MIF (Medication Inventory Form) Data Information

At SOF visits 4, 5, 6, and 8 participants were asked to bring with them to the clinic visit current prescription and over-the-counter medications used in the last 30 days. At visit 9 participants were only asked to bring prescription medications to the clinic visit. At visit 9 the use of specific nonprescription medications were asked by self-report at the clinic or home visit. NOTE: at Visit 9 the medication use for Vitamin D (VXVTD) and NSAID use (VXNSA) are prescription only, while at other visits these variables include over the counter medications. At Visit 9 the use of over the counter medication for multivitamins (V9MLTVIT) and specific NSAIDs (V9NSA30) were gathered, and can be combined with this Rx medication use data.

If a participant forgot to bring in one or more medications to the visit, each clinic site was responsible for obtaining the information via telephone or return visit.

All medications recorded by the clinics were stored in an electronic medications inventory database.

A computerized coding dictionary was used to match the verbatim medication names with the generic names/active ingredients for the medications. At visit 4 and 5 an internal medication coding dictionary was used. At visits 6, 8 and 9 the IDIS medication coding dictionary was used (Iowa Drug Information Service (IDIS) Drug Vocabulary (College of Pharmacy, University of Iowa, Iowa City, IA).

Use of particular medication classes were defined using the therapeutic class designations contained in the coding dictionary, when available.

If there were less than 30 users of a particular medication at a visit that variable was not released due to possible issues with confidentiality.

A reference used for using coded medication data is:

Pahor M, Chrischilles EA, Guralnik JM et al. Drug data coding and analysis in epidemiologic studies. Eur J Epidemiol. 1994 Aug;10(4):405-11.

The special missing value codes for these Medication Inventory Form variables are as follows:
Visit 4, 5, 6: Those with minimal data as shown in the visit type variables (VXTYPE) were coded to .O=minimal data if they were missing this medication use data.

Visit 8: Women with only questionnaire data gathered were not required to have this medication inventory form data collected. The special missing values at this visit are .X=no exam data (questionnaire only so not required to have data collected) or .A=missing for those that had a clinic or home visit but were missing this data.

Visit 9: All women were to have this data gathered. If the participant had questionnaire data only and did not come in for the clinic visit they were given a medication

information collection worksheet. The clinic staff transcribed the data from this worksheet onto the data collection forms and telephoned the participants for any questions regarding the data collected. Those participants with a .L for this data had refused to give information about the MIF, and those with A=missing for this data did not have information from the MIF gathered.

There was other data collected regarding medication use at these visits, as shown in the table below.

Variable	Visit 4	Visit 5	Visit 6	Visit 8	Visit 9
Taken daily, weekly, monthly	X	X	X		
Formulation (eg tablet, inhaled, etc)					X
Frequency (intermittent or regular)				X	X
Taken as needed? (PRN)	X	X	X		
Duration (V8 V9 categorical), (V5 V6 continuous)		X	X	X	X
Prescription? Y/N (V9 all are Rx)		X	X	X	NA
Reason for use	X	X	X		
Strength	X	X	X		
Unit	X	X	X		
Number taken	X	X	X		
Medication used to help sleep?				X	
Medication taken within 24 hours of the PSG measurement?				X	

This additional data is typically not used for medication use variables used as covariates, but may be of interest to those using the medication use as a main predictor or outcome. This data is not included in the public data release. If this data is necessary for analysis contact sofonline@sfcc-cpmc.net with an additional data request. Please note, this data can be difficult to work with. These additional requests require additional time for data preparation as well as input and review from the requestor.