



# HCHS/SOL Visit 2 Question by Question Instructions Medication Use Form (MUE/MUS), Version 1

November 11, 2016

## General Instructions

The purpose of the Medication Use Questionnaire is to assess medication usage in the four weeks preceding the examination date. Information on both prescription and over-the-counter medications is ascertained. To obtain this information, the participant is asked prior to the clinic visit to bring to the field center all prescription and over-the-counter medications taken in the four-week period preceding the visit, or their containers. This request is mailed to the participant with the written instructions for the exam visit, and is re-stated during the appointment reminder call.

Paper data entry and subsequent keying will only be used in the event of CDART inaccessibility. Header and administrative information are generated by the system.

## Question by Question Instructions

### **Part A. Reception**

As the participant delivers the medications, tag the medications bag with the participant's name and SOL ID, and ask whether any of the medications should be kept refrigerated. Indicate to the participant where the medications will be securely stored (or refrigerated), who will have access to them, and how they will be returned before he/she leaves. Mention that medication names will be copied from the labels, and that if required, medications will be taken out of their container only in the presence of, or with approval of the participant. Finally, indicate that a trained interviewer will later ask a few questions about medications use. Do not open the medications bag or transcribe medications until the participant has signed the informed consent.

**Item 1** Read as written. If the response is "Yes, all of them", go to Section B (MEDICATION RECORD) and begin the transcription. This can take place at the reception station or while the participant proceeds with the clinic visit. If the response is "Some of them", go to Item 3 to make arrangements for those medications which were not brought and transcribe those medications which were brought in Section B (MEDICATION RECORD). See Part B: Medication Record below for instructions on how to transcribe more than 20 medications.

If the response is "No, none of them", proceed to the next item.

**Item 2** Read it as written. If the response is "Took no medications" in the past four weeks, the Medication Use interview ends here. Thank to participant and close the form.

If the response is "Forgot or was unable to bring medications", reassure the respondent and proceed to the next item.

**Item 3 and Item 4** Read item 3 as written. Ideally, follow-up involves the participant returning to the field center with the medications for transcription but reasonable alternatives include a telephone interview, et cetera.

If the participant agrees to follow-up, make arrangements for obtaining the information. Describe the method of follow-up in Q4. If the participant brought some medications, complete as much of Section B (MEDICATION RECORD) as possible before going on to Q33.

In case of deliberate omission to bring medications to the field center, attempt participant conversion. If participant conversion is to be attempted after reception, write a note to that effect on the tracking form. Leave Section B (MEDICATION RECORD) blank if no medications were brought in. Even if the participant declines to bring in (or provide medication names by telephone), attempt to complete as much of Section C (INTERVIEW) as possible. If the participant has not brought his / her medications, but remembers the medication name, strength and units of all medications taken during the previous four weeks with confidence, the interviewer should record this information, but arrange a follow-up to confirm its accuracy.

### **Follow-up on Medication Record:**

When participant is contacted at a later time using the method described on MUE Q4 proceed to update medication information and set **Q4-Field Status="Query verified"**.

### **Part B. Medication Record**

**Introduction:** Section B (MEDICATION RECORD) is designed to document information about each medication used by participants. This is done by recording the medication name in section (a), the strength in section (b), and the units in section (c) for each medication used within the four weeks prior to the interview (Questions 5-24)

#### **Recording 21+ prescription medications:**

The CDART medication record section is designed to document information for 20 medications. Do the following when the participant has a larger number of medications to be reported:

1. Follow recording order as listed in the Overview statement below.
2. In MUE5 record a notelog with the additional medications recorded. Record medication information using the Standard Format explained below.
3. In MUE25, record the total number of medications taken by the participant. Including those recorded in the notelog.
4. In MUE25, make a notelog indicating that additional medication information is noted in MUE5 Notelog.

**Overview:** Open the participant's medications bag and remove all medication containers setting them out in front of you. Separate what appear to be [1] prescription medications, [2] over-the-counter preparations and [3] vitamins and dietary supplements. Then systematically record each medication name, the strength and the units as detailed below, starting with prescription medications and following with over-the-counter preparations. Do not record vitamins or dietary supplements

**Standard Format:** Transcribe all parts of each medication name as written on the container. If using the paper form, carefully transcribe medication name and units in UPPER CASE CHARACTERS (CAPITAL LETTERS). When necessary, use a period (.) to indicate the location of a decimal point in strength and a forward slash (/) to separate active ingredients of generic products, their respective strengths and units. In every case, transcribe in standard format even when the same information or a portion of the information appears in the previous item. Do not use ditto marks (") to indicate a repeat of the previous item.

**Standard Abbreviations:** Medication labels may contain standard abbreviations of medication names (Table 1) or the units that measure strength (Table 2). Formatting and transcription standards are detailed below.

**Table 1. Standard abbreviations of medication names**

Medication Name	Abbreviation	Medication Name	Abbreviation	Medication Name	Abbreviation
<b>A</b> Acetaminophen	APAP	Aluminum	AL	Amitriptyline	AMITRIP
Antibiotic	ANTIBIO	Antihistamine	ANTI HIST	Arthritic	ARTHR
Aspirin	ASA	Aspirin, phenacetin & caffeine	APC	Ammononium	AMMON
<b>B</b> Balanced Salt Solution	BSS	Buffered	BUF		
<b>C</b> Caffeine	CAFF	Calcium	CA	Capsules	CAP
Carbonate	CARBON	Chewable	CHEW	Chlordiazepoxide	CHLORDIAZ
Chloride	CL	Chlorpheniramine	CHLORPHEN	Codeine	COD
Compound	CPD or CMP or CPD	Concentrate	CON		
<b>D</b> Decongestant	DECONG	Dextromethorphan	DM	Diocylsodium sulfosuccinate	DSS
<b>E</b> Expectorant	EXP	Extra	EX		
<b>F</b> Ferrous	FE	Fluoride	FL	Formula	FORM
<b>G</b> Gluconate	GLUCON	Glyceryl Guacolate	GG	Guaifenesin	GG
<b>H</b> Hydrochloride	HCL	Hydrochlorothiazide	HCTZ	Hydrocortisone	HC
Hydroxide	HYDROX				
<b>I</b> Inhalation	INHAL	Injection	INJ	Intravenous	IV
<b>J</b> Junior	JR				
<b>L</b> Laxative	LAX	Liquid	LIQ	Long acting	LA
Lotion	LOT				
<b>M</b> Magnesium	MG	Maximum	MAX	Minerals	M
Multivitamins	MULTIVIT				
<b>N</b> Nitroglycerin	NTGN				
<b>O</b> Ointment	OINT	Ophthalmic	OPHTH		
<b>P</b> Penicillin	PCN	Pediatric	PED	Perphenazine	PERPHEN
Phenobarbitol	PB	Phenylephrine	PE	Phenylpropanolamine	PPA
Potassium	K	Potassium Chloride	KCL	Potassium Iodide	KI
Powder	PWD	Pyrimidine	PYRIL		
<b>R</b> Reliever	REL				
<b>S</b> Simethicone	SIMETH	Sodium	SOD	Solution	SOLN
Strength	STR	Suppository	SUPP	Suspension	SUSP
Sustained action	SA	Sustained release	SR	Syrup	SYR
<b>T</b> Tablets	TAB	Theophyllin	THEOPH	Therapeutic	T
Time disintegration	TD				
<b>V</b> Vaccine	VAC	Vitamin	VIT		
<b>W</b> With	W				

**Table 2. Standard abbreviations of metric units**

Units	Standard Abbreviation	Units	Standard Abbreviation
Anti-Clotting Factor Xa International Units/Milliliter	A-XA IU/ML	Milligram/Drop	MG/DROP
Billion Cells of Lactobacilli	B CELL	Milligram/Gram	MG/GM
Bioequivalent Allergy Units/Milliliter	BAU/ML	Milligram/Inhalation‡	MG/INH
Actuation*	ACT	Milligram/Hour	MG/HR
Enzyme-Linked Immunosorbent Assay Units/Milliliter	ELU/ML	Milligram/Milligram	MG/MG
Gram†	GM	Milligram/Milliliter	MG/ML
Gram/Dose	GM/DOSE	Milligram/Spray	MG/SPRAY
Gram/Gram	GM/GM	Milligram/Teaspoon§	MG/TSP
Gram/Milliliter	GM/ML	Milliliter	ML
Kallikrien Inactivator Units/Milliliter	KIU/ML	Milliliter/Milliliter	ML/ML
Flocculation Units	LFU	Millimole	MMOLE
Megabecquerels/Milliliter	MBQ/ML	Millimole/Milliliter	MMOLE/ML
Microgram†	MCG	Million International Units	MIU
Microgram/Actuation	MCG/ACT	Million International Units/Milliliter	MIU/ML
Microgram/Hour	MCG/HR	Million Units	MU
Microgram/Inhalation‡	MCG/INH	Million Units/Gram	MU/GM
Microgram/Milliliter	MCG/ML	Million Units/Milliliter	MU/ML
Microgram/Spray	MCG/SPRAY	Minim	MINIM
Microgram/Square Centimeter	MCG/SQCM	Minim/Milliliter	MINIM/ML
Millicuries/Milliliter	MCI/ML	Percent	%
Milliequivalent	MEQ	Plaque Forming Units/Milliliter	PFU/ML
Milliequivalent/Gram	MEQ/GM	Protein Nitrogen Units/Milliliter¶	PNU/ML
Milliequivalent/Liter	MEQ/L	Unit	UNIT
Milliequivalent/Milligram	MEQ/MG	Unit/Actuation	UNIT/ACT
Milliequivalent/Milliliter	MEQ/ML	Unit/Gram	UNIT/GM
Milligram†	MG	Unit/Milligram	UNIT/MG
Milligram/Actuation	MG/ACT	Unit/Milliliter	UNIT/ML

\*Actuation = activation of a dispensing device. †1 GM = 1000 MG; 1 MG = 1000 MCG. ‡Of aerosolized powder. §Of e.g. powdered or granulated oral medications. ¶Of allergenic extracts.

**Medication Name (Items 5-24, a):** Transcribe the medication name using a forward slash (/) to separate active ingredients of generic medications. ***EXTREMELY IMPORTANT:** do not transcribe e.g. manufacturer name, flavor, whether medications are sugar-free, or low-sodium.* Since a few companies have trademarked their formulation (dosage form), the complete medication name may include it. Although we do not transcribe the number of pills dispensed, the prescribed dose, actual dose, or frequency of medications taken, medication names also may include numbers or characters that can be mistaken for number dispensed, dose or frequency. If in doubt, it is preferable to include questionable information in the medication name to facilitate identification, coding and classification. Therefore, transcribe all formulations, numbers and characters that may be part of the medication name. Examples are provided in Table 3. Standard abbreviations of medication names were provided in Table 1 (above).

**Table 3. Examples of medication names that include special formulations, numbers or characters**

Medication Name	
DILANTIN KAPSEALS*	ORTHO-NOVUM 10/11-28
ASA ENSEALS†	STUARTNATAL 1 + 1
ANACIN-3	NPH ILETIN I
ACEROLA-C	SK-AMPICILLIN
TRIAMINIC-12	CALTRATE 600 PLUS VITAMIN D
OVRAL-28	HCTZ/TRIAMTERENE‡

\*Kapseals = capsules. †Enseals = enteric-coated capsules. ‡The "/" separates HCTZ (hydrochlorothiazide) and triamterene, two active ingredients.

**Strength (Items 5-24, b):** The strength of most solid medications is given in number of milligrams.

Transcribe the numeric strength (weight for solids and concentration for non-solids) using a period (.) to indicate the location of a decimal point and a forward slash (/) to separate the strength of active ingredients of generic products (e.g. medication name = HCTZ/TRIAMTERENE, strength = 25/37.5).

**Units (Items 5-24, c):** Transcribe the metric units that measure strength using one of the standard abbreviations in Table 2 (continuing the above example, units = MG/MG). Prior metric conversion of non-standard units (e.g. for liquids: 1 fluid ounce = 30 ML; 1 tablespoon = 15 ML; 1 teaspoon = 5 ML; and for solids: 1 grain = 65 MG; 1 ounce = 31 GM) may be necessary in unusual cases. Note that for insulin, strength is often given in number of units per milliliter (e.g. 100U/ML, 100/ML and U100). All three of these non-standard abbreviations are equivalent to the preferred format (strength = 100; units = UNIT/ML).

**Combination Medications:** Combination medications contain multiple active ingredients (two or more medications in a single formulation). For example, consider a brand name combination of HCTZ 25 MG and TRIAMTERENE 37.5 MG called DYZAZIDE. In the U.S., it is sold only in this fixed combination. Because fixed combination medications do not generally list a strength (c) or units (d), these fields may be left blank when transcribing them (i.e. medication name = DYZAZIDE; strength =   [blank]  ; units =   [blank]  ). Other combination medications are sold in more than one fixed combination. For example, consider a brand name combination of HCTZ and PROPRANOLOL called INDERIDE (LA). In the U.S., it is sold in many different combinations (HCTZ 25 or 50 MG and PROPRANOLOL 40, 80, 120 or 160 MG). Because variable combination medications generally list the strength and units, complete these fields when transcribing them (i.e. medication name = INDERIDE; strength = 25/40 or 25/80; units = MG/MG; or medication name = INDERIDE LA; strength = 50/80, 50/120 or 50/160; units = MG/MG).

**Examples:**

## Feosol Iron Supplement Therapy 45 mg

#	(b) Strength	(c) Units	Medication name (a)
5.	45	MG	FEOSOL IRON SUPPLEMENT THERAPY

## Lipitor 10 mg

#	(b) Strength	(c) Units	Medication name (a)
6.	10	MG	LIPITOR

## Regular Strength Tylenol 325 mg

#	(b) Strength	(c) Units	Medication name (a)
7.	325	MG	REGULAR STRENGTH TYLENOL

## Neosynephrine Regular Strength ½ percent

#	(b) Strength	(c) Units	Medication name (a)
8.	0.5	%	NEOSYNEPHRINE REGULAR STRENGTH

## Metamucil 3.4 g per dose

#	(b) Strength	(c) Units	Medication name (a)
9.	3.4	G/DOSE	METAMUCIL

## Robitussin 100 mg per teaspoon

#	(b) Strength	(c) Units	Medication name (a)
10.	100/5	MG/ML	ROBITUSSIN

## Magnesium Citrate Solution 1.745 g per ounce

#	(b) Strength	(c) Units	Medication name (a)
11.	1.745/30	G/ML	MAGNESIUM CITRATE SOLUTION

**Prioritizing Transcription:** Polypharmacy tends to increase with age, but even if a participant is using more than 21 medications, only 21 can be transcribed in items (5-24). Therefore, prioritize transcription if there are more than 21 medications using the following algorithm to guide prioritization: [1] prescription medications and then [2] over-the-counter preparations. Do not record or transcribe vitamins or dietary supplements. If it is necessary to defer prioritization or difficult to prioritize, transcribe the name (a), strength (b), and units (c) of medications in excess of 21 on the back of the last page of the form.

**Identifying Unknown Medications:** Determine whether there are any medications in the bag that were not transcribed, including loose pills, medications in containers that are unmarked or not clearly labeled, or hold more than one medication. During Visit 2 the HCHS/SOL does not use pill identifier software or services (for example, the *Ident-A-Drug, Reference was used in Visit 1*). If the medication cannot be identified, record UNKNOWN under medication name and leave sections (b) and (c) blank.

Ask the participant about any other medications that may have been taken in the previous four weeks. For additional medications recalled by the participant, record with as much detail as possible the medication name (a), and the information in sections [b and c].

**Item 25:** Once all medications that can be successfully verified or transcribed have been processed, count the total number of different medications (including those that cannot be successfully transcribed). Enter this number in Item 25.

**Part C. Medication Use Interview**

**Item 26:** Following the transition statement provided, ask if medications were taken in the past four weeks for the sixteen listed reasons. Synonyms that may be used in response to participant questions are listed below (Table 6).

**Table 6. Synonyms that may be used in response to participant questions about items 33a-k**

Question text	Synonyms
a. Asthma	--
b. Chronic bronchitis or emphysema	Chronic obstructive pulmonary disease or COPD
c. High blood sugar	Diabetes
d. High blood pressure	Hypertension
e. High blood cholesterol	Hypercholesterolemia
f. Chest pain	Angina
g. Abnormal heart rhythm	Arrhythmia
h. Heart failure	Congestive heart failure or CHF
i. Blood thinning	Anticoagulation
j. Stroke	Cerebrovascular accident or CVA
k. Mini-stroke	Transient ischemic attack or TIA
l. Leg pain while walking	Claudication or peripheral arterial disease or PAD
m. Depression	--
n. Anxiety	--
o. Glaucoma	--
p. A disease of the thyroid	--

For example, if the participant had taken medication for asthma and claudication and no other listed conditions, code item 26 as follows:

	Yes	No	Unknown
a. Asthma.....	Ⓚ	N	U
b. Chronic bronchitis or emphysema (chronic obstructive pulmonary disease [COPD]) .....	Y	Ⓝ	U
c. High blood sugar (diabetes) .....	Y	Ⓝ	U
d. High blood pressure (hypertension).....	Y	Ⓝ	U
e. High blood cholesterol (hypercholesterolemia) .....	Y	Ⓝ	U
f. Chest pain (angina).....	Y	Ⓝ	U
g. Abnormal heart rhythm (arrhythmia).....	Y	Ⓝ	U
h. Heart failure (congestive heart failure [CHF]).....	Y	Ⓝ	U
i. Blood thinning (anticoagulation) .....	Y	Ⓝ	U
j. Stroke (cerebrovascular accident [CVA]).....	Y	Ⓝ	U
k. Mini-stroke (transient ischemic accident [TIA]) .....	Y	Ⓝ	U
l. Leg pain while walking (claudication or peripheral arterial disease [PAD])..	Ⓚ	N	U
m. Depression.....	Y	Ⓝ	U
n. Anxiety .....	Y	Ⓝ	U

For example, if the participant had taken medication for asthma and claudication and no other listed conditions, code item 26 as follows:

	Yes	No	Unknown
o. Glaucoma.....	Y	Ⓝ	U
p. A disease of the thyroid.....	Y	Ⓝ	U

DO NOT ask the participant to identify which medication was used to treat any of the conditions mentioned. For example, if the participant reported taking a medication to lower blood pressure during the last month yet no recognized antihypertensive medications were recorded in Section B, do not probe to determine if the names of all medications taken during the last two weeks were recorded. If the participant indicates that the names of all his / her medications have been transcribed, do not probe further to determine which medication was used to treat the high blood pressure. Regardless of whether the participant reported taking any medications during the past four weeks or whether they brought any medication to the field center, proceed with the next item.

Thank the participant and take the medication bag to the pre-arranged secure storage or the refrigerator, if pertinent. *AT NO TIME SHOULD MEDICATIONS BE LEFT UNATTENDED IN THE RECEPTION AREA OR MEDICATION CONTAINERS BE OPENED WITHOUT AUTHORIZATION FROM THE PARTICIPANT.*

**List #1: Commonly Used Aspirin-Containing Medication**

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1/2HALFPRIN	ASPIRIN / ANTACID
ACETAMINOPHEN / MAGNESIUM SALICYLATE / CAFFEINE	ASPIRIN / CAFFEINE
ACETAMINOPHEN / SALICYLAMIDE	ASPIRIN / ACETAMINOPHEN / CAFFEINE
	ASPIRIN / ALUMINUM HYDROXIDE / MAGNESIUM HYDROXIDE / CALCIUM CARBONATE
ACETAMINOPHEN / SALICYLAMIDE / CAFFEINE	ASPIRIN / ALUMINUM HYDROXIDE / MAGNESIUM HYDROXIDE
ACETAMINOPHEN / SALICYLAMIDE / PHENYLTOLOXAMINE	ASPIRIN / ACETAMINOPHEN / CAFFEINE / CALCIUM GLUCONATE
	ASPIRIN / ACETAMINOPHEN / SALICYLAMIDE / CAFFEINE
ACETYL SALICYLIC ACID	ASPIRIN / CAFFEINE
ADDED STRENGTH HEADACHE R	ASPIRIN / CAFFEINE / BUTALBITAL
ADDED STRENGTH PAIN RELIE	ASPIRIN / CA CARBONATE
ADPRIN B	ASPIRIN / CINNAMEDRINE / CAFFEINE
ADULT STRENGTH ANALGESIC	ASPIRIN / SALICYLAMIDE / CAFFEINE
ADULT STRENGTH PAIN RELIE	ASPIR-LOW
AF-MIGRAINE	ASPIR-MOX
ALBERTSON'S EFFERVESCENT	ASPIRTAB
ALBERTSON'S ENTERIC COATE	ASPIR-TRIN
ALBERTSON'S HEADACHE FORM	ASPRIDROX
ALKA-SELTZER	BACK PAIN-OFF
AMIGESIC	BACKACHE MAXIMUM STRENGTH
ANABAR	BACKACHE RELIEF EXTRA STR
ANACIN	BAYER LOW STRENGTH
ANALGESIC	BAYER PLUS EXTRA STRENGTH
ACETAMINOPHEN / SALICYLAMIDE / PHENYLTOLOXAMINE / CAFFEINE	BC
ARTHRITIS PAIN FORMULA	BL MIGRAINE FORMULA
ARTHRITIS STRENGTH BC	BUFFASAL
ARTHROPAN	BUFFERIN
ASA	BUFPIRIN
ASCRIPITIN	BUTALBITAL / ASA / CAFFEINE
ASP	BUTALBITAL / ASPIRIN / CAFFEINE
ASPERGUM	BUTALBITAL COMPOUND
ASPIR-81	CETAZONE-T
ASPIRCAF	CHOLINE / MAGNESIUM SALICYLATES
ASPIRIN	CHOLINE MAGNESIUM TRISALICYLATE
ASPIRIN GUM	
ASPIRIN / DIPHENHYDRAMINE EFFERVESCENT	

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**List #1: Commonly Used Aspirin-Containing Medications (3 page list, page 2)**

CHOLINE SALICYLATE	GENACOTE	OSCO ADDED STRENGTH PAIN
CMT	GOODY'S	OSCO ANALGESIC ADULT STRE
COPE	HALFPRIN	OSCO EFFERVESCENT ANTACID
CVS BACKACHE RELIEF	HCA PAIN RELIEVER	OSCO LOW STRENGTH ENTERIC
CVS EFFERVESCENT ANTACID	HEADACHE FORMULA ADDED ST	P-A-C
CVS HEADACHE RELIEF	HEADACHE RELIEF	PAIN RELIEF
CVS MIGRAINE RELIEF	HEADRIN EX STRENGTH PAIN	PAIN RELIEF EXTRA STRENGT
DEWITT'S PILLS	HM ADULT ANALGESIC	PAIN RELIEF EXTRA STRENGT
DIFLUNISAL	LEVACET	PAIN RELIEVER ADDED STREN
DISALCID	LOBAC	PAIN RELIEVER PLUS
DOAN'S	MAGAN	PAINAID
DOLOBID	MAGNAPRIN	PAIN-OFF
DOLOREX	MAGNESIUM SALICYLATE	PANRITIS FORTE
		PHENYLTOLOXAMINE / MAGNESIUM
DURABAC	MAGNESIUM SALICYLATE / ACETAMINOPHEN	SALICYLATE
	MAGNESIUM SALICYLATE /	
DURAXIN	DIPHENHYDRAMINE	PIROSAL
EASPRIN	MAG-PHEN	QC PAIN RELIEVER PLUS
ECASA	MAGSAL	RA ANTACID PAIN RELIEF
ECK MIGRAINE RELIEF	MEDI-SELTZER	RA MIGRAINE RELIEF
ECOTRIN	MEPROBAMATE / ASPIRIN	RID-A-PAIN COMPOUND
ECPIRIN	MIDOL MAXIMUM STRENGTH	SALETO
ED-FLEX	MIGRAINE FORMULA	SALICYLAMIDE / CAFFEINE
EFFERVESCENT ANTACID / PAIN	MIGRAINE RELIEF	SALFLEX
EFFERVESCENT PAIN RELIEF	MINITABS	SALSALATE
EFFERVESCENT PAIN RELIEVE	MOBIDIN	SAV-ON ADDED STRENGTH PAI
EQUAGESIC	MOBIGESIC	SAV-ON ANALGESIC ADULT ST
EXCEDRIN	MOMENTUM MUSCULAR BACKACH	SAV-ON BACKACHE RELIEF EX
EX-PAIN	MONO-GESIC	SAV-ON EFFERVESCENT ANTAC
EXTRA STRENGTH BAYER	MP ENCOPRIN	SB BACKACHE EXTRA STRENGT
EXTRAPRIN	MP REGRIPRIN	SB EFFRSCENT ANTACID/PAIN
FARBITAL	MST 600	SB LOW DOSE ASA EC
FIORINAL	MYOGESIC	SB MENSTRUAL
FORTABS	NEUTRALIN	SB PAIN RELIEF F/ACT
FRENADOL	NINOPRIN	SB PAIN RELIEF X-STR
GENACED	NOVASAL	SG EFFERVESCENT ANTACID/P

**List #1: Commonly Used Aspirin-Containing Medications (3 page list, page 3)**

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SG PAIN RELIEVER ADDED ST	SUPAC	UNI-TREN
SM HEADACHE ADDED STRENGT	SUPER STRENGTH PAIN RELIE	VANQUISH
SM HEADACHE PAIN RELIEVER	SUREPRIN	V-R EFFERVESCENT PAIN REL
SOBA ANALGESIC	TETRA-MAG	ZEE-ZELTZER
SOBA PAIN RELIEVER HEADAC	THERAPY BAYER	ZORPRIN
SODIUM SALICYLATE	THIOCYL	
ST JOSEPH ADULT	TRICOSAL	
STANBACK	TRILISATE	

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**List #2: Commonly Used Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)**


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ACTRON	KETOPROFEN
ADDAPRIN	KETOROLAC
ADVANCED PAIN RELIEF	LANSOPRAZOLE / NAPROXEN
ADVIL	LODINE
ALEVE	MECLOFENAMATE
ALL DAY RELIEF	MEDI-PROFEN
ANAPROX	MEDIPROXEN
ANSAID	MEFENAMIC ACID
ARTHROTEC	MELOXICAM
BEXTRA	MENADOL
CATAFLAM	MIDOL
CELEBREX	MOBIC
CELECOXIB	MOTRIN
CLINORIL	NABUMETONE
CVS INFANTS' CONCENTRATED	NALFON
DAYPRO	NAPRELAN
DICLOFENAC	NAPROSYN
DICLOFENAC / MISOPROSTOL	NAPROXEN
DYSPEL	NUPRIN
ELIXSURE	ORUDIS
ETODOLAC	ORUVAIL
FELDENE	OXAPROZIN
FENOPROFEN	PHENYLBUTAZONE
FLURBIPROFEN	PIROXICAM
GENPRIL	PONSTEL
HALTRAN	PREVACID / NAPRAPAC
IBU	PROFEN
IBU-DROPS	PROVIL
IBUPROFEN	Q-PROFEN
IBUTAB	RELAFEN
INDOCIN	ROFECOXIB
INDOMETHACIN	RUFEN
I-PRIN	SULINDAC
TAB-PROFEN	VALDECOXIB
TOLECTIN	VIOXX
TOLMETIN	VOLTAREN
TORADOL	

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