SECTION O. MEDICATIONS

1.	NUMBER OF MEDICA-TIONS	(***Record the number of different*** *medications used in the* ***last 7 days****; enter "0" if none used*)	
2.	NEW MEDICA-TIONS	(*Resident currently receiving medications that were initiated during the* ***last 90 days***) 0. No 1. Yes	
3.	INJECTIONS	(***Record the number of DAYS*** *injections of any type received during the* ***last 7 days****; enter "0" if none used*)	
4.	DAYS RECEIVED THE FOLLOWING MEDICATION	(***Record the number of DAYS*** *during* ***last 7 days****; enter "0" if not used. Note—enter "1" for long-acting meds used less than weekly*) **a.** Antipsychotic **b.** Antianxiety **c.** Antidepressant **d.** Hypnotic **e.** Diuretic	