

## REVISED RESPIRATORY MEDICATION USE

ID NUMBER:

FORM CODE: RRM  
VERSION: 1.0 09/04/2024

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?

- No<sub>0</sub> → **Go to 2**  
 Yes<sub>1</sub>

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?

No<sub>0</sub> → **Go to 3**

Yes<sub>1</sub>

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

Daily<sub>1</sub>

As needed when having difficulties<sub>2</sub>

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

2b1)  AccuNeb (albuterol sulfate) nebulizer

2b2)  Xopenex (levalbuterol) nebulizer

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2b3)  Atrovent (ipratropium) nebulizer

2b4)  DuoNeb (ipratropium bromide/albuterol) nebulizer

---

2b5)  Perforomist (formoterol) nebulizer

2b6)  Brovana (arformoterol) nebulizer

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2b7)  Pulmicort (budesonide) nebulizer

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2b8)  3% Hypertonic saline

2b9)  7% Hypertonic saline

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2b11)  Yupelri (revefenacin)

2b12)  Lonhala Magnair (glycopyrrolate)

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2b13)  Ohtuvayre (ensifentrine)

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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)?

- No<sub>0</sub> → **Go to 4**  
 Yes<sub>1</sub>

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), Zflo (zileuton)

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

- No<sub>0</sub> → **Go to 5**  
 Yes<sub>1</sub>

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

years    days

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

- No<sub>0</sub> → **Go to 6**  
 Yes<sub>1</sub>

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?

- No<sub>0</sub> → **Go to 7**  
 Yes<sub>1</sub>

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?

- No<sub>0</sub>  
 Yes<sub>1</sub>

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

- No<sub>0</sub> → **Go to 8**  
 Yes<sub>1</sub>

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

- Crestor (rosuvastatin)<sub>1</sub>
- Lescol (fluvastatin)<sub>2</sub>
- Lipitor (atorvastatin)<sub>3</sub>
- Mevacor (lovastatin)<sub>4</sub>
- Pravachol (pravastatin)<sub>5</sub>
- Vytorin (ezetimibe, simvastatin)<sub>6</sub>
- Zocor (simvastatin)<sub>7</sub>
- Other<sub>8</sub>

7a1) Please specify other: \_\_\_\_\_

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

- No<sub>0</sub> → **Go to 9**
- Yes<sub>1</sub>

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

- Tenormin, Tenoretic (atenolol)<sub>1</sub>
- Lopressor, Toprol (Metoprolol)<sub>2</sub>
- Coreg (carvedilol)<sub>3</sub>
- Trandate, Normodyne (labetalol)<sub>4</sub>
- Inderal, Inderide (propranolol)<sub>5</sub>
- Betapace, Sorine (Sotalol)<sub>6</sub>
- Blocardren, Timolide (timolol)<sub>7</sub>
- Zebeta, Ziac (isoprolol)<sub>8</sub>
- Visken (pindolol)<sub>9</sub>
- Other<sub>10</sub>

8a1) Please specify other: \_\_\_\_\_

9) Are you currently using any oral anti-oxidant supplements (listed below)?

- No<sub>0</sub> → **Go to 10**
- Yes<sub>1</sub>

If Yes, please indicate which supplement(s) you use regularly? (check all that apply)

- 9a)  Vitamin C (ascorbic acid)
- 9b)  Vitamin E (alpha-tocopherol)
- 9c)  Beta carotene
- 9d)  Zinc
- 9e)  Copper
- 9f)  Fish oil

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9g)  Omega 3

9h)  Other

9h1) Please specify other: \_\_\_\_\_

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

No<sub>0</sub> → **Go to 11**

Yes<sub>1</sub>

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)

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

No, have never used<sub>0</sub>

Yes, currently using<sub>1</sub>

Yes, have used in the past, but not currently using<sub>2</sub>

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

No, have never used<sub>0</sub>

Yes, have used in the past, but not currently using<sub>1</sub>

Yes, currently using Chantix (varenicline)<sub>2</sub>

Yes, currently using Zyban (bupropion)<sub>3</sub>

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

No, have never used<sub>0</sub> → **Go to 13**

Yes, currently using<sub>1</sub>

Yes, have used in the past, but not currently using<sub>2</sub>

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: \_\_\_\_\_

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13) Are you currently using or have you used any other medications (prescribed or over the counter) regularly in the past 3 months that are not listed above?

- No<sub>0</sub> → **Go to 14**
- Yes<sub>1</sub>

If Yes, please list any other medications (prescribed or over the counter) not listed above:

- 13a) \_\_\_\_\_
- 13b) \_\_\_\_\_
- 13c) \_\_\_\_\_
- 13d) \_\_\_\_\_
- 13e) \_\_\_\_\_
- 13f) \_\_\_\_\_
- 13g) \_\_\_\_\_
- 13h) \_\_\_\_\_
- 13i) \_\_\_\_\_

1) Are you currently using or have you used any other supplements regularly in the past 3 months that are not listed above?

- No<sub>0</sub> → **Go to End**
- Yes<sub>1</sub>

If yes, please list any other supplements not listed above:

- 14a) \_\_\_\_\_
- 14b) \_\_\_\_\_
- 14c) \_\_\_\_\_
- 14d) \_\_\_\_\_
- 14e) \_\_\_\_\_
- 14f) \_\_\_\_\_
- 14g) \_\_\_\_\_
- 14h) \_\_\_\_\_
- 14i) \_\_\_\_\_

**END OF FORM**