

**DIETARY SUPPLEMENTS – DSA
DAY 1 MEC QUESTIONNAIRE
Target Group: MEC Dietary Respondents**

BOX 1

IF SUPPLEMENTS COLLECTED IN HOUSEHOLD INTERVIEW, GO TO BOX 2
ELSE CONTINUE.

DSA001 The next questions are about {your/SP's} use of dietary supplements, including prescription and over the counter supplements. All day yesterday, {day}, between midnight and midnight, did {you/SP} take any vitamins, minerals, herbals or other dietary supplements?

[SHOW SUPPLEMENT HANDCARD]

- YES.....1 (BOX 7)
- NO.....2 (BOX 10)
- REFUSED..... 7 (BOX 10)
- DON'T KNOW.....9 (BOX 10)

BOX 2

SUPPLEMENT REVIEW TABLE

PRESENT DSA010 THROUGH DSA040 AS A GRID WHERE EACH ROW CONTAINS THE RELEVANT INFORMATION ABOUT A SUPPLEMENT COLLECTED IN THE HOUSEHOLD INTERVIEW.

CONTINUE.

DSA020

{Taken Last 24 Hours}

TEXT 1: The next questions are about {your/SP's} use of dietary supplements, vitamins, minerals and herbals all day yesterday, {day}, between midnight and midnight. This includes prescription and over the counter dietary supplements. During the interview in your home {you reported taking/it was reported {you/he/she} took} {SUPPLEMENT NAME FROM DSA010.}

TEXT 2: It was also reported {you/SP} took {SUPPLEMENT NAME FROM DSA010}.

Did {you/SP} take this supplement yesterday {day}, (between midnight and midnight)?

[CONTINUE ASKING ABOUT EACH SUPPLEMENT LISTED IN TABLE]

CAP I INSTRUCTION: IF THIS IS THE FIRST SUPPLEMENT BEING REVIEWED, DISPLAY TEXT 1 ELSE DISPLAY TEXT 2.

CAP I INSTRUCTION: IF SP Age > 15 DISPLAY 'you reported taking' ELSE DISPLAY 'it was reported {you/he/she} took'.

- YES 1
- NO 2 (BOX 6)
- REFUSED 7 (BOX 6)
- DON'T KNOW 9 (BOX 6)

BOX 3

IF THE FORM IS KNOWN FROM HOUSEHOLD INTERVIEW QUESTION DSQ077
CONTINUE, ELSE GO TO DSA030.

DSA025

{Form Taken}

Was {SUPPLEMENT NAME FROM DSA010} a {FORM FROM HOUSEHOLD INTERVIEW QUESTION DSQ077}?

- YES 1 (DSA030)
- NO 2
- REFUSED 7 (DSA030)
- DON'T KNOW 9 (DSA030)

BOX 4

CHANGE DSA020 TO "NO" AND INSERT A NEW LINE IN THE GRID.
PREFILL DSA020 ON THE NEW LINE TO "YES".
GO TO DSA010 ON THE NEW LINE.

DSA010 {Supplements}

What is the name of the supplement {you/SP} took?

[PROBES: Record the name. Use name probes.]

Multivitamin and/or Multimineral:

What is the brand name?

Did it also include minerals like iron, zinc, or calcium?

Iron only

Was it a special type? {(silver, women's, men's, prenatal, liquid)/(chewable, complete, with iron, with extra C)}

Single/double nutrient:

What is the brand name?

How much (ingredient name) was in it? (or what was the strength of X)

Other supplement type:

Please describe the label name or type of supplement {(fluoride)}

What is the brand name?]

CAPI INSTRUCTION: IF SP IS UNDER 12 YEARS OLD, DISPLAY '(chewable, complete, with iron, with extra C)'

ELSE DISPLAY '(silver, women's, men's, prenatal, liquid)'

CAPI INSTRUCTION: IF SP IS UNDER 12 YEARS OLD, DISPLAY '(fluoride)'

HARD EDIT: AT LEAST ONE SUPPLEMENT SHOULD BE ENTERED (DSA010 FILLED)

ERROR MESSAGE: "YOU MUST COLLECT INFORMATION FOR AT LEAST ONE SUPPLEMENT OR BACK UP AND ANSWER "NO" TO DSA001."

ENTER SUPPLEMENT NAME

REFUSED 7

DON'T KNOW 9

DSA015 {Pick List}

What is the name of the supplement {you/SP} took?

[PROBES: Record the name. Use name probes.]

Multivitamin and/or Multimineral:

What is the brand name?

Did it also include minerals like iron, zinc, or calcium?

Iron only

Was it a special type? {(silver, women's, men's, prenatal, liquid)/(chewable, complete, with iron, with extra C)}

Single/double nutrient:

What is the brand name?

How much (ingredient name) was in it? (or what was the strength of X)

Other supplement type:

Please describe the label name or type of supplement {(fluoride)}

What is the brand name?]

CAPI INSTRUCTION: IF SP IS UNDER 12 YEARS OLD, DISPLAY '(chewable, complete, with iron, with extra C)

ELSE DISPLAY '(silver, women's, men's, prenatal, liquid)'

CAPI INSTRUCTION: IF SP IS UNDER 12 YEARS OLD, DISPLAY '(fluoride)'.

PICK SUPPLEMENT NAME FROM LIST OR
ENTER "*** PRODUCT NOT ON LIST"

REFUSED 7
DON'T KNOW 9

DSA030 {Quantity Taken}

Between midnight and midnight, how much did {you/SP} take?

[ENTER THE NUMBER]

SOFT EDIT: Quantity should be less than 10

Error Message: "YOU SAID YOU TOOK {QUANTITY TAKEN}. IS THAT CORRECT?"

ENTER QUANTITY

REFUSED 7
DON'T KNOW 9

BOX 5

IF THE FORM IS KNOWN FROM HOUSEHOLD INTERVIEW QUESTION DSQ077,
PREFILL DSA035 WITH DSQ077 AND GO TO BOX 6, ELSE CONTINUE.

DSA035 {Unit Taken}
OS (Was it a tablet, capsule, pill, caplet, softgel, or something else?)
[SELECT FORM/UNIT]

- Tablets, capsules, pills, caplets, softgels,
gelcaps, vegicaps, chewable tablets..... 1 (BOX 6)
- Droppers..... 2 (BOX 6)
- Drops..... 3 (BOX 6)
- Injection/Shots..... 5 (BOX 6)
- Lozenges/Cough Drops..... 6 (BOX 6)
- Milliliters..... 7
- Tablespoons..... 11
- Teaspoons..... 12
- Wafers..... 13 (BOX 6)
- Cans..... 15
- Grams..... 16
- Dots..... 17 (BOX 6)
- Cups..... 18
- Sprays/Squirts..... 19 (BOX 6)
- Chews/Gummies..... 20 (BOX 6)
- Scoops..... 21
- Capfuls..... 23
- Ounces..... 27
- Packages/Packets..... 28 (BOX 6)
- Vials..... 29 (BOX 6)
- Gumballs..... 30 (BOX 6)
- Other form (specify)..... 91 (BOX 6)
- REFUSED..... 77 (BOX 6)
- DON'T KNOW..... 99 (BOX 6)

DSA040 {Liquid/Powder}

Was that a liquid or powder?

LIQUID	1
POWDER	2
REFUSED	7
DON'T KNOW	9

BOX 6

IF THERE ARE MORE SUPPLEMENTS TO REVIEW, GO TO DSA020 FOR THE NEXT SUPPLEMENT, ELSE CONTINUE.

DSA060 All day yesterday, {day}, between midnight and midnight, did {you/SP} take any other vitamins, minerals, herbals or other dietary supplements? Include any prescription and over the counter dietary supplements.

[SHOW SUPPLEMENT HANDCARD]

YES	1
NO	2 (BOX 10)
REFUSED	7 (BOX 10)
DON'T KNOW	9 (BOX 10)

BOX 7

New Supplements Table

PRESENT DSA070 THROUGH DSA115 AS A GRID.
IF THERE WERE SUPPLEMENTS REVIEWED (Supplement Review Table) THEN DISPLAY THOSE VALUES HERE IN THE FIRST ROWS.

CONTINUE.

DSA070

{Supplements}

{What is the name of the supplement {you/SP} took?/Any others?}

{[REPEAT UNTIL ALL SUPPLEMENTS HAVE BEEN REPORTED]}

[PROBES: Record the name. Use name probes.

Multivitamin and/or Multimineral:

What is the brand name?

Did it also include minerals like iron, zinc, or calcium?

Iron only

Was it a special type? {(silver, women's, men's, prenatal, liquid)/(chewable, complete, with iron, with extra C)}

Single/double nutrient:

What is the brand name?

How much (ingredient name) was in it? (or what was the strength of X)

Other supplement type:

Please describe the label name or type of supplement {(fluoride)}

What is the brand name?]

CAPI INSTRUCTION: IF FIRST TIME ON THIS SCREEN, DISPLAY 'What is the name of the supplement {you/SP} took?' ELSE DISPLAY 'Any others? [REPEAT UNTIL ALL SUPPLEMENTS HAVE BEEN REPORTED]'

CAPI INSTRUCTION: IF SP IS UNDER 12 YEARS OLD, DISPLAY (chewable, complete, with iron, with extra C)
ELSE DISPLAY (silver, women's, men's, prenatal, liquid).

CAPI INSTRUCTION: IF SP IS UNDER 12 YEARS OLD, DISPLAY (fluoride).

HARD EDIT: AT LEAST ONE SUPPLEMENT SHOULD BE ENTERED (DSA070 FILLED)

ERROR MESSAGE: "YOU MUST COLLECT INFORMATION FOR AT LEAST ONE SUPPLEMENT OR BACK UP AND ANSWER "NO" TO DSA060."

ENTER SUPPLEMENT NAME

REFUSED 7

DON'T KNOW 9

BOX 8

IF SUPPLEMENT NAME ENTERED, CONTINUE
ELSE GO TO BOX 10.

DSA075 {Pick List}
{What is the name of the supplement {you/SP} took?/Any others?}
[REPEAT UNTIL ALL SUPPLEMENTS HAVE BEEN REPORTED]

[PROBES: Record the name. Use name probes.]

Multivitamin and/or Multimineral:

- What is the brand name?
- Did it also include minerals like iron, zinc, or calcium?
- Iron only
- Was it a special type? {(silver, women's, men's, prenatal, liquid)/(chewable, complete, with iron, with extra C)}

Single/double nutrient:

- What is the brand name?
- How much (ingredient name) was in it? (or what was the strength of X)

Other supplement type:

- Please describe the label name or type of supplement {(fluoride)}
- What is the brand name?]

CAPI INSTRUCTION: IF FIRST TIME ON THIS SCREEN, DISPLAY 'What is the name of the supplement {you/SP} took?' ELSE DISPLAY 'Any others? [REPEAT UNTIL ALL SUPPLEMENTS HAVE BEEN REPORTED]'.

CAPI INSTRUCTION: IF SP IS UNDER 12 YEARS OLD, DISPLAY (chewable, complete, with iron, with extra C)
ELSE DISPLAY (silver, women's, men's, prenatal, liquid).

CAPI INSTRUCTION: IF SP IS UNDER 12 YEARS OLD, DISPLAY (fluoride).

PICK SUPPLEMENT NAME FROM LIST OR
ENTER "*** PRODUCT NOT ON LIST"

REFUSED 7
DON'T KNOW 9

DSA105 {Quantity Taken}
Between midnight and midnight, how much did {you/SP} take?

[ENTER THE NUMBER]

SOFT EDIT: Quantity should be less than 10
Error Message: "YOU SAID YOU TOOK {QUANTITY TAKEN}. IS THAT CORRECT?"

ENTER QUANTITY

REFUSED 7
DON'T KNOW 9

DSA110 {Unit Taken}
OS (Was it a tablet, capsule, pill, caplet, softgel, or something else?)

[SELECT FORM/UNIT]

- Tablets, capsules, pills, caplets, softgels,
gelcaps, vegicaps, chewable tablets..... 1 (BOX 9)
- Droppers..... 2 (BOX 9)
- Drops..... 3 (BOX 9)
- Injection/Shots 5 (BOX 9)
- Lozenges/Cough Drops 6 (BOX 9)
- Milliliters..... 7
- Tablespoons 11
- Teaspoons..... 12
- Wafers 13 (BOX 9)
- Cans 15
- Grams..... 16
- Dots 17 (BOX 9)
- Cups 18
- Sprays/Squirts 19 (BOX 9)
- Chews/Gummies 20 (BOX 9)
- Scoops 21
- Capfuls 23
- Ounces 27
- Packages/Packets 28 (BOX 9)
- Vials..... 29 (BOX 9)
- Gumballs 30 (BOX 9)
- Other form (specify)..... 91 (BOX 9)
- REFUSED 77 (BOX 9)
- DON'T KNOW 99 (BOX 9)

DSA115 {Liquid/Powder}
Was that a liquid or powder?

- LIQUID 1
- POWDER 2
- REFUSED 7
- DON'T KNOW 9

BOX 9

GO TO DSA070 ON NEXT ROW.

BOX 10

IF ANTACIDS COLLECTED IN HOUSEHOLD INTERVIEW, GO TO BOX 11,
ELSE CONTINUE.

DSA005 The next questions are about {your/SP's} use of non-prescription antacids. All day yesterday, {day},
between midnight and midnight did {you/SP} take any antacids?

[SHOW ANTACID HANDCARD]

YES 1 (BOX 13)
NO 2 (BOX 16)
REFUSED..... 7 (BOX 16)
DON'T KNOW..... 9 (BOX 16)

BOX 11

Antacid Review Table

PRESENT DSA145 THROUGH DSA165 AS A GRID WHERE EACH ROW CONTAINS
THE RELEVANT INFORMATION ABOUT AN ANTACID COLLECTED IN THE
HOUSEHOLD INTERVIEW.

CONTINUE.

DSA145

{Taken Last 24 Hours}

TEXT 1: The next questions are about {your/SP's} use of non-prescription antacids. During the interview in your home {you reported taking/it was reported {you/he/she} took} {ANTACID NAME}.

TEXT 2: It was also reported {you/SP} took {ANTACID NAME}.

Did you take this antacid yesterday {day}, (between midnight and midnight)?

[CONTINUE ASKING ABOUT EACH ANTACID LISTED IN TABLE]

CAPI INSTRUCTION: IF THIS IS THE FIRST ANTACID BEING REVIEWED, DISPLAY TEXT 1, ELSE DISPLAY TEXT 2.

CAPI INSTRUCTION: IF SP Age > 15, DISPLAY 'you reported taking' ELSE DISPLAY 'it was reported {you/he/she} took'.

YES	1
NO	2 (BOX 12)
REFUSED	7 (BOX 12)
DON'T KNOW	9 (BOX 12)

DSA155

{Quantity Taken}

Between midnight and midnight, how much did {you/SP} take?

[ENTER THE NUMBER]

SOFT EDIT: Quantity should be less than 10

Error Message: "YOU SAID YOU TOOK {QUANTITY TAKEN}. IS THAT CORRECT?"

ENTER QUANTITY

REFUSED	7
DON'T KNOW	9

DSA160 {Unit Taken}
OS (Was it a tablet, capsule, pill, caplet, softgel, or something else?)

[SELECT FORM/UNIT]

Tablets, capsules, pills, caplets, softgels, gelcaps, vegicaps, chewable tablets.....	1 (BOX 12)
Droppers.....	2 (BOX 12)
Drops.....	3 (BOX 12)
Injection/Shots.....	5 (BOX 12)
Lozenges/Cough Drops.....	6 (BOX 12)
Milliliters.....	7
Tablespoons.....	11
Teaspoons.....	12
Wafers.....	13 (BOX 12)
Cans.....	15
Grams.....	16
Dots.....	17 (BOX 12)
Cups.....	18
Sprays/Squirts.....	19 (BOX 12)
Chews/Gummies.....	20 (BOX 12)
Scoops.....	21
Capfuls.....	23
Ounces.....	27
Packages/Packets.....	28 (BOX 12)
Vials.....	29 (BOX 12)
Gumballs.....	30 (BOX 12)
Other form (specify).....	91 (BOX 12)
REFUSED.....	77 (BOX 12)
DON'T KNOW.....	99 (BOX 12)

DSA165 {Liquid/Powder}
Was that a liquid or powder?

LIQUID.....	1
POWDER.....	2
REFUSED.....	7
DON'T KNOW.....	9

BOX 12

IF THERE ARE MORE ANTACIDS TO REVIEW, GO TO DSA145 FOR THE NEXT ANTACID, ELSE CONTINUE.

DSA065 All day yesterday, {day}, between midnight and midnight, did {you/SP} take any other antacids?

[SHOW ANTACID HANDCARD]

YES	1
NO	2 (BOX 16)
REFUSED	7 (BOX 16)
DON'T KNOW	9 (BOX 16)

BOX 13

New Antacids Table

PRESENT DSA170 THROUGH DSA215 AS A GRID.
IF THERE WERE ANTACIDS REVIEWED (Antacid Review Table), THEN DISPLAY THOSE VALUES HERE IN THE FIRST ROWS.

CONTINUE.

DSA170 {Antacids}
{What is the name of the antacid {you/SP} took?/Any others?}

{[REPEAT UNTIL ALL ANTACIDS HAVE BEEN REPORTED]}

[PROBES: What is the brand name? Was it extra strength, regular strength, ultra, maximum strength?]

[IF ANTACID NOT ON LIST, TYPE *Product not on list**]**

CAPI INSTRUCTION: IF FIRST TIME ON THIS SCREEN, DISPLAY 'What is the name of the antacid {you/SP} took'
ELSE DISPLAY 'Any others? [REPEAT UNTIL ALL ANTACIDS HAVE BEEN REPORTED]'

HARD EDIT: AT LEAST ONE ANTACID SHOULD BE ENTERED (DSA170 FILLED)
ERROR MESSAGE: "YOU MUST COLLECT INFORMATION FOR AT LEAST ONE ANTACID OR BACK UP AND ANSWER "NO" TO {DSA005/DSA065.}"

CAPI INSTRUCTION: IF ANTACIDS WAS COLLECTED IN HOUSEHOLD INTERVIEW, DISPLAY "DSA065"; OTHERWISE DISPLAY "DSA005".

ENTER ANTACID NAME

REFUSED 7
DON'T KNOW 9

BOX 14

IF ANTACID ENTERED, CONTINUE, ELSE GO TO BOX 16.

DSA175 {Pick List}
{What is the name of the antacid {you/SP} took?/Any others?}

{[REPEAT UNTIL ALL ANTACIDS HAVE BEEN REPORTED]}

[PROBES: What is the brand name? Was it extra strength, regular strength, ultra, maximum strength?]

[IF ANTACID NOT ON LIST, TYPE "*Product not on list"]**

CAPI INSTRUCTION: IF FIRST TIME ON THIS SCREEN, DISPLAY 'What is the name of the antacid {you/SP} took'
ELSE DISPLAY 'Any others? [REPEAT UNTIL ALL ANTACIDS HAVE BEEN REPORTED]'

ENTER ANTACID NAME FROM LIST OR
ENTER "***PRODUCT NOT ON LIST"

REFUSED 7
DON'T KNOW 9

DSA205 {Quantity Taken}
Between midnight and midnight, how much did {you/SP} take?

[ENTER THE NUMBER]

SOFT EDIT: Quantity should be less than 10
Error Message: "YOU SAID YOU TOOK {QUANTITY TAKEN}. IS THAT CORRECT?"

ENTER QUANTITY

REFUSED 7
DON'T KNOW 9

DSA210 {Unit Taken}
OS (Was it a tablet, capsule, pill, caplet, softgel, or something else?)

[SELECT FORM/UNIT]

Tablets, capsules, pills, caplets, softgels,

gelcaps, vegicaps, chewable tablets.....	1 (BOX 15)
Droppers.....	2 (BOX 15)
Drops.....	3 (BOX 15)
Injection/Shots.....	5 (BOX 15)
Lozenges/Cough Drops.....	6 (BOX 15)
Milliliters.....	7
Tablespoons.....	11
Teaspoons.....	12
Wafers.....	13 (BOX 15)
Cans.....	15
Grams.....	16
Dots.....	17 (BOX 15)
Cups.....	18
Sprays/Squirts.....	19 (BOX 15)
Chews/Gummies.....	20 (BOX 15)
Scoops.....	21
Capfuls.....	23
Ounces.....	27
Packages/Packets.....	28 (BOX 15)
Vials.....	29 (BOX 15)
Gumballs.....	30 (BOX 15)
Other form (specify).....	91 (BOX 15)
REFUSED.....	77 (BOX 15)
DON'T KNOW.....	99 (BOX 15)

DSA215 {Liquid/Powder}
Was that a liquid or powder?

LIQUID.....	1
POWDER.....	2
REFUSED.....	7
DON'T KNOW.....	9

BOX 15

GO TO DSA170 ON NEXT ROW.

BOX 16

END

**DIETARY SUPPLEMENTS – DSA
DAY 2 PHONE QUESTIONNAIRE
Target Group: Phone Dietary Respondents**

BOX 1

IF SUPPLEMENTS COLLECTED IN PREVIOUS INTERVIEW, GO TO BOX 2
ELSE CONTINUE.

DSA001 The next questions are about {your/SP's} use of dietary supplements, including prescription and over the counter supplements. All day yesterday, {day}, between midnight and midnight, did {you/SP} take any vitamins, minerals, herbals or other dietary supplements?

[REFER SP TO SUPPLEMENT HANDCARD]

- YES.....1 (BOX 7)
- NO.....2 (BOX 10)
- REFUSED..... 7 (BOX 10)
- DON'T KNOW.....9 (BOX 10)

BOX 2

SUPPLEMENT REVIEW TABLE

PRESENT DSA010 THROUGH DSA040 AS A GRID WHERE EACH ROW CONTAINS THE RELEVANT INFORMATION ABOUT A SUPPLEMENT COLLECTED IN THE PREVIOUS INTERVIEW.

CONTINUE.

DSA020

{Taken Last 24 Hours}

TEXT 1: The next questions are about {your/SP's} use of dietary supplements, vitamins, minerals and herbals all day yesterday, {day}, between midnight and midnight. This includes prescription and over the counter dietary supplements. During the interview in {your home and our exam center/your home/our exam center} {you reported taking/it was reported {you/he/she} took} {SUPPLEMENT NAME FROM DSA010.}

TEXT 2: It was also reported {you/SP} took {SUPPLEMENT NAME FROM DSA010}.

Did {you/SP} take this supplement yesterday {day}, (between midnight and midnight)?

[CONTINUE ASKING ABOUT EACH SUPPLEMENT LISTED IN TABLE]

CAPI INSTRUCTION: IF THIS IS THE FIRST SUPPLEMENT BEING REVIEWED, DISPLAY TEXT 1 ELSE DISPLAY TEXT 2.

CAPI INSTRUCTION: IF SP Age > 15 DISPLAY 'you reported taking' ELSE DISPLAY 'it was reported {you/he/she} took'.

- YES 1
- NO 2 (BOX 6)
- REFUSED 7 (BOX 6)
- DON'T KNOW 9 (BOX 6)

BOX 3

IF THE FORM IS KNOWN FROM PREVIOUS INTERVIEW QUESTION DSQ077
CONTINUE, ELSE GO TO DSA030.

DSA025

{Form Taken}

Was {SUPPLEMENT NAME FROM DSA010} a {FORM FROM PREVIOUS INTERVIEW QUESTION DSQ077}?

- YES 1 (DSA030)
- NO 2
- REFUSED 7 (DSA030)
- DON'T KNOW 9 (DSA030)

BOX 4

CHANGE DSA020 TO "NO" AND INSERT A NEW LINE IN THE GRID.
PREFILL DSA020 ON THE NEW LINE TO "YES".
GO TO DSA010 ON THE NEW LINE.

DSA010 {Supplements}

Can you please locate the containers for all the dietary supplements you took? I will wait while you get them.

Can you please read to me all the words on the front label?

[REPEAT UNTIL ALL SUPPLEMENTS HAVE BEEN REPORTED]

[PROBES: Record the name. Use name probes.]

Multivitamin and/or Multimineral:

What is the brand name?

Did it also include minerals like iron, zinc, or calcium?

Iron only

Was it a special type? {(silver, women's, men's, prenatal, liquid)/(chewable, complete, with iron, with extra C)}

Single/double nutrient:

What is the brand name?

How much (ingredient name) was in it? (or what was the strength of X)

Other supplement type:

Please describe the label name or type of supplement {(fluoride)}

What is the brand name?]

CAPI INSTRUCTION: IF SP IS UNDER 12 YEARS OLD, DISPLAY '(chewable, complete, with iron, with extra C)'

ELSE DISPLAY '(silver, women's, men's, prenatal, liquid)'

CAPI INSTRUCTION: IF SP IS UNDER 12 YEARS OLD, DISPLAY '(fluoride)'.

HARD EDIT: AT LEAST ONE SUPPLEMENT SHOULD BE ENTERED (DSA010 FILLED)

ERROR MESSAGE: "YOU MUST COLLECT INFORMATION FOR AT LEAST ONE SUPPLEMENT OR BACK UP AND ANSWER "NO" TO DSA001."

ENTER SUPPLEMENT NAME

REFUSED 7
DON'T KNOW 9

DSA015 {Pick List}

Can you please locate the containers for all the dietary supplements {you/SP} took? I will wait while you get them.

Can you please read to me all the words on the front label?

[REPEAT UNTIL ALL SUPPLEMENTS HAVE BEEN REPORTED]

[PROBES: Record the name. Use name probes.]

Multivitamin and/or Multimineral:

What is the brand name?

Did it also include minerals like iron, zinc, or calcium?

Iron only

Was it a special type? {(silver, women's, men's, prenatal, liquid)/(chewable, complete, with iron, with extra C)}

Single/double nutrient:

What is the brand name?

How much (ingredient name) was in it? (or what was the strength of X)

Other supplement type:

Please describe the label name or type of supplement {(fluoride)}

What is the brand name?]

CAPI INSTRUCTION: IF SP IS UNDER 12 YEARS OLD, DISPLAY '(chewable, complete, with iron, with extra C)

ELSE DISPLAY '(silver, women's, men's, prenatal, liquid)'

CAPI INSTRUCTION: IF SP IS UNDER 12 YEARS OLD, DISPLAY '(fluoride)'

PICK SUPPLEMENT NAME FROM LIST OR
ENTER "*** PRODUCT NOT ON LIST"

REFUSED 7
DON'T KNOW 9

DSA030 {Quantity Taken}

Between midnight and midnight, how much did {you/SP} take?

[ENTER THE NUMBER]

SOFT EDIT: Quantity should be less than 10

Error Message: "YOU SAID YOU TOOK {QUANTITY TAKEN}. IS THAT CORRECT?"

ENTER QUANTITY

REFUSED 7
DON'T KNOW 9

BOX 5

IF THE FORM IS KNOWN FROM PREVIOUS INTERVIEW QUESTION DSQ077,
PREFILL DSA035 WITH DSQ077 AND GO TO BOX 6, ELSE CONTINUE.

DSA035 {Unit Taken}
 OS (Was it a tablet, capsule, pill, caplet, softgel, or something else?)

[SELECT FORM/UNIT]

Tablets, capsules, pills, caplets, softgels, gelcaps, vegicaps, chewable tablets.....	1 (BOX 6)
Droppers.....	2 (BOX 6)
Drops.....	3 (BOX 6)
Injection/Shots	5 (BOX 6)
Lozenges/Cough Drops	6 (BOX 6)
Milliliters.....	7
Tablespoons	11
Teaspoons.....	12
Wafers	13 (BOX 6)
Cans	15
Grams.....	16
Dots.....	17 (BOX 6)
Cups	18
Sprays/Squirts	19 (BOX 6)
Chews/Gummies	20 (BOX 6)
Scoops	21
Capfuls	23
Ounces	27
Packages/Packets	28 (BOX 6)
Vials.....	29 (BOX 6)
Gumballs	30 (BOX 6)
Other form (specify).....	91 (BOX 6)
REFUSED	77 (BOX 6)
DON'T KNOW	99 (BOX 6)

DSA040 {Liquid/Powder}
 Was that a liquid or powder?

LIQUID	1
POWDER	2
REFUSED	7
DON'T KNOW	9

BOX 6

IF THERE ARE MORE SUPPLEMENTS TO REVIEW, GO TO DSA020 FOR THE NEXT SUPPLEMENT, ELSE CONTINUE.

DSA060 All day yesterday, {day}, between midnight and midnight, did {you/SP} take any other vitamins, minerals, herbals or other dietary supplements? Include any prescription and over the counter dietary supplements.

[REFER SP TO SUPPLEMENT HANDCARD]

YES	1
NO	2 (BOX 10)
REFUSED	7 (BOX 10)
DON'T KNOW	9 (BOX 10)

BOX 7

New Supplements Table

PRESENT DSA070 THROUGH DSA115 AS A GRID.
IF THERE WERE SUPPLEMENTS REVIEWED (Supplement Review Table) THEN
DISPLAY THOSE VALUES HERE IN THE FIRST ROWS.

CONTINUE.

DSA070

{Supplements}

{Can you please locate the containers for all the dietary supplements {you/SP} took? I will wait while you get them./Any others?}

Can you please read to me all the words on the front label?

{[REPEAT UNTIL ALL SUPPLEMENTS HAVE BEEN REPORTED]}

[PROBES: Record the name. Use name probes.

Multivitamin and/or Multimineral:

What is the brand name?

Did it also include minerals like iron, zinc, or calcium?

Iron only

Was it a special type? {(silver, women's, men's, prenatal, liquid)/(chewable, complete, with iron, with extra C)}

Single/double nutrient:

What is the brand name?

How much (ingredient name) was in it? (or what was the strength of X)

Other supplement type:

Please describe the label name or type of supplement {(fluoride)}

What is the brand name?]

CAPI INSTRUCTION: IF FIRST TIME ON THIS SCREEN, DISPLAY 'Can you please locate the containers for all the dietary supplements {you/SP} took? I will wait while you get them.' ELSE DISPLAY 'Any others? [REPEAT UNTIL ALL SUPPLEMENTS HAVE BEEN REPORTED]'

CAPI INSTRUCTION: IF SP IS UNDER 12 YEARS OLD, DISPLAY (chewable, complete, with iron, with extra C)
ELSE DISPLAY (silver, women's, men's, prenatal, liquid).

CAPI INSTRUCTION: IF SP IS UNDER 12 YEARS OLD, DISPLAY (fluoride).

HARD EDIT: AT LEAST ONE SUPPLEMENT SHOULD BE ENTERED (DSA070 FILLED)

ERROR MESSAGE: "YOU MUST COLLECT INFORMATION FOR AT LEAST ONE SUPPLEMENT OR BACK UP AND ANSWER "NO" TO DSA060."

ENTER SUPPLEMENT NAME

REFUSED 7

DON'T KNOW 9

BOX 8

IF SUPPLEMENT NAME ENTERED, CONTINUE
ELSE GO TO BOX 10.

DSA075

{Pick List}

{Can you please locate the containers for all the dietary supplements (you/SP) took? I will wait while you get them./Any others?}

Can you please read to me all the words on the front label?

[[REPEAT UNTIL ALL SUPPLEMENTS HAVE BEEN REPORTED]]

[PROBES: Record the name. Use name probes.

Multivitamin and/or Multimineral:

What is the brand name?

Did it also include minerals like iron, zinc, or calcium?

Iron only

Was it a special type? {(silver, women's, men's, prenatal, liquid)/(chewable, complete, with iron, with extra C)}

Single/double nutrient:

What is the brand name?

How much (ingredient name) was in it? (or what was the strength of X)

Other supplement type:

Please describe the label name or type of supplement {(fluoride)}

What is the brand name?]

CAPI INSTRUCTION: IF FIRST TIME ON THIS SCREEN, DISPLAY 'Can you please locate the containers for all the dietary supplements {you/SP} took? I will wait while you get them.' ELSE DISPLAY 'Any others? [REPEAT UNTIL ALL SUPPLEMENTS HAVE BEEN REPORTED]'.

CAPI INSTRUCTION: IF SP IS UNDER 12 YEARS OLD, DISPLAY (chewable, complete, with iron, with extra C)
ELSE DISPLAY (silver, women's, men's, prenatal, liquid).

CAPI INSTRUCTION: IF SP IS UNDER 12 YEARS OLD, DISPLAY (fluoride).

PICK SUPPLEMENT NAME FROM LIST OR
ENTER "*** PRODUCT NOT ON LIST"

REFUSED 7
DON'T KNOW 9

DSA105

{Quantity Taken}

Between midnight and midnight, how much did {you/SP} take?

[ENTER THE NUMBER]

SOFT EDIT: Quantity should be less than 10
 Error Message: "YOU SAID YOU TOOK {QUANTITY TAKEN}. IS THAT CORRECT?"

ENTER QUANTITY

REFUSED 7
 DON'T KNOW 9

DSA110 {Unit Taken}
 OS (Was it a tablet, capsule, pill, caplet, softgel, or something else?)

[SELECT FORM/UNIT]

Tablets, capsules, pills, caplets, softgels,
 gelcaps, vegicaps, chewable tablets..... 1 (BOX 9)
 Droppers..... 2 (BOX 9)
 Drops..... 3 (BOX 9)
 Injection/Shots 5 (BOX 9)
 Lozenges/Cough Drops 6 (BOX 9)
 Milliliters..... 7
 Tablespoons 11
 Teaspoons..... 12
 Wafers 13 (BOX 9)
 Cans 15
 Grams..... 16
 Dots 17 (BOX 9)
 Cups 18
 Sprays/Squirts 19 (BOX 9)
 Chews/Gummies 20 (BOX 9)
 Scoops 21
 Capfuls 23
 Ounces 27
 Packages/Packets 28 (BOX 9)
 Vials..... 29 (BOX 9)
 Gumballs 30 (BOX 9)
 Other form (specify)..... 91 (BOX 9)
 REFUSED 77 (BOX 9)
 DON'T KNOW 99 (BOX 9)

DSA115 {Liquid/Powder}
 Was that a liquid or powder?

LIQUID	1
POWDER	2
REFUSED	7
DON'T KNOW	9

BOX 9

GO TO DSA070 ON NEXT ROW.

BOX 10

IF ANTACIDS COLLECTED IN PREVIOUS INTERVIEW, GO TO BOX 11,
ELSE CONTINUE.

DSA005 The next questions are about {your/SP's} use of non-prescription antacids. All day yesterday, {day}, between midnight and midnight did {you/SP} take any antacids?

[REFER SP TO ANTACID HANDCARD]

YES	1 (BOX 13)
NO	2 (BOX 16)
REFUSED.....	7 (BOX 16)
DON'T KNOW.....	9 (BOX 16)

BOX 11

Antacid Review Table

PRESENT DSA145 THROUGH DSA165 AS A GRID WHERE EACH ROW CONTAINS THE RELEVANT INFORMATION ABOUT AN ANTACID COLLECTED IN THE PREVIOUS INTERVIEW.

CONTINUE.

DSA145

{Taken Last 24 Hours}

TEXT 1: The next questions are about {your/SP's} use of non-prescription antacids. During the interview in {your home and our exam center/your home/our exam center} {you reported taking/it was reported {you/he/she} took} {ANTACID NAME}.

TEXT 2: It was also reported {you/SP} took {ANTACID NAME}.

Did you take this antacid yesterday {day}, (between midnight and midnight)?

[CONTINUE ASKING ABOUT EACH ANTACID LISTED IN TABLE]

CAPI INSTRUCTION: IF THIS IS THE FIRST ANTACID BEING REVIEWED, DISPLAY TEXT 1, ELSE DISPLAY TEXT 2.

CAPI INSTRUCTION: IF SP Age > 15, DISPLAY 'you reported taking' ELSE DISPLAY 'it was reported {you/he/she} took'.

YES	1
NO	2 (BOX 12)
REFUSED	7 (BOX 12)
DON'T KNOW	9 (BOX 12)

DSA155

{Quantity Taken}

Between midnight and midnight, how much did {you/SP} take?

[ENTER THE NUMBER]

SOFT EDIT: Quantity should be less than 10

Error Message: "YOU SAID YOU TOOK {QUANTITY TAKEN}. IS THAT CORRECT?"

ENTER QUANTITY

REFUSED	7
DON'T KNOW	9

DSA160 {Unit Taken}
OS (Was it a tablet, capsule, pill, caplet, softgel, or something else?)

[SELECT FORM/UNIT]

Tablets, capsules, pills, caplets, softgels, gelcaps, vegicaps, chewable tablets.....	1 (BOX 12)
Droppers.....	2 (BOX 12)
Drops.....	3 (BOX 12)
Injection/Shots.....	5 (BOX 12)
Lozenges/Cough Drops.....	6 (BOX 12)
Milliliters.....	7
Tablespoons.....	11
Teaspoons.....	12
Wafers.....	13 (BOX 12)
Cans.....	15
Grams.....	16
Dots.....	17 (BOX 12)
Cups.....	18
Sprays/Squirts.....	19 (BOX 12)
Chews/Gummies.....	20 (BOX 12)
Scoops.....	21
Capfuls.....	23
Ounces.....	27
Packages/Packets.....	28 (BOX 12)
Vials.....	29 (BOX 12)
Gumballs.....	30 (BOX 12)
Other form (specify).....	91 (BOX 12)
REFUSED.....	77 (BOX 12)
DON'T KNOW.....	99 (BOX 12)

DSA165 {Liquid/Powder}
Was that a liquid or powder?

LIQUID.....	1
POWDER.....	2
REFUSED.....	7
DON'T KNOW.....	9

BOX 12

IF THERE ARE MORE ANTACIDS TO REVIEW, GO TO DSA145 FOR THE NEXT ANTACID, ELSE CONTINUE.

DSA065 All day yesterday, {day}, between midnight and midnight, did {you/SP} take any other antacids?

[REFER SP TO ANTACID HANDCARD]

YES	1
NO	2 (BOX 16)
REFUSED	7 (BOX 16)
DON'T KNOW	9 (BOX 16)

BOX 13

New Antacids Table

PRESENT DSA170 THROUGH DSA215 AS A GRID.
IF THERE WERE ANTACIDS REVIEWED (Antacid Review Table), THEN DISPLAY THOSE VALUES HERE IN THE FIRST ROWS.

CONTINUE.

DSA170

{Antacids}

{Can you please locate the containers for all the antacids {you/SP} took? I will wait while you get them./Any others?}

Can you please read to me all the words on the front label?

{[REPEAT UNTIL ALL ANTACIDS HAVE BEEN REPORTED]}

[PROBES: What is the brand name? Was it extra strength, regular strength, ultra, maximum strength?]

[IF ANTACID NOT ON LIST, TYPE *Product not on list"]**

CAPI INSTRUCTION: IF FIRST TIME ON THIS SCREEN, DISPLAY 'Can you please locate the containers for all the antacids {you/SP} took? I will wait while you get them'
ELSE DISPLAY 'Any others? [REPEAT UNTIL ALL ANTACIDS HAVE BEEN REPORTED]'

HARD EDIT: AT LEAST ONE ANTACID SHOULD BE ENTERED (DSA170 FILLED)
ERROR MESSAGE: "YOU MUST COLLECT INFORMATION FOR AT LEAST ONE ANTACID OR BACK UP AND ANSWER "NO" TO {DSA005/DSA065.}"

CAPI INSTRUCTION: IF ANTACIDS WAS COLLECTED IN PREVIOUS INTERVIEW, DISPLAY "DSA065"; OTHERWISE DISPLAY "DSA005".

ENTER ANTACID NAME

REFUSED 7
DON'T KNOW 9

BOX 14

IF ANTACID ENTERED, CONTINUE, ELSE GO TO BOX 16.

DSA175

{Pick List}

{Can you please locate the containers for all the antacids {you/SP} took? I will wait while you get them./Any others?}

Can you please read to me all the words on the front label?

{[REPEAT UNTIL ALL ANTACIDS HAVE BEEN REPORTED]}

[PROBES: What is the brand name? Was it extra strength, regular strength, ultra, maximum strength?]

[IF ANTACID NOT ON LIST, TYPE "*Product not on list"]**

CAPI INSTRUCTION: IF FIRST TIME ON THIS SCREEN, DISPLAY 'Can you please locate the containers for all the antacids {you/SP} took? I will wait while you get them.'
ELSE DISPLAY 'Any others? [REPEAT UNTIL ALL ANTACIDS HAVE BEEN REPORTED]'.

ENTER ANTACID NAME FROM LIST OR
ENTER "***PRODUCT NOT ON LIST"

REFUSED 7
DON'T KNOW 9

DSA205 {Quantity Taken}
Between midnight and midnight, how much did {you/SP} take?

[ENTER THE NUMBER]

SOFT EDIT: Quantity should be less than 10
Error Message: "YOU SAID YOU TOOK {QUANTITY TAKEN}. IS THAT CORRECT?"

ENTER QUANTITY

REFUSED 7
DON'T KNOW 9

DSA210 {Unit Taken}
 OS (Was it a tablet, capsule, pill, caplet, softgel, or something else?)

[SELECT FORM/UNIT]

Tablets, capsules, pills, caplets, softgels, gelcaps, vegicaps, chewable tablets.....	1 (BOX 15)
Droppers.....	2 (BOX 15)
Drops.....	3 (BOX 15)
Injection/Shots.....	5 (BOX 15)
Lozenges/Cough Drops.....	6 (BOX 15)
Milliliters.....	7
Tablespoons.....	11
Teaspoons.....	12
Wafers.....	13 (BOX 15)
Cans.....	15
Grams.....	16
Dots.....	17 (BOX 15)
Cups.....	18
Sprays/Squirts.....	19 (BOX 15)
Chews/Gummies.....	20 (BOX 15)
Scoops.....	21
Capfuls.....	23
Ounces.....	27
Packages/Packets.....	28 (BOX 15)
Vials.....	29 (BOX 15)
Gumballs.....	30 (BOX 15)
Other form (specify).....	91 (BOX 15)
REFUSED.....	77 (BOX 15)
DON'T KNOW.....	99 (BOX 15)

DSA215 {Liquid/Powder}
 Was that a liquid or powder?

LIQUID.....	1
POWDER.....	2
REFUSED.....	7
DON'T KNOW.....	9

BOX 15

GO TO DSA170 ON NEXT ROW.

BOX 16

END