

Medication Use

This section is about medication that you take. If you are unsure how to fill this in, please bring the form and all your medication (or a list) to the survey site, and we will help you.

PRESCRIPTION MEDICATIONS

This refers to medications prescribed for you by your doctor. These medications are only available with a written prescription and must be dispensed at a pharmacy. They include tablets, capsules and liquids (insulin injections are covered below). We would like to know about **all prescription medications** used in the **last three months** (for a period of at least 2 weeks), whether they are for diabetes, hypertension, high cholesterol or any other illnesses.

Have you taken any **prescription** medications in the **last 3 months**?

Yes **No**

If **YES**, for each medication, please write the name of your medication, the number of tablets, capsules or doses of liquids you have taken each day and the strength of the medication below:

Name of tablet / capsule / liquid	TOTAL number of tablets / capsules / doses of liquid per day	Strength of each tablet / capsule / dose of liquid
<i>Example: Prozac</i>	<i>2</i>	<i>20mg</i>

ASPIRIN

Have you taken aspirin (this includes Aspirin, Aspro, Astrix, Cardiprin, Cartia, Disprin and Solprin) regularly during the **last three months**?

Yes **No**

INSULIN

If you currently use insulin, please complete the table indicating the name of your insulin, the total number of injections per day and the total number of units of that insulin per day. In the last column, please indicate how you inject – either using a syringe, a disposable pen or a re-usable pen.

Name of insulin	TOTAL number of injections per day	TOTAL number of insulin units per day	How do you inject your insulin?
<i>Example: Mixtard 30/70</i>	<i>2</i>	<i>28</i>	<i>Novopen</i>