

FORM: 44 - CURRENT MEDICATIONS (BACKUP)

Version: 4 – May 01, 2001

Description: Backup form to a direct data entry program; key-entered at Clinical Center (CC).

When used: In the event that WHILMA is not available for direct data entry of current medications.

Purpose: To collect information about current medication use.

GENERAL INSTRUCTIONS

1. If WHILMA is not available for direct data entry of current medications, use this form to record the current medication information. CCs should use this form, not a CC-generated form, for recording current medications.
2. Affix the participant's barcode label to the front of the form.
3. Review and record the medications that the participant brings to the visit. Use a second form as needed to record all her medications. Only record medications that the participant used at least once a week for the past two weeks.
4. Read the prompts A-H if the participant does not bring in or mention the corresponding medications in the prompts. If the participant responds "Yes," record information for the medication on the form as usual. If the participant takes more than one of the medications in the prompts A-H, record the additional medications on pages 1-2 of the form. Use a second form as needed. One supplement/medication that can be difficult to categorize is calcium-carbonate antacids, such as Tums[®]. If a participant is taking a calcium containing antacid on a regular basis (one or more times per week) as a calcium supplement, enter it as a supplement in the Current Supplements screen. If a participant takes antacids only occasionally for an upset stomach or heartburn, enter it as a medication in the Current Medications screen.
5. Review the form for completeness and consistency.
6. Data Entry: Refer to *Vol. 5 - Data System, Section 7.3.1 - Current Medications* for instructions on key-entering this form. Initial the first page of the form after key-entry.
7. File the key-entered form in the participant's file.

Item Instructions

1. Date of Contact Date of contact.
2. Staff ID Standard 3-digit WHI employee ID of staff member completing the form.
3. Contact Type Mark appropriate box. (See common data items.)
4. Visit Type Mark appropriate box. (See common data items.)

Repeat steps 5 through 11 for each medication.

5. Label Product Name Record the product/brand name of the medication.
6. Label Generic Name Record the generic name of the medication.
7. Dosage Form Record the dosage (medication) form such as: tablet, cream, suppository, etc.
8. Strength Record the strength of the medication being taken in units of mg, %, or specified other units.
9. Duration Record the number of days, weeks, months, or years the participant took the medication.
10. UOM Record the Unit Of Measurement for duration:
D=Day, W=Week, M=Month, Y=Year
11. If corticosteroid, taken orally and daily Answer "Yes" or "No" as appropriate.