

RAINE STUDY CARDIOVASCULAR FOLLOW-UP

PARENT MEDICATION QUESTIONNAIRE

Study No. _____

Office use only

These questions apply to the child's biological mother and father only.

MOTHER

Q1. In the last 4 weeks have you taken/used any prescription medication(s)?

N No

Y Yes which medication(s)?

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Q2. In the last 4 weeks have you taken/used any 'over the counter' medication(s)?

N No

Y Yes which medication(s)?

.....

.....

FATHER

Q3. In the last 4 weeks have you taken/used any prescription medication(s)?

N No

Y Yes which medication(s)?

.....

.....

Q4. In the last 4 weeks have you taken/used any 'over the counter' medication(s)?

N No

Y Yes which medication(s)?

.....

.....

RAINE STUDY - PARENT MEDICATION QUESTIONNAIRE - CODING GUIDE

Q1,3. First box - code 'N' if 'No' and 'Y' if 'Yes'

Other boxes - code:

Check to ensure that medicines can be obtained by prescription only
(prescription - only medicines are marked with a Rx symbol in MIMS)

A = iron compounds and haemopoietic agents

B = hypolipidaemic agents

C = insulin preparations

D = hypoglycaemic agents

E = any other medicines taken routinely

If answer is 'N' code as 'not applicable' - '8'

Q2,4. First box - code 'N' if 'No' and 'Y' if 'Yes'

Other boxes - code:

Check to ensure that medicines can be obtained over the counter (prescription-
only medicines are marked with a Rx symbol in MIMS)

A = iron compounds and haemopoietic agents

B = hypolipidaemic agents

C = insulin preparations

D = hypoglycaemic agents

E = any other medicines taken routinely

If answer is 'N' code as 'not applicable' - '8'