BASELINE MEDICATION USE QUESTIONNAIRE, MED
QUESTION BY QUESTION (QxQ), VERSION 1.0

I. GENERAL INSTRUCTIONS

The Baseline Medication Use Questionnaire (MED) is to be completed by the study coordinator during the participant's baseline clinic visit. Initially, list all non-study medications that the participant is currently taking with regularity. Do NOT list medications that are taken "as needed" (PRN), unless they are taken at least once per week.

Please answer every question on this form. *NOTE: All response options in the paper form may not appear in CDART (e.g., 'Don't know', 'Declines to answer', etc.). Beside each item input is a small double bracket icon which looks like this: ⧽⧽. Clicking this icon displays a field dialogue box in which the "Field Status" selection menu allows you to choose from the following options: 'Refused', 'No response', 'Doesn't know', 'Not applicable', 'Maximum value', 'Minimum value', and 'Missing'.* **See MOP 6 – Section 3.2 for additional instructions on how to select a Field Status option.**

Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes (e.g., enter 0.25 rather than .25).

II. INSTRUCTIONS FOR INDIVIDUAL ITEMS

Header Information: Consists of key fields which uniquely identify each subject and recorded occurrence of a form. For the "ID NUMBER", record the 3-character, 6-digit number assigned to the specific participant. For the "Event", record if this is happening at Baseline or another event.

Item 0a. Record the date the data was collected or abstracted in the MM/DD/YYYY format either by selecting the pop-up calendar in CDART or entering the date in the space provided.

Item 0b. Record the SOURCE staff code of the person who collected or abstracted the data. This code is assigned to each person at each site by the GIC. If you do not have a staff code and are collecting SOURCE data, please contact the GIC in order to receive your own individual staff code.

Item 1. Select only one option among the two possible choices. If 'No' is selected, go to Item 15.

Item 1a. Record the participant's total number of medications in the space provided. *NOTE: CDART will only open the corresponding number of medication items. For example, if you enter '04', the items for the first four medications will only be activated (i.e., Items 2-5). Entries for the additional medication items will remain greyed out (i.e., Items 6-13).*

MEDICATION RECORD

Item 2a. Record the coded medication name. CDART will automatically populate a dropdown menu with medication name(s) and dosage(s) coded in the National Drug Code (NDC) Directory to select from that may be related to the entry. **NOTE: If the medication name is not found in the coded dictionary, proceed to Items 2b-2d to manually enter the medication name and dosage.**

Item 2b. Record the uncoded medication name in the space provided.

Item 2c. Record the uncoded medication strength in the space provided.

Item 2d. Record the uncoded medication units in the space provided.

For Items 3a-3d to 13a-13d (if applicable), follow the instructions as in Items 2a-2d as the question pattern is identical. Proceed to Item 14 once all corresponding medication items are addressed.

Item 14.

    Items 14a-14m. Select only one option among the two possible choices.

        Item 14m1. Specify other reason participant takes medication if 'Yes' is selected in Item 14m.

Item 15. Select only one option among the two possible choices. If 'No' is selected, go to Item 16.

    Item 15a. Record the approximate number of hours the participant uses oxygen in a 24-hour period in the space provided.

    Item 15b. Select only one option among the two possible choices.

Item 16. Select only one option among the three possible choices.

Item 17. Select only one option among the four possible choices.

Item 18. Select only one option among the two possible choices. If 'No' is selected, go to Item 19.

    Items 18a-18i. Use the check boxes to indicate which supplement(s) the participant uses regularly.

        Item 18i1. If 'Other' is checked in Item 18i, specify other supplement the participant uses regularly.

Item 19. Select only one option among the two possible choices. If 'No' is selected, **Go to End** of the form, and **Save and Close** the form.

    Items 19a-19e. List any other medication(s) (prescribed or over the counter) or supplement(s) not already listed in this form in the space(s) provided.

Select **Save and Close** at the bottom of the page/screen.