

PM. PRESCRIBED MEDICINES

(CORE ONLY)

PM1PRE

The following questions are about all of the medicines prescribed for {SP} in {FACILITY/READ FACILITIES IN HEADER ABOVE} {in {REFERENCE START MONTH} {between {REFERENCE START MONTH} and {REFERENCE END MONTH}}.

CURRENT TIMELINE

| PLACE NAME | START DATE | END DATE | PLACE TYPE |
|------------|------------|----------|------------|
| { } | { } | { } | { } |
| { } | { } | { } | { } |
| { } | { } | { } | { } |
| etc. | | | |

USE ARROW KEYS. TO EXIT, PRESS ESC.

PM1A

{What is the {first/next} month the prescribed medicine chart is available for {SP}/Is the prescribed medicine chart for {SP} for {REFERENCE DATE} available)?

SELECT ONE.

{REFERENCE DATE 1}
{REFERENCE DATE 2}
{REFERENCE DATE 3}
etc.

USE ARROW KEYS. TO SELECT/DESELECT, PRESS ENTER. TO EXIT, PRESS ESC.

PM1B

Does the chart show any prescribed medicines administered in {REFERENCE DATE}?

YES..... 1 (BOX PM4)
NO..... 0 (BOX PM0)

PRESS F1 FOR EXPLANATION OF ADMINISTERED.

| | |
|---------|--|
| BOX PM4 | If not first time coming to BOX PM4 and there were active medicines in most recent previous month for which PM data were collected, go to PM8. Else, go to PM2. |
|---------|--|

PM2

IN {REFERENCE DATE}:

What was the name of the prescribed medicine administered to {SP}?

TO SELECT/DESELECT PRESS ENTER. IF MEDICINE NOT ON LIST OR TO EXIT, PRESS ESC.

PRESS F1 FOR EXPLANATION OF "ADMINISTERED."

| | |
|---------|---|
| BOX PM1 | If <Escape> was entered in PM2 without selecting a medicine, go to PM2A; Else if no form and/or strength exists in the lookup file for PM2, then set a flag and go to PM3; Otherwise (a drug name was selected in PM2 and there is at least one combination of form and strength in the second Redbook file), go to PM2B. |
|---------|---|

PM2A

IN {REFERENCE DATE}:

What was the name of the prescribed medicine administered to {SP}?

 (PM3)

PM2B

In what form and strength was {DRUG NAME FROM PM2}?

{CHOICE LIST OF FORM & STRENGTH COMBINATIONS}

USE ARROW KEYS. TO SELECT/DESELECT, PRESS ENTER. TO EXIT, PRESS ESC.

| | |
|---------|--|
| BOX PM2 | If "ADD FORM AND STRENGTH" was selected, go to PM3; else, go to PM5. |
|---------|--|

PM3

IN {REFERENCE DATE}:

In what form was {NAME OF MEDICINE FROM PM2/PM2A}?
SELECT ONE.

| | |
|---|----|
| TABLET/CAPSULE/PILL | 1 |
| LIQUID (ORAL) | 2 |
| TOPICAL OINTMENT, CREME, LOTION, DROPS..... | 3 |
| SUPPOSITORIES | 4 |
| INHALANT, AEROSOL/SPRAY USED ORALLY | 5 |
| SHAMPOO, SOAP | 6 |
| INJECTION (BODY)..... | 7 |
| INTRAVENOUS (IV) | 8 |
| PATCHES | 9 |
| TOPICAL GEL/JELLY | 10 |
| POWDER..... | 11 |
| OTHER (SPECIFY:_____) | 91 |

USE ARROW KEYS. TO SELECT OR DESELECT, PRESS ENTER. TO EXIT, PRESS ESC.

~~MCG (MICROGRAMS)~~

7

PM4

What was the strength of {NAME OF MEDICINE FROM PM2/PM2A}?

ENTER NUMBER AND SELECT UNIT.

{IF NO STRENGTH SPECIFIED, ENTER 0 IN NUMBER FIELD AND SELECT "NO STRENGTH" IN UNITS. IF A COMPOUND MEDICINE, ENTER 0 IN NUMBER FIELD AND SELECT "CO" IN UNITS.}

()
NUMBER()
UNITS

| | |
|-------------|--|
| BOX PM2A | If PM3 = 8 (INTRAVENOUS), go to PM7. Else, go to PM5. |
|-------------|--|

PM5

IN {REFERENCE DATE}:

{The next few questions ask about the dosage of {NAME OF MEDICINE} {STRENGTH} {FORM}. {As you know, dosage has two attributes -- the number of units (pills, injections, patches, and so on) of a particular strength of medicine to be received at one time and how often this number of units was to be received. First, let me ask about the number of units.}

What was a single dosage of {NAME OF MEDICINE} {STRENGTH} {FORM}?

IF NO UNIT, ENTER SHIFT/5.

()
NUMBER

{PRESS F1 FOR EXPLANATION OF DOSAGE.}

PM6 omitted.

PM7

{IN {REFERENCE DATE};}

How often was this dosage of {NAME OF MEDICINE}, {NUMBER}, {STRENGTH}, {FORM} prescribed to be administered?

SELECT ONE.

| | | |
|--|----|--------|
| QD (1 TIME PER DAY) | 1 | |
| BID (2 TIMES PER DAY) | 2 | |
| TID (3 TIMES PER DAY) | 3 | |
| QID (4 TIMES PER DAY) | 4 | |
| Q__W (__ TIMES PER WEEK) | 16 | (PM7b) |
| QH (EVERY HOUR) | 5 | |
| Q4H (EVERY 4 HOURS) | 6 | |
| Q6H (EVERY 6 HOURS) | 7 | |
| Q8H (EVERY 8 HOURS) | 8 | |
| Q12H (EVERY 12 HOURS) | 9 | |
| Q__H (EVERY __ HOURS) | 10 | (PM7a) |
| AC (BEFORE MEALS) | 11 | |
| PC (AFTER MEALS) | 12 | |
| QHS (DAILY AT BED TIME) | 13 | |
| QOD (EVERY OTHER DAY) | 14 | |
| PRN (STANDING ORDER, AS NECESSARY) | 15 | |
| OTO (ONE TIME ONLY) | 17 | |
| OTHER (SPECIFY: _____) | 91 | |

USE ARROW KEYS. TO SELECT/DESELECT, PRESS ENTER. TO EXIT, PRESS ESC.

PM7a

EVERY _____ HOURS
(NUMBER)

PM7b

_____TIMES PER WEEK
(NUMBER)

PM8

In {REFERENCE DATE}, what was the total number of times [READ MEDICINES BELOW] was administered?

COUNT EACH TIME THE DRUG WAS GIVEN ON EACH DAY.

IF DRUG NOT LISTED ON CHART - AS SPECIFIED, PRESS SHIFT/5 IN # OF ITEMS.

| | # OF TIMES | DISCON- TINUED? Y=1 N=0 |
|---|---------------|-------------------------------|
| {NAME OF MEDICINE} {NUMBER} {STRENGTH} {FORM} {DOSAGE} | () | (0) |
| {NAME OF MEDICINE} {NUMBER} {STRENGTH} {FORM} {DOSAGE} | () | (0) |
| etc. | | |

USE ARROW KEYS. TO EXIT, PRESS ESC.

PM9

IN {REFERENCE DATE}:

Were any other prescribed medicines administered to {SP}?

| | | |
|-----------|----|-----------|
| YES | 1 | (PM2) |
| NO | 0 | (BOX PM3) |
| DK | -8 | (BOX PM3) |
| RF | -7 | (BOX PM3) |

BOX PM4 omitted.

BOX PM5 omitted.

| | |
|---------|--|
| BOX PM3 | If there are any NUMBER fields in the PM8 Matrix for which the interviewer has not entered a number, go to PM8 with the cursor residing on the first "empty" NUMBER FIELD; Else, go to BOX PM0. |
|---------|--|

PM10 omitted.

PM11 omitted.

| | |
|---------|---|
| BOX PM0 | If no REFERENCE DATES (months) remaining, go to PM10; Else go to PM1A. |
|---------|---|

PM10

DID YOU ABSTRACT?

| | | |
|----------------|---|---------|
| ALL..... | 1 | |
| MAJORITY | 2 | |
| HALF..... | 3 | |
| SOME..... | 4 | |
| NONE..... | 5 | (PMEND) |

PM11

WHY DID YOU ABSTRACT?

| | |
|---|----|
| NO KNOWLEDGEABLE RESPONDENT AVAILABLE | 1 |
| NO TIME/STAFF BURDEN TOO GREAT | 2 |
| REFUSAL--UNWILLING TO COOPERATE..... | 3 |
| OTHER (SPECIFY: _____) | 91 |

PMEND

YOU HAVE COMPLETED THE PRESCRIBED MEDICINES DATA COLLECTION FOR THIS SP.

PRESS ENTER TO RETURN TO NAVIGATION SCREEN.

