

**Data entry of the Medications (MD) form is done using the MedDB Software developed by the Univ of Seattle. Hence, the actual variable names DO NOT map one-to-one with this form.**



Keyed: ( )

Date keyed: \_\_\_ - \_\_\_ - 200  
month day year

Interviewer/Technician ID: \_\_\_

Field Site ID: CLINIC  
 Participant ID#: PPTID  
 Alpha Code: SHHS  
 Date form initiated: FORMDATE - 200  
month day year  
 Visit ID Code: F02  
 Form & revision: MD2  
 Form sequence: FORMSEQ

**A. Medication Retrieval**

"As you know, the Sleep Heart Health Study will be describing all prescription and non-prescription medications its participants are using. These include pills, skin patches, eye drops, creams, salves, and injections, as well as vitamins, cold or allergy remedies, aspirin, and Tylenol. Please show me all your medications." *(When medications are assembled)* "Are these all the medications that you took in the last two weeks?"

Yes  <sub>1</sub>   
 No  <sub>0</sub>   
 → *Go to Section C*

Took none  <sub>2</sub> → *Stop*  
 Refused  <sub>8</sub>

*Specify reason(s) for refusal and stop:*

\_\_\_\_\_

**B. Number of Medications**

*Instructions: If no PSG done, complete items a-d after completing Section C. If PSG done, complete items a and b, then complete items c and d after NM form collected.*

- a. Number of prescription and non-prescription medications able to transcribe: \_\_\_\_\_
- b. Number of medications unable to transcribe: \_\_\_\_\_
- c. Number of night medications added: \_\_\_\_\_
- d. Total number of medications for data entry: \_\_\_\_\_

**C. Prescription medications (if no prescription medications were taken, go to Section D.)**

*(Include pills, skin patches, eye drops, creams, salves, and injections.)*

	<b>a.</b> Medication name (first 20 characters only)	<b>b.</b> Dose Strength prescribed (Units: mg, mL, %, etc.)	<b>c.</b> Number of pills or unit doses prescribed per day, week, or month (circle D, W, or M)	<b>d.</b> Check if PRN	<b>e.</b> Average # of pills or unit doses used per day, week, or month in last 2 weeks (circle D, W, or M)	<b>f.</b> Check if used today	<b>g.</b> Check if used according to NM form
1.	_____	_____	___ D W M	<input type="checkbox"/>	___ D W M	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	_____	___ D W M	<input type="checkbox"/>	___ D W M	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	_____	___ D W M	<input type="checkbox"/>	___ D W M	<input type="checkbox"/>	<input type="checkbox"/>
4.	_____	_____	___ D W M	<input type="checkbox"/>	___ D W M	<input type="checkbox"/>	<input type="checkbox"/>
5.	_____	_____	___ D W M	<input type="checkbox"/>	___ D W M	<input type="checkbox"/>	<input type="checkbox"/>
6.	_____	_____	___ D W M	<input type="checkbox"/>	___ D W M	<input type="checkbox"/>	<input type="checkbox"/>
7.	_____	_____	___ D W M	<input type="checkbox"/>	___ D W M	<input type="checkbox"/>	<input type="checkbox"/>
8.	_____	_____	___ D W M	<input type="checkbox"/>	___ D W M	<input type="checkbox"/>	<input type="checkbox"/>
9.	_____	_____	___ D W M	<input type="checkbox"/>	___ D W M	<input type="checkbox"/>	<input type="checkbox"/>
10.	_____	_____	___ D W M	<input type="checkbox"/>	___ D W M	<input type="checkbox"/>	<input type="checkbox"/>
11.	_____	_____	___ D W M	<input type="checkbox"/>	___ D W M	<input type="checkbox"/>	<input type="checkbox"/>
12.	_____	_____	___ D W M	<input type="checkbox"/>	___ D W M	<input type="checkbox"/>	<input type="checkbox"/>
13.	_____	_____	___ D W M	<input type="checkbox"/>	___ D W M	<input type="checkbox"/>	<input type="checkbox"/>
14.	_____	_____	___ D W M	<input type="checkbox"/>	___ D W M	<input type="checkbox"/>	<input type="checkbox"/>
15.	_____	_____	___ D W M	<input type="checkbox"/>	___ D W M	<input type="checkbox"/>	<input type="checkbox"/>

**D. Non-Prescription medications (if no non-prescription medications were taken, stop)**

*(Include pills, skin patches, eye drops, creams, salves, and injections.)*

a. Medication name (first 20 characters only)	b. Dose  Strength prescribed (Units: mg, mL, %, etc.)	c. Average # of pills or unit doses used per day, week, or month in last 2 weeks (circle D, W, or M)	d. Check if used today	e. (Fill in after NM form collected) Check if used according to NM form
16. _____	_____	___ D W M	<input type="checkbox"/>	<input type="checkbox"/>
17. _____	_____	___ D W M	<input type="checkbox"/>	<input type="checkbox"/>
18. _____	_____	___ D W M	<input type="checkbox"/>	<input type="checkbox"/>
19. _____	_____	___ D W M	<input type="checkbox"/>	<input type="checkbox"/>
20. _____	_____	___ D W M	<input type="checkbox"/>	<input type="checkbox"/>
21. _____	_____	___ D W M	<input type="checkbox"/>	<input type="checkbox"/>
22. _____	_____	___ D W M	<input type="checkbox"/>	<input type="checkbox"/>
23. _____	_____	___ D W M	<input type="checkbox"/>	<input type="checkbox"/>
24. _____	_____	___ D W M	<input type="checkbox"/>	<input type="checkbox"/>
25. _____	_____	___ D W M	<input type="checkbox"/>	<input type="checkbox"/>
26. _____	_____	___ D W M	<input type="checkbox"/>	<input type="checkbox"/>
27. _____	_____	___ D W M	<input type="checkbox"/>	<input type="checkbox"/>
28. _____	_____	___ D W M	<input type="checkbox"/>	<input type="checkbox"/>
29. _____	_____	___ D W M	<input type="checkbox"/>	<input type="checkbox"/>
30. _____	_____	___ D W M	<input type="checkbox"/>	<input type="checkbox"/>

*Note: This section is for field site notes only. Comments will not be keyed into the database.*

**Comments:**

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**Complete Section B according to instructions listed in Section B.**