

Tempra®)										
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2. Did you stop the regular use of any of the following medications during the past 3 years? If yes, please tell us why.	Never took regularly or did not stop use	Yes, I stopped regular use	Why did you stop regular use? (Mark all that apply)					
			Condition improved	Dont work	I had side effects	I heard about side effects	Drug no longer available	Other
"Baby" or low-dose aspirin								
Aspirin or aspirin-containing product								
Ibuprofen								
Naproxen, ketoprofen or other non-steroidal								
Cox-2 inhibitor								
Acetaminophen								

3. In the past 3 years, please indicate if you have taken either of the following types of medications.	No	Yes, regularly (daily for at least 2 months)	Yes, but not regularly

Statin medications such as lovastatin (Mevacor®), atorvastatin (Lipitor®), rosuvastatin (Crestor®), pravastatin (Pravachol®), simvastatin (Zocor®), fluvastatin (Lescol®)			
Steroid medication in pill form such as prednisone, dexamethasone (Decadron®), solumedrol (Medrol dose-pack®)			

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