



# Exam 6 Plus Medications Interviewer Administered

Participant ID #:

Acrostic:

Technician ID:

Date:

Month

Day

Year

## Section A Medication Reception

您知道，动脉硬化多種族研究將敘述參加者服用的所有醫生處方和櫃臺購買藥品，包括片劑，液體藥品，皮膚貼劑，滴眼液，藥膏，油膏，噴霧劑，針劑，感冒和過敏藥物，維他命，草藥和其它。在您收到的關於這次訪問的信件中，有一個用來裝您所有目前服用藥品的塑料袋。我們請您將這個裝有服用藥的袋子帶到診所來。您帶來這個袋子了嗎？這些是您在此之前兩週服用過的全部藥品嗎？

☐ YES我可以看看嗎？ *Continue with Section B*☐ NO*Make arrangements to obtain*☐ REFUSED*Record reason for refusal in Comments Section*☐ TOOK NO*Go to end of form*

MEDICINES

## 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. 在過去兩週內，您平均每天/每週/每月使用這些藥的份量？

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?


 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:

## Section C Over-the-Counter Medications

3. Copy the name of the medicine, the strength (include units), and the total number of doses prescribed per day/week/month. Include all pills, liquid medications, eye drops, creams, salves, inhalers (puffers), and supplements.

4. 在過去兩週內，您平均每天/每週/每月使用這些藥的份量？

**Medication Name**

*Print the first 20 letters only - please print clearly*

[illegible]

Strength (mg, IU, etc.)

Write the decimal as one of the digits

[illegible]

Number unable to transcribe:

|  |  |
|--|--|
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|--|--|

Comments: \_\_\_\_\_



## Exam 6 Plus 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 |
|-----------------|--|-----------|-----------------------|----------------|
|                 |  |           |                       |                |
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