RESPIRATORY MEDICATION USE QUESTIONNAIRE

ID NUMBER:									FORM CODE: RMU VERSION: 1.0 10/26/10	Visit Number			SEQ #			

0a) Form Date ☐☐/☐☐/☐☐☐☐ 0b) Initials..... ☐☐☐

Instructions: *This form should be completed during the participant's visit. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box.*

The following questions ask what medications you currently take or have taken in the past.

1) Are you currently using theophylline (Uniphyl, Theo-24, Slo-Bid)? (Y/N) ..... ☐

2) Are you currently using oral corticosteroids (prednisone, Medrol, dexamethasone)? (Y/N)..... ☐

2a) How long have you been on this medication? ..... ☐☐ years ☐☐☐ days

3) Do you use supplemental oxygen (prescribed by your doctor) at home?

Yes..... ☐
No ..... ☐
Only at Night..... ☐

3a) Approximately how many hours in a 24 hour period?..... ☐☐ hours per day

4) In the past 3 months, have you used inhaled steroids (not nasal steroids)? ..... ☐

Yes.....Y
No .....N → **Go to Item 5**
Don't know .....U → **Go to Item 5**

4a) Which inhaled steroid(s) have you used in the past 3 months?

	Yes		Puffs/day	No
1) Azmacort (triamcinolone)	☐	→	☐☐	☐
2) Beclovent (beclomethasone)	☐	→	☐☐	☐
3) Vanceril (beclomethasone)	☐	→	☐☐	☐
☐ Regular Strength				
☐ Double Strength				
4) AeroBid (blunisolide)	☐	→	☐☐	☐
	Yes		Puffs/Day	No
5) Flovent (fluticasone)	☐	→	☐☐	☐
☐ 44 Aerosol				
☐ 110 Aerosol				
☐ 220 Aerosol				
☐ 100 Diskus				
☐ 250 Diskus				
6) Pulmicort (budesonide)	☐	→	☐☐	☐
☐ 90				
☐ 180				
7) Qvar (beclomethasone)	☐	→	☐☐	☐
☐ 40				
☐ 80				
8) Advair (bluticasone/salmeterol)	☐	→	☐☐	☐
☐ 100/50				
☐ 250/50				
☐ 500/50				
☐ HFA 45/21				
☐ HFA 115/21				
☐ HFA 230/21				
9) Symbicort	☐	→	☐☐	☐
☐ 80/4.5				
☐ 160/4.5				
10) Other, specify:	☐	→	☐☐	☐

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5) Have you used inhaled bronchodilators in the past 3 months? ..... ☐

Yes.....Y
No.....N → **Go to Item 6**
Don't know.....U → **Go to Item 6**

5a) Which bronchodilators have you used in the past 3 months?

	Yes		Puffs/day	No
1) albuterol (Proventil, Ventolin, ProAir)	☐	→	☐☐	☐
2) ipratropium bromide (Atrovent)	☐	→	☐☐	☐
3) ipratropium bromide/albuterol sulfate (Combivent)	☐	→	☐☐	☐
4) terbutaline (Brethaire, Brethine, Bricanyl)	☐	→	☐☐	☐
5) formoterol (Foradil)	☐	→	☐☐	☐
6) tiotropium (Spiriva)	☐	→	☐☐	☐
7) salmeterol (Serevent Diskus)	☐	→	☐☐	☐
8) pirbuterol (Maxair)	☐	→	☐☐	☐
9) metaproterenol (Alupent, Metaprel)	☐	→	☐☐	☐
10) levalbuterol (Tomalate)	☐	→	☐☐	☐
11) bitolterol (Tornalate)	☐	→	☐☐	☐
12) epinephrine (Primatene, Bronkaid)	☐	→	☐☐	☐
13) fluticasone/salmeterol (Advair Discus)	☐	→	☐☐	☐
14) budesonide/formoterol (Symbicort)	☐	→	☐☐	☐
15) Other, specify	☐	→	☐☐	☐

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6) Have you used nebulized bronchodilators in the past 3 months? ☐

Yes ..... Y
No ..... N → **Go to Item 7**
Don't know ..... U → **Go to Item 7**

6a) Which nebulized bronchodilators have you used in the past 3 months?

	Yes	No
1) formoterol (Perforomist)	☐	☐
2) arformoterol (Brovana)	☐	☐
3) albuterol and ipratropium bromide (DuoNeb)	☐	☐
4) albuterol (Proventil, Ventolin, ProAir)	☐	☐
5) ipratropium bromide (Atrovent)	☐	☐

7) Have you used a leukotriene antagonist (zafirlukast [Accolate], zileuton [Zyflo] or montelukast [Singulair]) in the past 3 months? ☐

Yes ..... Y
No ..... N
Don't know ..... U

8) Have you used any statin medications in the past 3 months? ☐

Yes ..... Y
No ..... N → **Go to Item 9**
Don't know ..... U → **Go to Item 9**

8a) Which statin medications have you used in the past 3 months?

	Yes	No
1) Crestor (resuvastatin)	☐	☐
2) Lescol (fluvastatin)	☐	☐
3) Lipitor (atorvastatin)	☐	☐
4) Mevacor (lovastatin)	☐	☐
5) Pravachol (pravastatin)	☐	☐
6) Vytorin (ezetimibe, simvastatin)	☐	☐
7) Zocor (simvastatin)	☐	☐
8) Other, specify	☐	☐

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9) Have you used any beta-blocker medications in the past 3 months? ☐

Yes ..... Y
No ..... N → **Go to Item 10**
Don't know ..... U → **Go to Item 10**

9a) Which beta-blocker medications have you used in the past 3 months?

	Yes	No
1) Atenolol (tenormin, tenoretic)	☐	☐
2) Metoprolol (lopressor, toprol)	☐	☐
3) Carvedilol (coreg)	☐	☐
4) Labetalol (trandate, normodyne)	☐	☐
5) Propranalol (Inderal, Inderide)	☐	☐
6) Sotalol (Betapace, Sorine)	☐	☐
7) timolol (Blocardren, timolide)	☐	☐
8) bisoprolol (zebeta, ziac)	☐	☐
9) pindolol (visken)	☐	☐
10) Other, specify	☐	☐

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10) Have you used any oral anti-oxidant supplements in the past 3 months? ☐

Yes ..... Y
No ..... N → **Go to Item 11**
Don't know ..... U → **Go to Item 11**

10a) Which antioxidant medications have you used in the past 3 months?

	Yes	No
1) Vitamin C (ascorbic acid)	☐	☐
2) Vitamin E (alpha-tocopherol)	☐	☐
3) beta carotene	☐	☐
4) zinc	☐	☐
5) copper	☐	☐
6) fish oil	☐	☐
7) omega 3	☐	☐
8) Other, specify	☐	☐

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11) Are you currently using aspirin on a daily basis? ☐

Yes ..... Y
No ..... N

12) Please list any other medications you have used in the past 3 months that are not listed above:

12a)_____

12b)_____

12c)_____

12d)_____

12e)_____

12f) _____

12g)_____

12h)_____

12i) _____

13) Please list any other supplements you have used in the past 3 months that are not listed above:

13a)_____

13b)_____

13c)_____

13d)_____

13e)_____

13f) _____

13g)_____

13h)_____

13i) _____