MHD Drug Use History

MHD 1 Do you have asthma or other allergies requiring treatment?

1. ☐ No 2. ☐ Yes 3. ☐ Do not know

If yes, what drugs have you taken for asthma or allergies?_____

MHD2 Have you ever been treated with radiotherapy for cancer?

1. No ☐ 2. Yes☐ 3. ☐ Do not know

MHD22 **If yes**, Number of times _____

MHD23 Dates from _____ to _____

MHD24 Type of cancer treated_____

MHD 3 Have you ever been treated with chemotherapy for cancer?

1. No ☐ 2. Yes ☐ 3. ☐ Do not know

MHD32 **If yes**, Number of times _____

MHD33Date from _____ to _____

MHD34drugs used _____

MHD35Type of cancer treated_____

MHD4 Have you ever taken any of following medicine for more than one month:

1. No ☐ 2. Yes ☐ 3. ☐ Do not know

Check if yes	Medications	Year Started	How long	Year stopped
	Chloramphenicol (Chloromycetin)			
	Sulfonamides			
	Meprobamate			
	Phenatoin (or dilantin)			
	Colchicine			
	Cyclophosphamide			
	Propylthiouracil			
	Anti-TB medication			
	Tolbutamide (D860)			
	Primaquine			

Chinese traditional herbs

MHH 1 List all Chinese traditional herbs that you have taken for more than one month:

1. No ☐ 2. Yes ☐ 3. ☐ Do not know

Check if yes	**Chinese traditional herbs**	Year Started	How long	Year stopped
	Bezoar			
	Angelica			
	Arsenic: Arsenic Sulphide, Arsenic Oxide, Organic arsenic compounds			
	Thunder cloud vine			
	Any lead containing tablets or preparations			