



REVISED RESPIRATORY MEDICATION USE QUESTIONNAIRE

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FORM CODE: **RRM**
VERSION: 1.0 08/14/2018

Event: _____

0a) Date of Collection / / 0b) Staff Code

Instructions: This form should be completed during the participant's clinic visit 5.

1) Are you regularly using (at least once on most days) any inhaled medications?

- No₀ → **Go to 2**
 Yes₁

If Yes, please indicate which inhaled medication(s) you use regularly (check all that apply):

- 1a) Proventil, Ventolin, ProAir (albuterol) inhaler
1b) Xopenex or Generic (levalbuterol) inhaler
1c) Atrovent (ipratropium) inhaler
1d) Combivent (ipratropium/albuterol) inhaler
-
- 1e) Flovent (fluticasone)
1f) Arnuity Ellipta (fluticasone)
1g) Qvar (beclomethasone)
1h) Pulmicort (budesonide)
1i) Asmanex (mometasone)
1j) Alvesco (ciclesonide)
-
- 1k) Serevent (salmeterol)
1l) Striverdi (olodaterol)
1m) Arcapta (indacaterol) Neoinhaler
-
- 1n) Spiriva (tiotropium)
1o) Incruse (umeclidinium)
1p) Tudorza (aclidinium)
1q) Seebri Neohaler (glycopyrrolate)
-
- 1r) Anoro Ellipta (umeclidinium-vilanterol)
1s) Utibron (glycopyrrolate-indacaterol)
1t) Bevespi Aerosphere (glycopyrrolate – formoterol)
1u) Stiolto (tiotropium-olodaterol)
-
- 1v) Advair (fluticasone-salmeterol)
1w) Breo Elipta (fluticasone-vilanterol)
1x) Dulera (mometasone-formoterol)
1y) Symbicort (budesonide-formoterol)

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1z) Air-duo & Generic (fluticasone- salmeterol)

1z1) Trelegy Ellipta (fluticasone furoate/umeclidinium/vilanterol)

1z2) Other

1z2a) Please specify other _____

2) Are you regularly using any nebulized medications?

No₀ → **Go to 3**

Yes₁

2a) How often (daily versus as needed when having difficulties)?

Daily₁

As needed when having difficulties₂

2b) Which medications? (check all that apply)

2b1) AccuNeb (albuterol sulfate) nebulizer

2b2) Xopenex (levalbuterol) nebulizer

2b3) Atrovent (ipratropium) nebulizer

2b4) DuoNeb (ipratropium bromide/albuterol) nebulizer

2b5) Perforomist (formoterol) nebulizer

2b6) Brovana (arformoterol) nebulizer

2b7) Pulmicort (budesonide) nebulizer

2b8) 3% Hypertonic saline

2b9) 7% Hypertonic saline

2b10) Other

2b10a) Please specify other _____

3) Are you regularly using any of the following oral medications (theophylline, roflumilast, azithromycin, zafirlukast, montelukast, or zileuton)?

No₀ → **Go to 4**

Yes₁

If Yes, please indicate the oral medications regularly used. (check all that apply)

3a) Theo-24, Theochron, or generic (theophylline)

3b) Daliresp (roflumilast)

3c) Zithromax, daily or several days each week (azithromycin)

3d) Accolate (zafirlukast), Singulair (montelukast), Zflo (zileuton)

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4) Are you currently using oral corticosteroids (prednisone, Medrol, dexamethasone, hydrocortisone)?

- No₀ → **Go to 5**
 Yes₁

4a) How long have you been on this medication?

years days

5) Are you regularly using any of the following nasal sprays?

- No₀ → **Go to 6**
 Yes₁

If Yes, please indicate the nasal sprays regularly used. (check all that apply)

- 5a) Omnaris, Flonase, Veramyst, Beconase, Rhinocort, Flunisolide, Nasacort (nasal steroids)
5b) Atrovent (ipratropium)
5c) Afrin (oxymetazoline)

6) Are you currently using supplemental oxygen (prescribed by your doctor) at home?

- No₀ → **Go to 7**
 Yes₁

6a) Approximately how many hours in a 24-hour period do you use oxygen?

hours

6b) If you are using nighttime supplemental oxygen, do you use oxygen only at night?

- No₀
 Yes₁

7) Are you currently using any statin medications (listed below)?

- No₀ → **Go to 8**
 Yes₁

7a) If Yes, please indicate which statin medication you use regularly?

- Crestor (rosuvastatin)₁
 Lescol (fluvastatin)₂
 Lipitor (atorvastatin)₃
 Mevacor (lovastatin)₄
 Pravachol (pravastatin)₅
 Vytorin (ezetimibe, simvastatin)₆
 Zocor (simvastatin)₇
 Other₈

7a1) Please specify other _____

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8) Are you currently using any beta-blocker medications (listed below)?

- No₀ → **Go to 9**
 Yes₁

8a) If Yes, please indicate which beta-blocker medication you use regularly?

- Tenormin, Tenoretic (atenolol)₁
 Lopressor, Toprol (Metoprolol)₂
 Coreg (carvedilol)₃
 Trandate, Normodyne (labetalol)₄
 Inderal, Inderide (propranolol)₅
 Betapace, Sorine (Sotalol)₆
 Blocardren, Timolide (timolol)₇
 Zebeta, Ziac (isoprolol)₈
 Visken (pindolol)₉
 Other₁₀

8a1) Please specify other _____

9) Are you currently using any oral anti-oxidant supplements (listed below)?

- No₀ → **Go to 10**
 Yes₁

If Yes, please indicate which supplement(s) you use regularly? (check all that apply)

- 9a) Vitamin C (ascorbic acid)
9b) Vitamin E (alpha-tocopherol)
9c) Beta carotene
9d) Zinc
9e) Copper
9f) Fish oil
9g) Omega 3
9h) Other

9h1) Please specify other _____

10) Are you currently using aspirin or any of the following anticoagulants?

- No₀ → **Go to 11**
 Yes₁

If Yes, please indicate aspirin or anticoagulants you use regularly? (check all that apply)

- 10a) Aspirin
10b) Plavix (clopedigel)
10c) Coumadin (warfarin)

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- 10d) Xarelto, Eliquis, Pradaxa, Savaysa (rivaroxaban, apixaban, dabigatran, edoxaban)
- 11) Are you currently using or have you used nicotine replacement therapy (gum, patch, lozenge, or spray)?
- No, have never used₀
 - Yes, currently using₁
 - Yes, have used in the past, but not currently using₂
- 12) Are you currently using or have you used a prescription medication for tobacco cessation?
- No, have never used₀
 - Yes, have used in the past, but not currently using₁
 - Yes, currently using Chantix (varenicline)₂
 - Yes, currently using Zyban (bupropion)₃
- 13) Are you currently using or have you used any other medications (prescribed or over the counter) regularly in the past 3 months that are not listed above?
- No₀ → **Go to 14**
 - Yes₁

If Yes, please list any other medications (prescribed or over the counter) not listed above:

- 13a) _____
- 13b) _____
- 13c) _____
- 13d) _____
- 13e) _____
- 13f) _____
- 13g) _____
- 13h) _____
- 13i) _____

- 14) Are you currently using or have you used any other supplements regularly in the past 3 months that are not listed above?
- No₀ → **End Form**
 - Yes₁

If yes, please list any other supplements not listed above:

- 14a) _____
- 14b) _____
- 14c) _____
- 14d) _____

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14e) _____

14f) _____

14g) _____

14h) _____

14i) _____

END OF FORM