

3 Copy the name of the medicine, the strength (**include units**), and the total number of doses per day/week/month. Include all pills, liquid medications, eye drops, creams, salves, and supplements.

2 On the average during the last two weeks, how many of these did you take a day/week/month?

Medication Name
Print the first 20 letters only - Please print clearly

[illegible]

Strength(mg, IU, etc.)
Write the decimal
as one of the digits

___ D W M

— D W M

--- D W M

D W MD W MD W MD W M

— D W M

D W MD W MD W M

--- D W M

--- D W M

— D W M —

— D W M —

Number unable to transcribe:

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Comments:

[illegible]

Interview:

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Interviewer

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Month

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Day

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Year