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| **Medication Inventory** |
| **Protocol Id** | 140301 |
| **Version #** | 1 |
| **Description of Protocol** | Participants are asked to bring all their current medications with them at the time of their appointment. For prescription medications, the interviewer records the name of the medications, the strength, the number prescribed and the actual amount taken during the last two weeks. For over-the-counter medications (including vitamins and supplements), the interviewer records the name, strength and actual amount consumed in the previous two weeks. |
| **Specific Instructions** | Researchers should review the Multi-Ethnic Study of Atherosclerosis Medication (MESA) Methods section in the Diabetes Supplemental Information for specific directions on coding medications (see Diabetes Supplemental Information [MESA Manual of Operations](file:///C%3A%5CUsers%5Chpan%5CDownloads%5Ctoolkit_content%5Csupplemental_info%5Cdiabetes%5Cadditional_info%5CMESA_Manual_of_Operations.doc)).The US Food and Drug Administration (FDA) maintains a searchable database of brand name drugs, generic drugs and therapeutic biological products which is useful in classifying the medications. |
| **Protocol Text** | **Medication Reception**As you know, the XX Study will be describing all medications its participants are using, both prescription and over-the-counter. These include pills, liquid medications; skin patches, eye drops, creams, salves, inhalers and injections, as well as cold or allergy medications, vitamins, herbal remedies and other supplements. The letter you received about this appointment included a plastic medications bag for all your current medications and asked you to bring them to the clinic. Have you brought this bag with you? Are these all the medications that you have taken in the past two weeks?         [ ] **Yes →** May I see them? *Continue with Section B*         [ ] **No →** *Make arrangements to obtain*         [ ] **Refused →**Record reason for refusal in Comments Section         [ ] **Took No MEDICINES →**Go to end of form**Prescription Medications****1**. *Copy the name of the medicine, the strength****(include units)****, and the total number of doses prescribed per day/week/month. Include all pills, skin patches, eye drops, creams, salves, and injections.*

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| **Medication Name***Print the first 20 letters only-Please print clearly* | **Strength (mg, IU, etc**.)*Write the decimal one of the digits* | **Number Prescribed***Circle: Day, Week, Month* | **PRN****Medicine?** | On the average during the last two weeks, how many of these pills did you take a day/week/month |
| 1. |   | \_\_\_D W M | Y   N | \_\_\_D W M |
| 2. |   | \_\_\_D W M | Y   N | \_\_\_D W M |
| 3. |   | \_\_\_D W M | Y   N | \_\_\_D W M |
| 4. |   | \_\_\_D W M | Y   N | \_\_\_D W M |
| 5. |   | \_\_\_D W M | Y   N | \_\_\_D W M |
| 6. |   | \_\_\_D W M | Y   N | \_\_\_D W M |
| 7. |   | \_\_\_D W M | Y   N | \_\_\_D W M |
| 8. |   | \_\_\_D W M | Y   N | \_\_\_D W M |
| 9. |   | \_\_\_D W M | Y   N | \_\_\_D W M |
| 10. |   | \_\_\_D W M | Y   N | \_\_\_D W M |
| 11. |   | \_\_\_D W M | Y   N | \_\_\_D W M |
| 12. |   | \_\_\_D W M | Y   N | \_\_\_D W M |
| 13. |   | \_\_\_D W M | Y   N | \_\_\_D W M |
| 14. |   | \_\_\_D W M | Y   N | \_\_\_D W M |
| 15. |   | \_\_\_D W M | Y   N | \_\_\_D W M |

Number unable to transcribe:[ ][ ]**Over-the-Counter Medications****3**. *Copy the name of the medicine, the strength****(include units)****, and the total number of doses prescribed per day/week/month. Include all pills, skin patches, eye drops, creams, salves, and injections.*

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| **Medication Name***Print the first 20 letters only-Please print clearly* | **Strength (mg, IU, etc**.)*Write the decimal as one of the digits* | **Number Prescribed***Circle: Day, Week, Month* | **PRN****Medicine?** | On the average during the last two weeks, how many of these pills did you take a day/week/month |
| 1. |   | \_\_\_D W M | Y   N | \_\_\_D W M |
| 2. |   | \_\_\_D W M | Y   N | \_\_\_D W M |
| 3. |   | \_\_\_D W M | Y   N | \_\_\_D W M |
| 4. |   | \_\_\_D W M | Y   N | \_\_\_D W M |
| 5. |   | \_\_\_D W M | Y   N | \_\_\_D W M |
| 6. |   | \_\_\_D W M | Y   N | \_\_\_D W M |
| 7. |   | \_\_\_D W M | Y   N | \_\_\_D W M |
| 8. |   | \_\_\_D W M | Y   N | \_\_\_D W M |
| 9. |   | \_\_\_D W M | Y   N | \_\_\_D W M |
| 10. |   | \_\_\_D W M | Y   N | \_\_\_D W M |
| 11. |   | \_\_\_D W M | Y   N | \_\_\_D W M |
| 12. |   | \_\_\_D W M | Y   N | \_\_\_D W M |
| 13. |   | \_\_\_D W M | Y   N | \_\_\_D W M |
| 14. |   | \_\_\_D W M | Y   N | \_\_\_D W M |
| 15. |   | \_\_\_D W M | Y   N | \_\_\_D W M |

Number unable to transcribe:[ ][ ]

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| Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

**Interpretation**The US Food and Drug Administration (FDA) maintains a searchable database of brand name drugs, generic drugs and therapeutic biological products that can assist with classification and action of medications. |
| **Selection Rationale** | The Diabetes WG preferred a comprehensive, interviewer-administered review of medication containers to simple questions about insulin and oral diabetes medications because respondents may be taking many medications for multiple conditions. |
| **Source** | US Department of Health and Human Services. National Institutes of Health. National Heart, Lung and Blood Institute. Multi-Ethnic Study of Arthrosclerosis (MESA) 2000. Medications. |
| **Language** | English, Mandarin Chinese, Spanish |
| **Participant** | Although this protocol was originally developed for participants between 45-84 years old, the Diabetes Working Group notes that it can be administered to adults of all ages or to children by an adult proxy. |
| **Personnel and Training Required** | The interviewer must be trained to conduct personal interviews with individuals from the general population. The interviewer must be trained and found to be competent (i.e., tested by an expert) at the completion of personal interviews. The interviewer should be trained to prompt respondents further if a "don’t know" response is provided. |
| **Equipment Needs** | These questions can be administered in a computerized or non-computerized format (i.e. pencil and paper instrument). Computer software is necessary to develop computer-assisted instruments. The interviewer will require a laptop computer/handheld computer to administer a computer-assisted questionnaire. |
| **Standards** |

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| **Standard** | **Name** | **ID** | **Source** |
| Common Data Elements (CDE) | Person Medication Inventory Assessment Description Text | 3070662 | [CDE Browser](https://cdebrowser.nci.nih.gov/CDEBrowser/search?elementDetails=9&FirstTimer=0&PageId=ElementDetailsGroup&publicId=3070662&version=1.0) |
| Logical Observation Identifiers Names and Codes (LOINC) | Medication inventory proto | 62793-5 | [LOINC](http://s.details.loinc.org/LOINC/62793-5.html?sections=Web) |

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| **General References** | American Diabetes Association (2009). Diagnosis and classification of diabetes mellitus. Diabetes Care, 32(Supplement 1), S62 - S67. |
| **Protocol Type** | Interviewer-administered questionnaire |
| **Derived Variables** | None |
| **Requirements** |

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| **Requirement Category** | **Required** |
| Average time of greater than 15 minutes in an unaffected individualAverage time of greater than 15 minutes in an unaffected individual | No |
| Major equipmentThis measure requires a specialized measurement device that may not be readily available in every setting where genome wide association studies are being conducted. Examples of specialized equipment are DEXA, Echocardiography, and Spirometry | No |
| Specialized requirements for biospecimen collectionThis protocol requires that blood, urine, etc. be collected from the study participants. | No |
| Specialized trainingThis measure requires staff training in the protocol methodology and/or in the conduct of the data analysis. | No |

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