

SWIFTY ID: \_\_\_\_\_

**SWIFTY: LIST OF MEDICATIONS (ASK THE PARENT/GUARDIAN TO BRING IN A WRITTEN LIST)**

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

Yes

No

NO.	What is the name of the medication?	What do they take it for?	Did they take it in the past 24 hours?	How often do they take this medication?	How long have they been taking this medication? (Unless 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. + a day	