



SLEEP HEART HEALTH STUDY

NIGHT MEDICATIONS

Field Site ID: \_\_ \_\_

Participant ID#: \_\_\_\_\_

Alpha Code: \_ \_ \_ \_ \_

Date form initiated: \_\_ \_\_ - \_\_ \_\_ - 2 0 0 \_\_

Visit ID Code: F 0 2 month day year

Form & revision: N M 2

Form sequence #: \_ \_

A. Medications during the night of the sleep study

Please list all prescription, non-prescription, or other drugs and medications that you took between the time the technician recorded your medications last night and the time you got up this morning.

	a. Medication Name <i>Print the first 20 letters only -- please print clearly.</i>	b. Strength	c. Units <i>(mg, IU, %, etc.)</i>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____

B. Administrative information

Field Site Use Only

13. <sub>0</sub> Self administered Interviewer administered, in:

- <sub>1</sub> English       <sub>4</sub> Pima
- <sub>2</sub> Spanish       <sub>5</sub> Other, specify: \_\_\_\_\_
- <sub>3</sub> Lakota       <sub>6</sub> Unknown

14. Interviewer or Reviewer: \_\_\_\_\_

15. Date: \_\_ \_\_ - \_\_ \_\_ - 2 0 0 \_\_  
month day year