



Exam 6
Home Visit:
Medications

Interviewer Administered

Section C Over-the-Counter Medications

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

4. 在過去兩週內，您平均每天/每週/每月使用這些藥的份量？

Medication Name

Print the first 20 letters only - please print clearly

Strength (mg, IU, etc.)

Write the decimal as one of the digits

__	D	W	M
__	D	W	M
__	D	W	M
__	D	W	M
__	D	W	M
__	D	W	M
__	D	W	M
__	D	W	M
__	D	W	M
__	D	W	M
__	D	W	M
__	D	W	M
__	D	W	M
__	D	W	M
__	D	W	M
__	D	W	M
__	D	W	M
__	D	W	M
__	D	W	M
__	D	W	M

Number unable to transcribe:

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Comments: _____

