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

"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
"Why do you take [medname01]?"	_____
"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.)
If participant reports stopping the med, enter stop date:	_____
Are you taking another medication? ◯ Yes ◯ No	
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))
This information is from:	◯ Patient report ◯ Pill bottle or prescription
"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
"Why do you take [medname02]?"	_____
"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.)
If participant reports stopping the med, enter stop date:	_____
Are you taking another medication? ◯ Yes ◯ No	

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))

This information is from:

◯ Patient report ◯ Pill bottle or prescription

"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

"Why do you take [medname03]?"

_____

"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.)

If participant reports stopping the med, enter stop date:

_____

Are you taking another medication?

◯ Yes
◯ No

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))

This information is from:

◯ Patient report ◯ Pill bottle or prescription

"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

"Why do you take [medname04]?"

_____

"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.)

If participant reports stopping the med, enter stop date:

_____

Are you taking another medication?

◯ Yes
◯ No

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))

This information is from:

◯ Patient report ◯ Pill bottle or prescription

"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

"Why do you take [medname05]?"

_____

"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:

_____

Are you taking another medication?

◯ Yes
◯ No

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))

This information is from:

◯ Patient report ◯ Pill bottle or prescription

"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

"Why do you take [medname06]?"

_____

"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.)

If participant reports stopping the med, enter stop date:

_____

Are you taking another medication?

◯ Yes
◯ No

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))

This information is from:

◯ Patient report ◯ Pill bottle or prescription

"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

"Why do you take [medname07]?"

_____

"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.)

If participant reports stopping the med, enter stop date:

_____

Are you taking another medication?

◯ Yes
◯ No

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))

This information is from:

◯ Patient report ◯ Pill bottle or prescription

"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
"Why do you take [medname08]?"	_____
"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:	_____
Are you taking another medication? ◯ Yes ◯ No	
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))
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
"Why do you take [medname09]?"	_____
"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:	_____
Are you taking another medication? ◯ Yes ◯ No	

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))
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
"Why do you take [medname10]?"	_____
"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	
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))
This information is from:	◯ Patient report ◯ Pill bottle or prescription
"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
"Why do you take [medname11]?"	_____
"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.)
If participant reports stopping the med, enter stop date:	_____

Are you taking another medication?

◯ Yes
◯ No

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))

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

"Why do you take [medname12]?"

_____

"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.)

If participant reports stopping the med, enter stop date:

_____

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

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.

Describe any comments or changes in medications