=Yes 2=No
11a	NONRX9	I(1)	Use Acetaminophen 1=Ever 2=Never

† See Form 10 for Date of Interview and Reference Dates

FORM 14
Medication Questionnaire
(continued)

ITEM	NAME	TYPE (LENGTH)	CODES OR UNITS
11b	NONMY9	I(1)	> 1 yr, Acetaminophen 1=Yes 2=No
12a	NONRX10	I(1)	Use non-rx NSAID 1=Ever 2=Never
12b	NONMY10	I(1)	> 1 yr, non-rx NSAID 1=Yes 2=No
13a	NONRX11	I(1)	Use goldenseal (yellowroot) 1=Ever 2=Never
13b	NONMY11	I(1)	> 1 yr, goldenseal (yellowroot) 1=Yes 2=No
14a	NONRX12	I(1)	Use sassafras 1=Ever 2=Never
14b	NONMY12	I(1)	> 1 yr, sassafras 1=Yes 2=No
15a	NONRX13	I(1)	Use comfrey 1=Ever 2=Never
15b	NONMY13	I(1)	> 1 yr, comfrey 1=Yes 2=No
16a	NONRX14	I(1)	Use bloodroot 1=Ever 2=Never
16b	NONMY14	I(1)	> 1 yr, bloodroot 1=Yes 2=No
17a	NONRX15	I(1)	Use tansy 1=Ever 2=Never
17b	NONMY15	I(1)	> 1 yr, tansy 1=Yes 2=No
18a	NONRX16	I(1)	Use senna 1=Ever 2=Never
18b	NONMY16	I(1)	> 1 yr, senna 1=Yes 2=No
19a	NONRX17	I(1)	Use beth root (birthroot) X=Censored
19b	NONMY17	I(1)	> 1 yr, beth root (birthroot) X=Censored

FORM 14
Medication Questionnaire
(continued)

ITEM	NAME	TYPE (LENGTH)	CODES OR UNITS
20a	NONRX18	I(1)	Use ginseng (gensang) 1=Ever 2=Never
20b	NONMY18	I(1)	> 1 yr, ginseng (gensang) 1=Yes 2=No
21a	NONRX19	I(1)	Use ginkgo 1=Ever 2=Never
21b	NONMY19	I(1)	> 1 yr, ginkgo 1=Yes 2=No
22a	NONRX20	I(1)	Use echinacea 1=Ever 2=Never
22b	NONMY20	I(1)	> 1 yr, echinacea 1=Yes 2=No
23a	NONRX21	I(1)	Use astragalus X=Censored
23b	NONMY21	I(1)	> 1 yr, astragalus X=Censored
24a	NONRX22	I(1)	Use other herbs 1=Ever 2=Never
24b	NONMY22	I(1)	> 1 yr, other herbs 1=Yes 2=No
25a	NONRX23	I(1)	Use Dr. John's medicine 1=Ever 2=Never
25b	NONMY23	I(1)	> 1 yr, Dr. John's medicine 1=Yes 2=No
26a	NONRX24	I(1)	Use Black Draught 1=Ever 2=Never
26b	NONMY24	I(1)	> 1 yr, Black Draught 1=Yes 2=No
27a	NONRX25	I(1)	Use other traditional remedies 1=Ever 2=Never
27b	NONMY25	I(1)	> 1 yr, other trad remedies 1=Yes 2=No
28a	NONRX26	I(1)	Use lecithin 1=Ever 2=Never

FORM 14
Medication Questionnaire
(continued)

ITEM	NAME	TYPE (LENGTH)	CODES OR UNITS
28b	NONMY26	I(1)	> 1 yr, lecithin 1=Yes 2=No
29a	NONRX27	I(1)	Use clay (eating) 1=Ever 2=Never
29b	NONMY27	I(1)	> 1 yr, clay (eating) 1=Yes 2=No
30a	NONRX28	I(1)	Use starch (raw from box) 1=Ever 2=Never
30b	NONMY28	I(1)	> 1 yr, starch (raw from box) 1=Yes 2=No
31a	NONRX29	I(1)	Use dietary supplements 1=Ever 2=Never
31b	NONMY29	I(1)	> 1 yr, dietary supplements 1=Yes 2=No
32a	NONRX30	I(1)	Use melatonin 1=Ever 2=Never
32b	NONMY30	I(1)	> 1 yr, melatonin 1=Yes 2=No
33a	NONRX31	I(1)	Use coffee/tea (> 2 cups) 1=Ever 2=Never
33b	NONMY31	I(1)	> 1 yr, coffee/tea (> 2 cups) 1=Yes 2=No
34 *	HRTRX	I(1)	Ever take heart/BP medicine 1=Yes 2=No
35a	HRTRX1	I(1)	Use amiodarone X=Censored
35b	HRTMY1	I(1)	> 1 yr, amiodarone X=Censored
36a	HRTRX2	I(1)	Use atenolol 1=Ever 2=Never
36b	HRTMY2	I(1)	> 1 yr, atenolol 1=Yes 2=No

* Refer to the form for skip pattern for this item.

FORM 14
Medication Questionnaire
(continued)

ITEM	NAME	TYPE (LENGTH)	CODES OR UNITS
37a	HRTRX3	I(1)	Use diltiazem 1=Ever 2=Never
37b	HRTMY3	I(1)	> 1 yr, diltiazem 1=Yes 2=No
38a	HRTRX4	I(1)	Use hydralazine 1=Ever 2=Never
38b	HRTMY4	I(1)	> 1 yr, hydralazine 1=Yes 2=No
39a	HRTRX5	I(1)	Use methyldopa 1=Ever 2=Never
39b	HRTMY5	I(1)	> 1 yr, methyldopa 1=Yes 2=No
40a	HRTRX6	I(1)	Use procainamide X=Censored
40b	HRTMY6	I(1)	> 1 yr, procainamide X=Censored
41a	HRTRX7	I(1)	Use propanolol 1=Ever 2=Never
41b	HRTMY7	I(1)	> 1 yr, propanolol 1=Yes 2=No
42a	HRTRX8	I(1)	Use quinidine 1=Ever 2=Never
42b	HRTMY8	I(1)	> 1 yr, quinidine 1=Yes 2=No
43a	HRTRX9	I(1)	Use thiazide diuretics 1=Ever 2=Never
43b	HRTMY9	I(1)	> 1 yr, thiazide diuretics 1=Yes 2=No
44 *	INFRX	I(1)	Ever take med for infection 1=Yes 2=No
45a	INFRX1	I(1)	Use nitrofurantoin 1=Ever 2=Never

* Refer to the form for skip pattern for this item.

FORM 14
Medication Questionnaire
(continued)

ITEM	NAME	TYPE (LENGTH)	CODES OR UNITS
45b	INFMY1	I(1)	> 1 yr, nitrofurantoin 1=Yes 2=No
46a	INFRX2	I(1)	Use penicillin 1=Ever 2=Never
46b	INFMY2	I(1)	> 1 yr, penicillin X=Censored
47a	BCRX1	I(1)	Use birth control meds 1=Ever 2=Never
47b	BCMY1	I(1)	> 1 yr, birth control meds 1=Yes 2=No
48 *	AINRX	I(1)	Ever take anti-inflamm med 1=Ever 2=Never
49 *	CANRX	I(1)	Ever take cancer treatment 1=Ever 2=Never
50a	CANRX1	I(1)	Use allopurinol X=Censored
50b	CANMY1	I(1)	> 1 yr, allopurinol X=Censored
51a	CANRX2	I(1)	Use alpha-interferon X=Censored
51b	CANMY2	I(1)	> 1 yr, alpha-interferon X=Censored
52a	CANRX3	I(1)	Use azathioprine X=Censored
52b	CANMY3	I(1)	> 1 yr, azathioprine X=Censored
53a	CANRX4	I(1)	Use bleomycin X=Censored
53b	CANMY4	I(1)	> 1 yr, bleomycin X=Censored
54a	CANRX5	I(1)	Use d-penicillamine X=Censored

* Refer to the form for skip pattern for this item.

FORM 14
Medication Questionnaire
(continued)

ITEM	NAME	TYPE (LENGTH)	CODES OR UNITS
54b	CANMY5	I(1)	> 1 yr, d-penicillamine X=Censored
55a	CANRX6	I(1)	Use gold salts X=Censored
55b	CANMY6	I(1)	> 1 yr, gold salts X=Censored
56a	CANRX7	I(1)	Use methotrexate X=Censored
56b	CANMY7	I(1)	> 1 yr, methotrexate X=Censored
57a	CANRX8	I(1)	Use minocycline X=Censored
57b	CANMY8	I(1)	> 1 yr, minocycline X=Censored
58a	CANRX9	I(1)	Use vincristine X=Censored
58b	CANMY9	I(1)	> 1 yr, vincristine X=Censored
59 *	SEZRX	I(1)	Ever take seizure/tranq med 1=Yes 2=No
60a	SEZRX1	I(1)	Use carbamazepine X=Censored
60b	SEZMY1	I(1)	> 1 yr, carbamazepine X=Censored
61a	SEZRX2	I(1)	Use diazepam 1=Ever 2=Never
61b	SEZMY2	I(1)	> 1 yr, diazepam 1=Yes 2=No
62a	SEZRX3	I(1)	Use phenytoin X=Censored
62b	SEZMY3	I(1)	> 1 yr, phenytoin X=Censored

* Refer to the form for skip pattern for this item.

FORM 14
Medication Questionnaire
(continued)

ITEM	NAME	TYPE (LENGTH)	CODES OR UNITS
63 *	JNTREPLC	I(1)	Had a joint replacement X=Censored
63a	REPL_YR	F(6.2)	Years from enrollment to joint replacement X=Censored
64 *	SILIMPNT	I(1)	Had silicone implants/injections X=Censored
64a	IMPL_YR	F(6.2)	Years from enrollment to silicone implt/inject X=Censored
64b	STIL_HAV	I(1)	Still have implt/inject X=Censored
64b1	REMV_YR	F(6.2)	Years from enrollment to implt/inject removed X=Censored

* Refer to the form for skip pattern for this item.