

# Medication History

Subject ID \_\_\_\_\_

## Medication History

1. At present, do you use medications to treat a breathing problem?

- Yes  
 No  
 Uncertain

If No, go to #2

	Yes	No
a. Nebulizer for an inhaled medication	<input type="radio"/>	<input type="radio"/>
b. Short-acting beta-agonist: AccNeb, Albuterol, Maxair, ProAir, Proventil, Ventolin, Xopenex	<input type="radio"/>	<input type="radio"/>
c. Ipratropium bromide: Atrovent, other	<input type="radio"/>	<input type="radio"/>
d. Combination short-acting inhaled medication: Albuterol and Ipratropium Bromide, Combivent, DuoNeb	<input type="radio"/>	<input type="radio"/>
e. Long-acting beta-agonist: Arcapta, Brovana, Perforomist, Serevent, Striverdi	<input type="radio"/>	<input type="radio"/>
f. Antimuscarinic bronchodilator: Aclidinium, Spiriva, Tudorza, Incruse, Seebri, Lonhala, Yupelri	<input type="radio"/>	<input type="radio"/>
g. Corticosteroid: Aerobid, Aerospan, Asmanex, Azmacort, Flovent, Pulmicort, Qvar, Arnuity, Alvesco	<input type="radio"/>	<input type="radio"/>
h. Combination inhaled corticosteroid + long-acting beta-agonist: Advair, Dulera, Symbicort, Breo, Trelogy, AirDuo	<input type="radio"/>	<input type="radio"/>
i. Combination long-acting beta-agonist + long-acting muscarinic antagonist: Anoro, Brevespi, Stiolto, Utibron	<input type="radio"/>	<input type="radio"/>

How many puffs a day of your short-acting rescue inhaler have you taken in the last week?

- 4 or fewer  
 5-10  
 10 or more

Yes

No

j. Theophylline: Theo-24,  
Theochron, Slobid, Resbid

k. Macrolide antibiotic: daily or  
chronic Azithromycin, Zithromax,  
Zmax

l. Phosphodiesterase inhibitor:  
Daliresp

m. Oral corticosteroids: daily or  
chronic Deltasone, Medrol,  
Prednisolone, Prednisone

2. Do you take medication for high blood pressure?

 Yes No

3. Do you take medication for high cholesterol?

 Yes No

### Osteoporosis/RA

4. Medication for osteoporosis (thin bones)

 Yes No

a. If Yes, then which medication do you take? Mark  
all that apply.

 Bone anti-resorption medication: Actonel, Boniva,  
Fosamax, Reclast Calcitonin: Calcimar, Fortical, Miacalcin Calcium Vitamin D Estrogen or hormone replacement therapy (pills,  
patches, creams) Parathyroid hormone: Forteo, teriparatide Selective estrogen modulator: Evista, Raloxifene Testosterone (injections, gels) RANK Ligand inhibitor Other \_\_\_\_\_

5. Medication for rheumatoid arthritis

 Yes No

a. If Yes, then which medication do you take? Mark  
all that apply.

 Biological agent: Enbrel, Humira, Remicade Disease-modifying anti-rheumatic drug: Arava,  
Azulfidine, Immuran, Methotrexate, Plaquenil Nonsteroidal anti-inflammatory drug: Advil, Aleve,  
Celebrex, ibuprofen, Motrin, Naprosyn Steroid: Medrol, methylprednisolone, Prednisolone,  
Prednisone

### Vaccinations:

6. In what year did you last get a flu shot?

\_\_\_\_\_

(yyyy)

7. In what year did you last get a pneumonia shot?

\_\_\_\_\_

(yyyy)

8. List all medications, including those for your lungs, you take that have been prescribed by your health care provider (physician, nurse practitioner, physician assistant). Exclude dose.