Many medications can affect gastric functioning, the cardiovascular system, and the sweat response, which will affect the results of this research. Please list all prescription, non-prescription, and recreational drugs (including prescriptions not prescribed to you) you are currently taking or have taken in the past two weeks.

All answers are completely confidential.

Are you currently taking any antidepressants (i.e. Prozac, Lexapro, Zoloft, Wellbutrin, etc.)?

If yes, which?

What is the dosage of each [med]?

How long have you been taking each [med]?  
Have you taken each [med] today?

Are you taking any anxiolytic medications like benzodiazepines, beta-blockers, sedatives, etc. (i.e. Xanax, Valium, Propranolol, etc.)?

If yes, which?

What is the dosage of each [med]?

How long have you been taking each [med]?  
Have you taken each [med] today?

Are you currently taking (or in the past 6 months have taken) antibiotics?

If yes, which? \_\_\_\_\_\_

What is/was the dosage of [med]?

How long have you been taking [med]?  
Have you taken this [med] today?

Are you taking any stimulants? I.e Adderall? yes/ no

If yes, which? \_\_\_\_\_\_

What is the dosage of [med]

How long have you been taking [med]   
Have you taken this [med] today?

Are you taking nonsteroidal anti-inflammatory agents (NSAIDs), i.e Aspirin, Ibuprofen? yes/ no

If yes, which? \_\_\_\_\_\_

What is the dosage of [med]

How long have you been taking [med]   
Have you taken this [med] today?

Are you taking any type of narcotic, i.e prescription painkillers such as codeine, hydrocodone, oxycodone? yes/ no

If yes, which? \_\_\_\_\_\_

What is the dosage of [med]

How long have you been taking [med]   
Have you taken this [med] today?

Are you taking any type of antacid, i.e. Tums, Alka Seltzer, etc.? yes/no

If yes, which? \_\_\_\_\_\_

What is the dosage of [med]?  
How long have you been taking [med]?  
Have you taken this [med] today?

Are you taking any probiotics or prebiotics? yes/no

If yes, which? \_\_\_\_\_\_

What is the dosage of [med]?  
How long have you been taking [med]?  
Have you taken this [med] today?

Are you taking any supplements i.e. vitamin C, iron, zinc? yes/no

If yes, which? \_\_\_\_\_\_

What is the dosage of [med]?  
How long have you been taking [med]?  
Have you taken this [med] today?

Are you currently taking any medications specifically to treat gastrointestinal issues? yes/no

If yes, which? \_\_\_\_\_\_

What is the dosage of [med]?  
How long have you been taking [med]?  
Have you taken this [med] today?

Are you currently taking any other medication/drug not previously specified? yes/no

If yes, which? \_\_\_\_\_\_

What is the dosage of [med]?  
How long have you been taking [med]?  
Have you taken this [med] today?

Comments: