**Medication Risk Factors Questionnaire/ Interview (4b)-Cont.**

**Section B. Systemic Use**

**Systemic Steroids**

1. Have ever been treated with steroids/prednisone for?
	1. Head trauma/ swelling of the brain Yes No
	2. Emphysema /COPD Yes No
	3. Pulmonary Fibrosis Yes No
	4. Pulmonary Hypertension Yes No
	5. Arthritis Yes No
	6. Lupus Yes No
	7. Inflammatory Bowel Disease Yes No
	8. Pain relief Yes No
	9. Psoriasis Yes No
	10. Allergic reactions Yes No
* What are you allergic to? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Are your allergic reactions severe? Yes No
* Have you ever had anaphylaxis/shock? Yes No
* Do your allergic reactions occur more than 4/year? Yes No
	1. Other(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes No

**If all the answers to question #1 are “No,” do not proceed.** The remaining questions, do not pertain to you, since you have never received steroids.

1. Did you take steroids/prednisone every day for a period of time? Yes No

1. Answer which time period best applies to you?
	1. Did you take steroids every day from 1 to 3 months? Yes No
	2. Did you take steroids every day from 3 months to 6 months? Yes No
	3. Did you take steroids every day for more than 6 months? Yes No

1. Answer which time period best applies to you:
	1. Do/did you take steroids intermittently/sporadically, for

example, more than 4 times a year? Yes No

* 1. Do/did you take steroids intermittently/sporadically,

more than 4 times a year for more than 2 years? Yes No

1. Did you receive the following steroid medications?

Cortef (hydrocortisone) Yes No

Prednisolone/Prednisone) Yes No

Medrol (methylprednisolone) Yes No

Aristocort (triamcinolone) Yes No

Florinef (fludrocortisone) Yes No

Decadron (dexamethasone) Yes No

Celestone (betamethasone) Yes No

Other(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes No

1. Did you answer “Yes” to Florinef, Decadron, or Celestone

In the above question #9? Yes No

1. Did you take one of the steroids listed above?
	1. More than 6 months Yes No
	2. More than one occasion Yes No
	3. More than 4x/year Yes No

1. Did you take 2 or more of the above listed steroids?
	1. For greater than 6 months Yes No
	2. On more than one occasion Yes No
	3. More than 4x/year Yes No

1. Have you been prescribed Florinef for any of the following disorders?
	1. Primary aldosteronism Yes No
	2. Renal tubular acidosis Yes No
	3. Neurally-mediated reflex syncope Yes No
	4. Other(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes No

1. Have you ever been treated with systemic

corticosteroids/prednisone for asthma? Yes No

**Total Systemic Steroid Score/Maximum Possible? [ /39]**

**Inhaled Steroids**

1. Do you have asthma or other lung problems that require

The use of inhaled steroids? Yes No

**[If the answer is “No”, do not proceed.** The remaining questions do not apply to you.]

1. Do you use steroid inhalers? Yes No

1. Did/do you take any of the following steroid inhalers? Yes No

If Yes, which one(s)?

* 1. Qvar (Beclomethasone) 40 mcg/puff? Yes No
	2. Qvar 80 mcg/puff? Yes No
	3. Azmacort (triamcinolone) 100 mcg/puff? Yes No
	4. Aerobid (flunisolide) 250 mcg/puff? Yes No
	5. Pulmicort (budesonide) 200 mcg/puff? Yes No
	6. Pulmicort Respules 250 mcg/puff? Yes No
	7. Pulmicort Respules 500 mcg/puff? Yes No
	8. Flovent (fluticasone) 44 mcg/puff? Yes No
	9. Flovent 110 mcg/puff? Yes No
	10. Flovent 220 mcg/puff? Yes No
	11. Advair (fluticasone/Salmeterol) 100/50? Yes No
	12. Advair 250/50? Yes No
1. Did you answer “Yes” to Flovent or Advair Inhalers? Yes No

1. Do you use steroid inhalers every day? Yes No
2. Answer which time period best applies to you:
	1. Did you take inhaled steroids every day from 1 to 3 month? Yes No
	2. Did you take steroids every day from 3 months to 6 months? Yes No
	3. Did you take steroids every day for more than 6 months? Yes No
3. Do you use steroid inhalers several times a day? Yes No
4. Do you use steroid inhalers sporadically: Yes No
	1. Less than twice per week? Yes No
	2. More than twice per week? Yes No
	3. More than three times per week? Yes No
	4. From 1 month to 3 months? Yes No
	5. From 3 to 6 months? Yes No
	6. Greater than 6 months? Yes No
5. Are you on more than one type of steroid inhaler? Yes No
	1. Did you take it on more than one occasion? Yes No
	2. Did you take it more than 6 months? Yes No
6. Did you take 2 or more of the steroid inhalers:
	1. On more than one occasion? Yes No
	2. For more than 6 months? Yes No

1. Do you take more than 1000 micrograms/day of your

steroid inhaler? Yes No

[To estimate the # of micrograms/day of your steroid inhaler

that you take: Multiply the micrograms per puff (on your

inhaler bottle) X the number of times you take it per day.

Most inhalers have the concentration of steroid/puff on the

Inhaler bottle. If your inhaler does not have it, refer to

Question 3 above, which lists the concentration of the more

commonly used inhalers.]

**Total Inhaled Steroid score/maximum possible [ /30]**

**Total Systemic Steroid Score/Maximum Possible [ /39]**

**Total Inhaled Steroid Score/maximum possible [ /30]**

**Patient’s Total Steroid Score/Maximum Score Possible [ /69]**