

# Medications

Record ID \_\_\_\_\_

**NOTES: No recreational drugs here, as drugs used for illicit / recreational purposes should be assessed on the NIDA-modified ASSIST. If participant indicates recreational drug use here, may need to review ASSIST and update that form.**

**For intake, collect all prescription medication information, using the form below. For the RISE study, we are not asking about over-the-counter supplements, vitamins, etc.**

**At subsequent visits, just ask if there have been any changes since the last visit? New medications? Stopped any medications they were taking, etc**

**When there are changes, use the comment log field to report on changes/additions.**

"Now I want to ask you about medications."

"Are you allergic to any medications?"

- No  
 Yes

"What medication(s), and what type of reaction do you have?"  
(If more than 1, include all here.)

"Do you use or take any medications prescribed by a Health Care Provider on a regular basis?"

- Yes  
 No

"Now let's build a list of all of the prescription medications you currently take. Let's start with prescription medicines you've taken every day or some days in the past two weeks. "

Med 01 - Name:

What's the name of the medication? And what dose do you take?

\_\_\_\_\_  
(\* after finding in ontology, confirm name, dose, and route (e.g., varenicline 1 mg oral tablet))

This information is from:

- Patient report     Pill bottle or prescription

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"How often do you take [medname01]?"

- As Needed (PRN)    Once a day, morning (QAM)    Once a day, bedtime (QPM)  
 Once a day (QD)    Twice a day (BID)  
 Three times a day (or every 8 hours; TID)  
 Four times a day (or every 6 hours; QID)  
 Other

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"Why do you take [medname01]?"

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"When did you start taking [medname01]?"

\_\_\_\_\_  
(If exact date is unclear, ask for best estimate.  
If can't remember month, enter July. If can't  
remember day, enter 15.)

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If participant reports stopping the med, enter stop date:

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Are you taking another medication?

- Yes  
 No

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Med 02 - Name:

What's the name of the medication? And what dose do you take?

\_\_\_\_\_  
(\* after finding in ontology, confirm name, dose,  
and route (e.g., varenicline 1 mg oral tablet))

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This information is from:

- Patient report    Pill bottle or prescription

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"How often do you take [medname0]?"

- As Needed (PRN)    Once a day, morning (QAM)    Once a day, bedtime (QPM)  
 Once a day (QD)    Twice a day (BID)  
 Three times a day (or every 8 hours; TID)  
 Four times a day (or every 6 hours; QID)  
 Other

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"Why do you take [medname02]?"

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"When did you start taking [medname02]?"

\_\_\_\_\_  
(If exact date is unclear, ask for best estimate.  
If can't remember month, enter July. If can't  
remember day, enter 15.)

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If participant reports stopping the med, enter stop date:

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Are you taking another medication?

- Yes  
 No

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Med 03 - Name:

What's the name of the medication? And what dose do you take?

\_\_\_\_\_

(\* after finding in ontology, confirm name, dose, and route (e.g., varenicline 1 mg oral tablet))

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This information is from:

Patient report     Pill bottle or prescription

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"How often do you take [medname03]?"

As Needed (PRN)     Once a day, morning (QAM)     Once a day, bedtime (QPM)  
 Once a day (QD)     Twice a day (BID)  
 Three times a day (or every 8 hours; TID)  
 Four times a day (or every 6 hours; QID)  
 Other

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"Why do you take [medname03]?"

\_\_\_\_\_

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"When did you start taking [medname03]?"

\_\_\_\_\_

(If exact date is unclear, ask for best estimate. If can't remember month, enter July. If can't remember day, enter 15.)

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If participant reports stopping the med, enter stop date:

\_\_\_\_\_

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Are you taking another medication?

Yes  
 No

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Med 04 - Name:

What's the name of the medication? And what dose do you take?

\_\_\_\_\_

(\* after finding in ontology, confirm name, dose, and route (e.g., varenicline 1 mg oral tablet))

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This information is from:

Patient report     Pill bottle or prescription

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"How often do you take [medname04]?"

As Needed (PRN)     Once a day, morning (QAM)     Once a day, bedtime (QPM)  
 Once a day (QD)     Twice a day (BID)  
 Three times a day (or every 8 hours; TID)  
 Four times a day (or every 6 hours; QID)  
 Other

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"Why do you take [medname04]?"

\_\_\_\_\_

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"When did you start taking [medname04]?"

\_\_\_\_\_

(If exact date is unclear, ask for best estimate. If can't remember month, enter July. If can't remember day, enter 15.)

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If participant reports stopping the med, enter stop date:

\_\_\_\_\_

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Are you taking another medication?

- Yes  
 No

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Med 05 - Name:

What's the name of the medication? And what dose do you take?

\_\_\_\_\_  
 (\* after finding in ontology, confirm name, dose, and route (e.g., varenicline 1 mg oral tablet))

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This information is from:

- Patient report     Pill bottle or prescription

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"How often do you take [medname05]?"

- As Needed (PRN)     Once a day, morning (QAM)  
 Once a day, bedtime (QPM)  
 Once a day (QD)     Twice a day (BID)  
 Three times a day (or every 8 hours; TID)  
 Four times a day (or every 6 hours; QID)  
 Other

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"Why do you take [medname05]?"

\_\_\_\_\_

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"When did you start taking [medname05]?"

\_\_\_\_\_  
 (If exact date is unclear, ask for best estimate. If can't remember month, enter July. If can't remember day, enter 15.)

---

If participant reports stopping the med, enter stop date:

\_\_\_\_\_

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Are you taking another medication?

- Yes  
 No

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Med 06 - Name:

What's the name of the medication? And what dose do you take?

\_\_\_\_\_  
 (\* after finding in ontology, confirm name, dose, and route (e.g., varenicline 1 mg oral tablet))

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This information is from:

- Patient report     Pill bottle or prescription

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"How often do you take [medname06]?"

- As Needed (PRN)     Once a day, morning (QAM)  
 Once a day, bedtime (QPM)  
 Once a day (QD)     Twice a day (BID)  
 Three times a day (or every 8 hours; TID)  
 Four times a day (or every 6 hours; QID)  
 Other

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"Why do you take [medname06]?"

\_\_\_\_\_

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"When did you start taking [medname06]?"

\_\_\_\_\_  
(If exact date is unclear, ask for best estimate.  
If can't remember month, enter July. If can't  
remember day, enter 15.)

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If participant reports stopping the med, enter stop  
date: \_\_\_\_\_

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Are you taking another medication?

- Yes  
 No

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Med 07 - Name:

What's the name of the medication? And what dose do  
you take?

\_\_\_\_\_  
(\* after finding in ontology, confirm name, dose,  
and route (e.g., varenicline 1 mg oral tablet))

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This information is from:

- Patient report     Pill bottle or  
prescription

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"How often do you take [medname07]?"

- As Needed (PRN)     Once a day, morning  
(QAM)     Once a day, bedtime (QPM)  
 Once a day (QD)     Twice a day (BID)  
 Three times a day (or every 8 hours; TID)  
 Four times a day (or every 6 hours; QID)  
 Other

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"Why do you take [medname07]?"

\_\_\_\_\_

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"When did you start taking [medname07]?"

\_\_\_\_\_  
(If exact date is unclear, ask for best estimate.  
If can't remember month, enter July. If can't  
remember day, enter 15.)

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If participant reports stopping the med, enter stop  
date: \_\_\_\_\_

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Are you taking another medication?

- Yes  
 No

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Med 08 - Name:

What's the name of the medication? And what dose do  
you take?

\_\_\_\_\_  
(\* after finding in ontology, confirm name, dose,  
and route (e.g., varenicline 1 mg oral tablet))

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This information is from:

- Patient report     Pill bottle or  
prescription

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"How often do you take [medname08]?"

- As Needed (PRN)    Once a day, morning (QAM)    Once a day, bedtime (QPM)  
 Once a day (QD)    Twice a day (BID)  
 Three times a day (or every 8 hours; TID)  
 Four times a day (or every 6 hours; QID)  
 Other

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"Why do you take [medname08]?"

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"When did you start taking [medname08]?"

\_\_\_\_\_  
(If exact date is unclear, ask for best estimate.  
If can't remember month, enter July. If can't  
remember day, enter 15.)

---

If participant reports stopping the med, enter stop date:

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Are you taking another medication?

- Yes  
 No

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Med 09 - Name:

What's the name of the medication? And what dose do you take?

\_\_\_\_\_  
(\* after finding in ontology, confirm name, dose,  
and route (e.g., varenicline 1 mg oral tablet))

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This information is from:

- Patient report    Pill bottle or prescription

---

"How often do you take [medname09]?"

- As Needed (PRN)    Once a day, morning (QAM)    Once a day, bedtime (QPM)  
 Once a day (QD)    Twice a day (BID)  
 Three times a day (or every 8 hours; TID)  
 Four times a day (or every 6 hours; QID)  
 Other

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"Why do you take [medname09]?"

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"When did you start taking [medname09]?"

\_\_\_\_\_  
(If exact date is unclear, ask for best estimate.  
If can't remember month, enter July. If can't  
remember day, enter 15.)

---

If participant reports stopping the med, enter stop date:

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Are you taking another medication?

- Yes  
 No

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Med 10 - Name:

What's the name of the medication? And what dose do you take?

\_\_\_\_\_

(\* after finding in ontology, confirm name, dose, and route (e.g., varenicline 1 mg oral tablet))

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This information is from:

Patient report     Pill bottle or prescription

---

"How often do you take [medname10]?"

As Needed (PRN)     Once a day, morning (QAM)     Once a day, bedtime (QPM)  
 Once a day (QD)     Twice a day (BID)  
 Three times a day (or every 8 hours; TID)  
 Four times a day (or every 6 hours; QID)  
 Other

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"Why do you take [medname10]?"

\_\_\_\_\_

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"When did you start taking [medname10]?"

\_\_\_\_\_

(If exact date is unclear, ask for best estimate. If can't remember month, enter July. If can't remember day, enter 15.)

---

If participant reports stopping the med, enter stop date:

\_\_\_\_\_

---

Are you taking another medication?

Yes  
 No

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Med 11 - Name:

What's the name of the medication? And what dose do you take?

\_\_\_\_\_

(\* after finding in ontology, confirm name, dose, and route (e.g., varenicline 1 mg oral tablet))

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This information is from:

Patient report     Pill bottle or prescription

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"How often do you take [medname11]?"

As Needed (PRN)     Once a day, morning (QAM)     Once a day, bedtime (QPM)  
 Once a day (QD)     Twice a day (BID)  
 Three times a day (or every 8 hours; TID)  
 Four times a day (or every 6 hours; QID)  
 Other

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"Why do you take [medname11]?"

\_\_\_\_\_

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"When did you start taking [medname11]?"

\_\_\_\_\_

(If exact date is unclear, ask for best estimate. If can't remember month, enter July. If can't remember day, enter 15.)

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If participant reports stopping the med, enter stop date:

\_\_\_\_\_

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Are you taking another medication?

- Yes  
 No

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Med 12 - Name:

What's the name of the medication? And what dose do you take?

\_\_\_\_\_  
(\* after finding in ontology, confirm name, dose, and route (e.g., varenicline 1 mg oral tablet))

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This information is from:

- Patient report     Pill bottle or prescription

---

"How often do you take [medname12]?"

- As Needed (PRN)     Once a day, morning (QAM)  
 Once a day, bedtime (QPM)  
 Once a day (QD)     Twice a day (BID)  
 Three times a day (or every 8 hours; TID)  
 Four times a day (or every 6 hours; QID)  
 Other

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"Why do you take [medname12]?"

\_\_\_\_\_

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"When did you start taking [medname12]?"

\_\_\_\_\_  
(If exact date is unclear, ask for best estimate. If can't remember month, enter July. If can't remember day, enter 15.)

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If participant reports stopping the med, enter stop date:

\_\_\_\_\_

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If more than 12 medications , write the information for the remainder of the medications in the comments box.

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NOTE: The participant has one or more prescriptions they did not bring with them. Please make sure to note which medications do not have a script in the comments section.

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Describe any comments or changes in medications