



## 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*

[illegible]

Strength (mg, IU, etc.)

Write the decimal as one of the digits

A vertical stack of 15 empty 1x8 grids, each consisting of 8 adjacent squares. These grids are intended for students to place dots representing data points for each category.

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