HCHS/SOL Medication Use (MUE)

ID NUMBER:									FORM CODE: MUE VERSION: 2, 2/13/2020	Contact Occasion	0	3	Occurrence	0	1

ADMINISTRATIVE INFORMATION

0a. Completion Date: ☐☐/☐☐/☐☐☐☐ 0b. Staff ID: ☐☐☐

Instructions: *This form should be completed during the participant's visit. Enter information provided by the participant for each question. Record medication information in the "Medication record" section as it applies. Set CDART Field Status to 'Refused', 'No Response', 'Missing', etc. for those questions that do not list these values as possible answer choices.*

A. Reception

As you know, the SOL records all prescription and over-the-counter medications used in the past four weeks, including cold, allergy, vitamins, minerals and dietary supplements. These medications include solid and non-solid medications that you may swallow, inhale, apply to the skin, inject, implant, or place in the ears, eyes, nose, mouth, or any other part of the body. The materials mailed for your appointment included a bag for all your current medications and asked you to bring them to the clinic.

1. Did you bring all the medications that you used in the past four weeks, or their containers?

Yes, all of them	1 ☐	**[Go to Section B, Question 4a]**
No, some of them	2 ☐	**[Go To Section A, Question 3]**
No, none of them	3 ☐	**[Go To Section A, Question 2]**

2. Is this because you forgot, because you have not taken any medications at all in the last four weeks, or because you could not bring your medications?

Took no medication	1 ☐	**[STOP; Thank ppt. and Close form]**
Forgot or was unable to bring medication	2 ☐	*That's alright. Since the information on medications is so important, we would still like to ask you about it during the interview.*

3. May we follow up on this after the visit so that we can get the information from the other medication labels? *(Explain follow-up options)*

No or not applicable	0 ☐	**[If Q1=3, Go To Question 26]**
Yes	1 ☐	

3a. If Yes, describe method of follow-up to be used: _____

B. Medication Record

Start typing the MEDICATION NAME in Field (a) to access the medication dictionary and select the appropriate medication/strength/units. If medication name is not found in the coding dictionary, enter the name (or scan UPC code) manually in Field (b). Confirm, or carefully copy the MEDICATION NAME into (b) using upper case letters. Confirm or copy the formulation STRENGTH (weight for solids and concentration for non-solids), using periods to indicate decimal points. Confirm, or copy the UNITS used to measure strength, using upper case letters and standard abbreviations. For combination medications, use a forward slash (/) to separate active ingredients, corresponding strengths, and units.

4a. Total number of medications in bag ☐☐

#	(a) Medication name-coded	(b) Medication name-uncoded	(c) Strength	(d) Units
5.	(a) Medication name-coded	(b) Medication name-uncoded	(c) Strength	(d) Units
6.	(a) Medication name-coded	(b) Medication name-uncoded	(c) Strength	(d) Units
7.	(a) Medication name-coded	(b) Medication name-uncoded	(c) Strength	(d) Units
8.	(a) Medication name-coded	(b) Medication name-uncoded	(c) Strength	(d) Units
9.	(a) Medication name-coded	(b) Medication name-uncoded	(c) Strength	(d) Units
10.	(a) Medication name-coded	(b) Medication name-uncoded	(c) Strength	(d) Units
11.	(a) Medication name-coded	(b) Medication name-uncoded	(c) Strength	(d) Units
12.	(a) Medication name-coded	(b) Medication name-uncoded	(c) Strength	(d) Units
13.	(a) Medication name-coded	(b) Medication name-uncoded	(c) Strength	(d) Units
14.	(a) Medication name-coded	(b) Medication name-uncoded	(c) Strength	(d) Units
15.	(a) Medication name-coded	(b) Medication name-uncoded	(c) Strength	(d) Units
16.	(a) Medication name-coded	(b) Medication name-uncoded	(c) Strength	(d) Units
17.	(a) Medication name-coded	(b) Medication name-uncoded	(c) Strength	(d) Units
18.	(a) Medication name-coded	(b) Medication name-uncoded	(c) Strength	(d) Units
19.	(a) Medication name-coded	(b) Medication name-uncoded	(c) Strength	(d) Units
20.	(a) Medication name-coded	(b) Medication name-uncoded	(c) Strength	(d) Units
21.	(a) Medication name-coded	(b) Medication name-uncoded	(c) Strength	(d) Units
22.	(a) Medication name-coded	(b) Medication name-uncoded	(c) Strength	(d) Units
23.	(a) Medication name-coded	(b) Medication name-uncoded	(c) Strength	(d) Units
24.	(a) Medication name-coded	(b) Medication name-uncoded	(c) Strength	(d) Units
25.	(a) Medication name-coded	(b) Medication name-uncoded	(c) Strength	(d) Units

C. Medication Use Interview

Now I would like to ask about a few specific medications.

26. Were any of the medications you took during the last four weeks for:	**No**	**Yes**	**Unknown**
a. Asthma	0 ☐	1 ☐	9 ☐
b. Chronic bronchitis or emphysema	0 ☐	1 ☐	9 ☐

c. High blood sugar or diabetes	0 ☐	1 ☐	9 ☐
d. High blood pressure or hypertension	0 ☐	1 ☐	9 ☐
e. High blood cholesterol	0 ☐	1 ☐	9 ☐
f. Chest pain or angina	0 ☐	1 ☐	9 ☐
g. Abnormal heart rhythm	0 ☐	1 ☐	9 ☐
h. Heart failure	0 ☐	1 ☐	9 ☐
i. Blood thinning	0 ☐	1 ☐	9 ☐
j. Stroke	0 ☐	1 ☐	9 ☐
k. Mini-stroke or TIA	0 ☐	1 ☐	9 ☐
l. Leg pain while walking or claudication	0 ☐	1 ☐	9 ☐
m. Depression	0 ☐	1 ☐	9 ☐
n. Anxiety	0 ☐	1 ☐	9 ☐
o. Glaucoma	0 ☐	1 ☐	9 ☐
p. A disease of the thyroid	0 ☐	1 ☐	9 ☐