



Medication Use

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| Office Use Only SOF ID# | | | | | Acrostic | | | MISSING Staff ID# | |
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1 In the past 30 days, did you take any multi-vitamin everyday or almost everyday? **V9MLTVIT**

- Yes No Don't know

2 In the past 30 days, did you take any calcium supplement everyday or almost everyday? **V9CAL30**

- Yes No Don't know

3 In the past 30 days, did you take any of the following over the counter (non-prescription) medications three or more times per week... **V9ASP30** **V9ADV30*** **V9NSA30**

Aspirin? Yes No
(This includes Bayer, baby aspirin, children's aspirin, Ecotrin, Excedrin, and others)

Ibuprofen? Yes No
(This includes Advil, Motrin, and others)

Acetaminophen? Yes No
(This includes Tylenol, Tylenol with codiene, and others)

Naproxen Sodium? Yes No
(This includes Aleve, and others)

4 In the past 30 days, did you take any over the counter (non-prescription) medications to help you sleep?

- Yes No Don't know

↓ **V9NONRX***

If yes, mark all that apply:

- V9DIPH***
- Diphenhydramine (Tylenol PM , Excedrin PM, Benadryl, Sominex, Simply Sleep, Nytol)
 - Doxylamine (Unisom)
 - Melatonin
 - Other:

**not released for AA cohort*

