

Therapeutics Past And Present Pain Medication

Research Subject ID Research ID _____

Medication - Past and present use of pain relievers (PhenX protocol PX071201 unless stated otherwise)

Do you currently take any of the following pain-relieving medications regularly (at least once a week)? "Baby" or low-dose aspirin.

- Yes
 No (0 or < 1 per week)

Total tablets per week?

- 1-2 per week
 3-4 per week
 5-6 per week
 7-8 per week
 9-10 per week
 11-12 per week
 13-14 per week
 15-21 per week
 22-28 per week
 29+ per week

Do you currently take any of the following pain-relieving medications regularly (at least once a week)? Aspirin or aspirin-containing product (Bayer?, Bufferin?, Excedrin?).

- Yes
 No (0 or < 1 per week)

Total tablets per week?

- 1-2 per week
 3-4 per week
 5-6 per week
 7-8 per week
 9-10 per week
 11-12 per week
 13-14 per week
 15-21 per week
 22-28 per week
 29+ per week

Do you currently take any of the following pain-relieving medications regularly (at least once a week)? Ibuprofen (Advil?, Motrin?).

- Yes
 No (0 or < 1 per week)

Total tablets per week?

- 1-2 per week
 3-4 per week
 5-6 per week
 7-8 per week
 9-10 per week
 11-12 per week
 13-14 per week
 15-21 per week
 22-28 per week
 29+ per week

Do you currently take any of the following pain-relieving medications regularly (at least once a week)? Naproxen, ketoprofen or other non-steroidal (Aleve?, Feldene?, Indocin?, Naprosyn?, Orudis?, Relafen?).

- Yes
 No (0 or < 1 per week)

Total tablets per week?

- 1-2 per week
 3-4 per week
 5-6 per week
 7-8 per week
 9-10 per week
 11-12 per week
 13-14 per week
 15-21 per week
 22-28 per week
 29+ per week

Do you currently take any of the following pain-relieving medications regularly (at least once a week)? Cox-2 inhibitor (Celebrex?, Vioxx?).

- Yes
 No (0 or < 1 per week)

Total tablets per week?

- 1-2 per week
 3-4 per week
 5-6 per week
 7-8 per week
 9-10 per week
 11-12 per week
 13-14 per week
 15-21 per week
 22-28 per week
 29+ per week

Do you currently take any of the following pain-relieving medications regularly (at least once a week)? Acetaminophen (Aspirin-free Excedrin?, Tylenol?, Tempra?).

- Yes
 No (0 or < 1 per week)

Total tablets per week?

- 1-2 per week
 3-4 per week
 5-6 per week
 7-8 per week
 9-10 per week
 11-12 per week
 13-14 per week
 15-21 per week
 22-28 per week
 29+ per week

Did you stop the regular use of any of the following medications during the past 3 years? "Baby" or low-dose aspirin.

- Never took regularly or did not stop use
 Yes, I stopped regular use

Why did you stop regular use?

- Condition improved
 Don't work
 I had side effects
 I heard about side effects
 Drug no longer available
 Other

Did you stop the regular use of any of the following medications during the past 3 years? Aspirin or aspirin-containing product.

- Never took regularly or did not stop use
 Yes, I stopped regular use

Why did you stop regular use?

- Condition improved
 Don't work
 I had side effects
 I heard about side effects
 Drug no longer available
 Other

Did you stop the regular use of any of the following medications during the past 3 years? Ibuprofen.

- Never took regularly or did not stop use
 Yes, I stopped regular use

Why did you stop regular use?

- Condition improved
 Don't work
 I had side effects
 I heard about side effects
 Drug no longer available
 Other

Did you stop the regular use of any of the following medications during the past 3 years? Naproxen, ketoprofen, or other non-steroidal.

- Never took regularly or did not stop use
 Yes, I stopped regular use

Why did you stop regular use?

- Condition improved
 Don't work
 I had side effects
 I heard about side effects
 Drug no longer available
 Other

Did you stop the regular use of any of the following medications during the past 3 years? Cox-2 inhibitor.

- Never took regularly or did not stop use
 Yes, I stopped regular use

Why did you stop regular use?

- Condition improved
 Don't work
 I had side effects
 I heard about side effects
 Drug no longer available
 Other

Did you stop the regular use of any of the following medications during the past 3 years? Acetaminophen.

- Never took regularly or did not stop use
 Yes, I stopped regular use

Why did you stop regular use?

- Condition improved
 Don't work
 I had side effects
 I heard about side effects
 Drug no longer available
 Other

In the past 3 years, please indicate if you have taken either of the following types of medications. Statin medications such as Lovastatin (Mevacor?), Atorvastatin (Lipitor?), Rosuvastatin (Crestor?), Pravastatin (Pravachol?), Simvastatin (Zocor?), Fluvastatin (Lescol?)

- Yes, regularly (daily for at least 2 months)
 Yes, but not regularly
 No

In the past 3 years, please indicate if you have taken either of the following types of medications. Steroid medication in pill form such as Prednisone, Dexamethasone (Decadron?), Solumedrol (Medrol dose-pack?)

- Yes, regularly (daily for at least 2 months)
- Yes, but not regularly
- No