

REVISED RESPIRATORY MEDICATION USE

ID NUMBER:

FORM CODE: **RRM**
 VERSION: 1.0 01/31/2025

Event: _____

0a) Date of Collection: / / 0b) Staff Code:

Instructions: This form should be completed during the participant's clinic visit.

1) Are you regularly using (at least once on most days) any inhaled medications?

- No₀ → **Go to 2**
 Yes₁

If Yes, please indicate which inhaled medication(s) you use regularly (check all that apply):

- 1a) Proventil, Ventolin, ProAir (albuterol) inhaler
- 1b) Xopenex or Generic (levalbuterol) inhaler
- 1c) Atrovent (ipratropium) inhaler
- 1d) Combivent (ipratropium/albuterol) inhaler

- 1e) Flovent (fluticasone)
- 1f) Arnuity Ellipta (fluticasone)
- 1g) Qvar (beclomethasone)
- 1h) Pulmicort (budesonide)
- 1i) Asmanex (mometasone)
- 1j) Alvesco (ciclesonide)

- 1k) Serevent (salmeterol)
- 1l) Striverdi (olodaterol)

- 1n) Spiriva (tiotropium)
- 1o) Incruse (umeclidinium)
- 1p) Tudorza (aclidinium)

- 1r) Anoro Ellipta (umeclidinium-vilanterol)
- 1t) Bevespi Aerosphere (glycopyrrolate – formoterol)
- 1u) Stiolto (tiotropium-olodaterol)

- 1v) Advair (fluticasone-salmeterol)
- 1w) Breo Elipta (fluticasone-vilanterol)
- 1x) Dulera (mometasone-formoterol)
- 1y) Symbicort (budesonide-formoterol)
- 1z) Air-duo & Wixela (fluticasone- salmeterol)
- 1z1) Trelegy Ellipta (fluticasone furoate/umeclidinium/vilanterol)
- 1z1a) Breztri (budesonide/glycopyrrolate/formoterol)

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1z2) Other

1z2a) Please specify other: _____

2) Are you regularly using any nebulized medications?

No₀ → **Go to 3**

Yes₁

2a) How often (daily versus as needed when having difficulties)?

Daily₁

As needed when having difficulties₂

2b) Which medications? (check all that apply)

2b1) AccuNeb (albuterol sulfate) nebulizer

2b2) Xopenex (levalbuterol) nebulizer

2b3) Atrovent (ipratropium) nebulizer

2b4) DuoNeb (ipratropium bromide/albuterol) nebulizer

2b5) Perforomist (formoterol) nebulizer

2b6) Brovana (arformoterol) nebulizer

2b7) Pulmicort (budesonide) nebulizer

2b8) 3% Hypertonic saline

2b9) 7% Hypertonic saline

2b11) Yupelri (revefenacin)

2b12) Lonhala Magnair (glycopyrrolate)

2b13) Ohtuvayre (ensifentrine)

2b10) Other

2b10a) Please specify other: _____

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3) Are you regularly using any of the following oral medications (theophylline, roflumilast, azithromycin, zafirlukast, montelukast, or zileuton)?

- No₀ → **Go to 4**
 Yes₁

If Yes, please indicate the oral medications regularly used (check all that apply):

- 3a) Theo-24, Theochron, or generic (theophylline)
3b) Daliresp (roflumilast)
3c) Zithromax, daily or several days each week (azithromycin)
3d) Accolate (zafirlukast), Singulair (montelukast), Zyflo (zileuton)

4) Are you currently using oral corticosteroids (prednisone, Medrol, dexamethasone, hydrocortisone)?

- No₀ → **Go to 5**
 Yes₁

4a) How long have you been on this medication?

years days

5) Are you regularly using any of the following nasal sprays?

- No₀ → **Go to 6**
 Yes₁

If Yes, please indicate the nasal sprays regularly used (check all that apply):

- 5a) Omnaris, Flonase, Veramyst, Beconase, Rhinocort, Flunisolide, Nasacort (nasal steroids)
5b) Atrovent (ipratropium)
5c) Afrin (oxymetazoline)

6) Are you currently using supplemental oxygen (prescribed by your doctor) at home?

- No₀ → **Go to 7**
 Yes₁

6a) Approximately how many hours in a 24-hour period do you use oxygen?

hours

6b) If you are using nighttime supplemental oxygen, do you use oxygen only at night?

- No₀
 Yes₁

7) Are you currently using any statin medications (listed below)?

- No₀ → **Go to 8**
 Yes₁

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7a) If Yes, please indicate which statin medication you use regularly.

- Crestor (rosuvastatin)₁
- Lescol (fluvastatin)₂
- Lipitor (atorvastatin)₃
- Mevacor (lovastatin)₄
- Pravachol (pravastatin)₅
- Vytorin (ezetimibe, simvastatin)₆
- Zocor (simvastatin)₇
- Other₈

7a1) Please specify other: _____

8) Are you currently using any beta-blocker medications (listed below)?

- No₀ → **Go to 10**
- Yes₁

8a) If Yes, please indicate which beta-blocker medication you use regularly.

- Tenormin, Tenoretic (atenolol)₁
- Lopressor, Toprol (Metoprolol)₂
- Coreg (carvedilol)₃
- Trandate, Normodyne (labetalol)₄
- Inderal, Inderide (propranolol)₅
- Betapace, Sorine (Sotalol)₆
- Blocardren, Timolide (timolol)₇
- Zebeta, Ziac (isoprolol)₈
- Visken (pindolol)₉
- Other₁₀

8a1) Please specify other: _____

Note: Question 9 has been removed.

10) Are you currently using aspirin or any of the following anticoagulants?

- No₀ → **Go to 11**
- Yes₁

If Yes, please indicate aspirin or anticoagulants you use regularly? (check all that apply)

- 10a) Aspirin
- 10b) Plavix (clopedigel)
- 10c) Coumadin (warfarin)
- 10d) Xarelto, Eliquis, Pradaxa, Savaysa (rivaroxaban, apixaban, dabigatran, edoxaban)

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11) Are you currently using or have you used nicotine replacement therapy (gum, patch, lozenge, or spray)?

- No, have never used₀
- Yes, currently using₁
- Yes, have used in the past, but not currently using₂

12) Are you currently using or have you used a prescription medication for tobacco cessation?

- No, have never used₀
- Yes, have used in the past, but not currently using₁
- Yes, currently using Chantix (varenicline)₂
- Yes, currently using Zyban (bupropion)₃

12a) Are you currently using or have you used an injectable biologic?

- No, have never used₀ → **Go to End**
- Yes, currently using₁
- Yes, have used in the past, but not currently using₂

If Yes, (check all that apply):

- 12a1) Omalizumab (Xolair)
- 12a2) Dupilumab (Dupixent)
- 12a3) Mepolizumab (Nucala)
- 12a4) Benralizumab (Fasenra)
- 12a5) Reslizumab (Cinqair)
- 12a6) Tezepelumab (Tezpire)
- 12a7) Other

12b) Please specify other: _____

END OF FORM