

VISIT 4 SWIFT: LIST OF MEDICATIONS

Now we want to list all your medications, please answer as best that you can. Have you taken any medications (over the counter or prescription) over the past month?

- Yes
 No

NO.	What is the name of the medication?	What do you take it for?	Did you take it in the past 24 hours?	How often do you take this medication?	How long have you been taking this medication? (Prescription meds only, not over the counter)
Med 1			<input type="checkbox"/> Yes <input type="checkbox"/> No		_____ Months _____ Years
Med 2			<input type="checkbox"/> Yes <input type="checkbox"/> No		_____ Months _____ Years
Med 3			<input type="checkbox"/> Yes <input type="checkbox"/> No		_____ Months _____ Years
Med 4			<input type="checkbox"/> Yes <input type="checkbox"/> No		_____ Months _____ Years
Med 5			<input type="checkbox"/> Yes <input type="checkbox"/> No		_____ Months _____ Years
Med 6			<input type="checkbox"/> Yes <input type="checkbox"/> No		_____ Months _____ Years
Med 7			<input type="checkbox"/> Yes <input type="checkbox"/> No		_____ Months _____ Years
CODES				1. Few days per month 2. 1-3 times a week 3. 4-6 times a week 4. 1 a day 5. 2 a day 6. 3+ a day	