

February 1, 1999

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Center: _____

Patient Initials: _____, _____

Rand Number: _____

Form
completed by: _____

Please record on this form drugs that the patient is currently taking, or has taken in the past year. Medication information for follow-up visits should be reported on form W07.

A. VISIT INFORMATION

1. Date of visit: **deleted**

____/____/____
Month Day Year

B. MEDICATIONS

1. Lipid Lowering Agents:

- a. HMG co-A reductase inhibitor? **deleted**
- b. Fibric acid derivative? **deleted**
- c. Niacin (nicotinic acid)? **deleted**
- d. Resins? **deleted**
- e. Others? **deleted**

Y₁ N₃

Y₁ N₃

Y₁ N₃

Y₁ N₃

Y₁ N₃

**Question 1a-e recoded as D_LLA=1 if ANY of these questions are answered Yes
=0 if ALL are answered No**

2. Diabetes drugs:

- a. Insulin? **D_INSUL**
- b. Oral agents? **D_POHGLY**

Y₁ N₃

Y₁ N₃

3. Calcium channel blockers:

- a. dihydropyridine? **D_DIHY**
- b. Other calcium channel blockers? **D_OTHCCB**

Y₁ N₃

Y₁ N₃

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4. Other Current Medications:

- | | | |
|--|----------------|----------------|
| a. Digoxin/Lanoxin? D_DIG | Y ₁ | N ₃ |
| b. Beta blockers? D_BETA | Y ₁ | N ₃ |
| c. Nitrates, oral or topical (excluding sublingual NTG)? D_NITR | Y ₁ | N ₃ |
| d. Aspirin? deleted | Y ₁ | N ₃ |
| e. Other antiplatelet agents? deleted | Y ₁ | N ₃ |
| f. Warfarin (coumadin)? deleted | Y ₁ | N ₃ |
| g. Heparin or low molecular weight heparin (Enoxaparin)? deleted | Y ₁ | N ₃ |
| h. ACE inhibitors? D_ACE | Y ₁ | N ₃ |
| i. Diuretics? D_DIUR | Y ₁ | N ₃ |
| j. Blood pressure lowering agents other than calcium channel blockers, diuretics, beta blockers, or ACE inhibitors? D_BPLOW | Y ₁ | N ₃ |
| k. Antiarrhythmics? D_ANTIAR | Y ₁ | N ₃ |

Questions 4d,e,f,g recoded as

D_ANTICL = 1 if Yes for ANY of these questions**= 0 if No for ALL of these questions**

5. Open label medications:

- | | | |
|--|----------------|----------------|
| a. Estrogen? D_OLHRT | Y ₁ | N ₃ |
| b. Vitamin C (other than multivitamins)? D_OLVITC | Y ₁ | N ₃ |
| c. Vitamin E (other than multivitamins)? D_OLVITE | Y ₁ | N ₃ |