DIETARY SUPPLEMENTS AND PRESCRIPTION MEDICATION – DSQ
Target Group: SPs Birth +

DSQ.012  The next questions are about {your/SP's} use of dietary supplements, nonprescription antacids, and prescription medications during the past 30 days.

{Have you/Has SP} used or taken any vitamins, minerals, herbals or other dietary supplements in the past 30 days? Include prescription and non-prescription supplements.

This card lists some examples of different types of dietary supplements.

HAND CARD DSQ1a

YES ............................................................... 1
NO ................................................................. 2
REFUSED ..................................................... 7
DON'T KNOW ............................................... 9

RXQ.021  {Have you/Has SP} used or taken any nonprescription antacids in the past 30 days?

HAND CARD DSQ1b

YES ............................................................... 1
NO ................................................................. 2
REFUSED ..................................................... 7
DON'T KNOW ............................................... 9

HELP SCREEN:
Antacids: An agent that neutralizes acidity or reduces acid production, especially in the digestive system.

Past Month: The past 30 days. From yesterday, 30 days back.

BOX 0

OMITTED

RXQ.032  In the past 30 days, {have you/has SP} used or taken medication for which a prescription is needed?
Include only those products prescribed by a health professional such as a doctor or dentist. [Do not include prescription vitamins or minerals you may have already told me about.]

YES ............................................................... 1
NO ................................................................. 2
REFUSED ..................................................... 7
DON'T KNOW ............................................... 9
BOX 1

CHECK ITEM DSQ.035A:
IF 'YES' (CODE 1) IN DSQ.012, RXQ.021, OR RXQ.032, CONTINUE.
OTHERWISE, GO TO BOX 1A.

DSQ.042
May I please see the containers for all the (vitamins, minerals, herbals, and other dietary supplements),
(and) (nonprescription antacids) (and) (prescription medicines) that (you/SP) used or took in the past 30
days?

PRESS ENTER TO CONTINUE

CAPI INSTRUCTION:
DISPLAY (vitamins, minerals, herbals and other dietary supplements,) only if DSQ.012 = yes (1),
(nonprescription antacids,) only if RXQ.021 = yes (1), (prescription medicines,) only if RXQ.032 = yes (1),
and the word (“and”) only before the last product type if there is more than one product type.

BOX 1A

CHECK ITEM DSQ.045:
IF 'YES' (CODE 1) IN DSQ.012, CONTINUE WITH DSQ.047.
OTHERWISE, GO TO BOX 6.

DSQ.047
I will start with the vitamins, minerals, herbals and other dietary supplements. Please show me any (you
have/SP has) taken in the past 30 days.

CHECK PRODUCT LABEL OR ASK PRODUCT NAME.
IS THIS PRODUCT ON THE LIST BELOW?

YES ............................................................... 1
NO ............................................................... 2 (DSQ.052)
DON'T KNOW ............................................... 9 (DSQ.052)

SINGLE ELEMENTS
VITAMIN A .................................................... 10
VITAMIN B6 .................................................. 12
VITAMIN B12................................................. 13
VITAMIN C (WITH OR WITHOUT ROSE HIPS) 14
VITAMIN D .................................................... 15
VITAMIN E .................................................... 16
CALCIUM ...................................................... 18
CHROMIUM (CHROMIUM PICOLINATE)..... 19
FOLATE (FOLIC ACID)................................. 20
IRON (FERROUS XXXATE).......................... 21
MAGNESIUM ................................................ 27
POTASSIUM ................................................. 28
SELENIUM .................................................... 29
ZINC (ZINC GLUCONATE) ........................... 40

MULTI ELEMENTS
VITAMINS A & D ........................................... 50
CALCIUM & VITAMIN D ................................. 51
CALCIUM & MAGNESIUM .............................. 52
**DSQ.049**  WHICH PRODUCT IS IT?
ENTER 1 PRODUCT CODE

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vitamin A</td>
<td>10</td>
</tr>
<tr>
<td>Vitamin B6</td>
<td>12</td>
</tr>
<tr>
<td>Vitamin B12</td>
<td>13</td>
</tr>
<tr>
<td>Vitamin C (WITH OR WITHOUT ROSE HIPS)</td>
<td>14</td>
</tr>
<tr>
<td>Vitamin D</td>
<td>15</td>
</tr>
<tr>
<td>Vitamin E</td>
<td>16</td>
</tr>
<tr>
<td>Calcium</td>
<td>18</td>
</tr>
<tr>
<td>Chromium (Chromium Picolinate)</td>
<td>19</td>
</tr>
<tr>
<td>Folate (Folic Acid)</td>
<td>20</td>
</tr>
<tr>
<td>Iron (Ferrous XXXate)</td>
<td>21</td>
</tr>
<tr>
<td>Magnesium</td>
<td>27</td>
</tr>
<tr>
<td>Potassium</td>
<td>28</td>
</tr>
<tr>
<td>Selenium</td>
<td>29</td>
</tr>
<tr>
<td>Zinc (Zinc Gluconate)</td>
<td>40</td>
</tr>
<tr>
<td>Vitamins A &amp; D</td>
<td>50</td>
</tr>
<tr>
<td>Calcium &amp; Vitamin D</td>
<td>51</td>
</tr>
<tr>
<td>Calcium &amp; Magnesium</td>
<td>52</td>
</tr>
<tr>
<td>REFUSED</td>
<td>77 (DSQ.052)</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>99 (DSQ.052)</td>
</tr>
</tbody>
</table>

**BOX 1B**

CHECK ITEM DSQ.059:
GO TO DSQ.071.

**DSQ.052**  REFER TO PRODUCT LABEL(S) OR ASK RESPONDENT FOR NAME(S) OF DIETARY SUPPLEMENTS USED. ENTER FULL NAME OF SUPPLEMENT, INCLUDING BRAND.

ENTER SUPPLEMENT NAME

REFUSED ..................................................... 7
DON'T KNOW ............................................... 9

CAPI INSTRUCTION:
IF DON'T KNOW OR REFUSAL, THEN GO TO BOX 6.
SHOULD ALLOW ENTRY OF PRODUCT NAME TO SAVE THE PRODUCT NAME AS KEYED.
TEXT SHOULD BE OPTIONAL, "[ ]"S, AFTER THE FIRST TIME.

**DSQ.060s**  OMITTED

**BOX 2**

OMITTED
DSQ.057 OMITTED

DSQ.071 INTERVIEWER: ENTER 1 RESPONSE

CAPI INSTRUCTION:
DISPLAY PRODUCT NAME AS LEFT HEADER.

CONTAINER SEEN....................................... 1
CONTAINER NOT SEEN................................. 2

BOX 2A

CHECK ITEM DSQ.074:
- IF PRODUCT WAS SELECTED FROM SPECIAL PRODUCT LIST (YES, CODE 1 IN DSQ.047) AND CONTAINER SEEN, CONTINUE.
- IF PRODUCT WAS NOT SELECTED FROM SPECIAL PRODUCT LIST (NO, CODE 2 IN DSQ.047) AND CONTAINER SEEN, GO TO DSQ.077.
- OTHERWISE (IF CONTAINER NOT SEEN), GO TO DSQ.096.

DSQ.066 SELECT STRENGTH FOR {ELEMENT}
a/b/aO/bO

IF STRENGTH NOT ON FRONT OR UNCLEAR, TURN CONTAINER AROUND AND GET STRENGTH FROM FACTS BOX.

PRESS BS TO START LOOKUP.

PRESS ENTER TO SELECT.

CAPI INSTRUCTION:
- {ELEMENT} = DISPLAY PRODUCT ELEMENT SELECTED IN DSQ.049. IF PRODUCT SELECTED HAS MORE THAN 1 ELEMENT (EXAMPLE = ), STRENGTH QUESTION SHOULD APPEAR FOR EACH ELEMENT.
- IF 'OTHER' STRENGTH IS SELECTED, GET OTHER SPECIFY AND INTERVIEWER INSTRUCTION SHOULD READ “ENTER SUPPLEMENT STRENGTH”.
- ALL OF THE STRENGTH QUESTION AND INSTRUCTION SHOULD APPEAR WHEN STRENGTH LOOKUP LIST IS DISPLAYED (NO SCROLLING). THIS MAY MEAN PRINTING ALL WORDS ON THE SCREEN FLUSH LEFT IN MULTIPLE LINES.

BOX 3

OMITTED
DSQ.077 WHAT IS THE FORM OF THIS PRODUCT?

OS

<table>
<thead>
<tr>
<th>Product Form</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAPSULES</td>
<td>1</td>
</tr>
<tr>
<td>TABLETS</td>
<td>2</td>
</tr>
<tr>
<td>CHEWABLE TABLETS</td>
<td>3</td>
</tr>
<tr>
<td>PILLS</td>
<td>4</td>
</tr>
<tr>
<td>CAPLETS</td>
<td>5</td>
</tr>
<tr>
<td>SOFT GELS</td>
<td>6</td>
</tr>
<tr>
<td>GEL CAPS</td>
<td>7</td>
</tr>
<tr>
<td>VEGICAPS</td>
<td>8</td>
</tr>
<tr>
<td>PACKAGE/PACKETS</td>
<td>9</td>
</tr>
<tr>
<td>LIQUID</td>
<td>10</td>
</tr>
<tr>
<td>POWDER</td>
<td>11</td>
</tr>
<tr>
<td>WAFERS</td>
<td>12</td>
</tr>
<tr>
<td>CHEWS/GUMMIES</td>
<td>13</td>
</tr>
<tr>
<td>DOTS</td>
<td>14</td>
</tr>
<tr>
<td>GRANULES</td>
<td>15</td>
</tr>
<tr>
<td>LOZENGES/COUGH DROPS</td>
<td>16</td>
</tr>
<tr>
<td>GEL</td>
<td>17</td>
</tr>
<tr>
<td>OTHER FORM (SPECIFY)</td>
<td>91</td>
</tr>
<tr>
<td>REFUSED</td>
<td>77</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>99</td>
</tr>
</tbody>
</table>

CAPI INSTRUCTION:
DISPLAY PRODUCT NAME AS LEFT HEADER.

BOX 3A

CHECK ITEM DSQ.079:
IF PRODUCT NOT SELECTED FROM SPECIAL PRODUCT LIST (NO, CODE 2 IN DSQ.047), CONTINUE.
OTHERWISE, GO TO DSQ.096.

DSQ.081 ENTER MANUFACTURER/DISTRIBUTOR/STORE BRAND NAME.

ENTER AS MUCH INFORMATION AS POSSIBLE.

ENTER MANUFACTURER/DISTRIBUTOR/STORE BRAND NAME

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>REFUSED</td>
<td>7    (DSQ.088)</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>9    (DSQ.088)</td>
</tr>
</tbody>
</table>

CAPI INSTRUCTION:
FOLLOW THE BASIC FORMAT FOR THE DIETARY SUPPLEMENT LOOKUP. ONLY ALLOW ENTRY OF 1 MANUFACTURER. DISPLAY PRODUCT NAME AS A LEFT HEADER.
DSQ.084 PRESS BS TO START THE LOOKUP.

SELECT MANUFACTURER
FROM LIST.

IF MANUFACTURER NOT
ON LIST – PRESS BS
TO DELETE ENTRY

TYPE "**".

PRESS ENTER TO SELECT.

CAPI INSTRUCTION:
DISPLAY MANUFACTURER LIST. INTERVIEWER SHOULD BE ABLE TO SELECT ONLY 1
MANUFACTURER OR THE "**" OPTION. DON'T KNOW AND REFUSED SHOULD BE VALID OPTIONS.
IF MANUFACTURER IS SELECTED FROM THE LOOKUP LIST, AUTOMATICALLY FILL IN THE CITY
AND STATE INFORMATION (DSQ.088).
DISPLAY PRODUCT NAME AS LEFT HEADER.

BOX 4

CHECK ITEM DSQ.085:
IF MANUFACTURER SELECTED FROM LOOKUP, GO TO DSQ.096.
OTHERWISE, CONTINUE.

DSQ.088b ENTER CITY NAME.

ENTER AS MUCH INFORMATION AS POSSIBLE.

________________________________________
ENTER CITY

REFUSED ........................................... 7
DON'T KNOW ...................................... 9
DSQ.088c  ENTER **STATE** NAME.

ENTER 2-LETTER STATE ABBREVIATION.

PRESS ENTER TO SELECT STATE FROM LIST.

<table>
<thead>
<tr>
<th>ENTER STATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>REFUSED ................................................................. 7</td>
</tr>
<tr>
<td>DON'T KNOW .............................................................. 9</td>
</tr>
</tbody>
</table>

CAPI INSTRUCTION:
DISPLAY PRODUCT NAME AS A LEFT HEADER.
AN ENTRY MUST BE MADE IN ALL DSQ.081 AND DSQ.087 FIELDS (MANUFACTURER INFO). IF THE MANUFACTURER INFO IS DON'T KNOW OR REFUSED, THEN SET THE NO MANUFACTURER INFORMATION VARIABLE.

DSQ.096  For how long (have/has) (you/SP) been taking (PRODUCT NAME) or a similar type of product?

CAPI INSTRUCTION:
RESPONSE FIELD SHOULD ALLOW FOR 4 NUMERIC ENTRIES AND INCLUDE A DECIMAL. ALLOW UP TO 3 ENTRIES TO THE LEFT OF THE DECIMAL AND UP TO 1 ENTRY TO THE RIGHT OF THE DECIMAL.

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

ENTER NUMBER (OF DAYS, WEEKS, MONTHS OR YEARS)

| REFUSED ................................................................. 777 |
| DON'T KNOW .............................................................. 999 |

ENTER UNIT

| DAYS ................................................................. 1 |
| WEEKS ............................................................... 2 |
| MONTHS ............................................................. 3 |
| YEARS ............................................................... 4 |
| REFUSED ................................................................. 7 |
| DON'T KNOW .............................................................. 9 |
DSQ.103 In the past {30 DAYS/NUMBER AND UNIT}, on how many days did {you/SP} take {PRODUCT NAME}?

CAPI INSTRUCTION:
- {30 DAYS/NUMBER AND UNIT} = IF NUMBER AND UNIT ENTERED IN DSQ.096 >= 30 DAYS, OR REFUSED (CODE 7), OR DON'T KNOW (CODE 9), DISPLAY "30 DAYS" IN TEXT OF QUESTION. IF NUMBER AND UNIT ENTERED IN DSQ.096 IS < 30 DAYS, DISPLAY ACTUAL NUMBER AND UNIT ENTERED IN DSQ.096 IN TEXT OF QUESTION.
- {PRODUCT NAME} = PRODUCT SELECTED AT DSQ.049 OR PRODUCT ENTERED IN DSQ.052.

ENTER NUMBER OF DAYS FROM 1-30

REFUSED ..................................................... 777
DON'T KNOW ............................................... 999
DSQ.123 On the days that {you/SP} took {PRODUCT NAME}, how much did {you/SP} usually take on a single day?

CAPI INSTRUCTION:
RESPONSE FIELD SHOULD ALLOW FOR 3 NUMERIC ENTRIES AND INCLUDE A DECIMAL. ALLOW 0 OR 1 ENTRIES TO THE LEFT OF THE DECIMAL AND 0, 1 OR 2 ENTRIES TO THE RIGHT OF THE DECIMAL.

|___|___|___|
ENTER NUMBER

REFUSED ..................................................... 7777 (DSQ.124)
DON'T KNOW ............................................... 9999 (DSQ.124)

|___|___|
ENTER UNIT/FORM

TABLETS/CAPSULES/PILLS/CAPLETS/
SOFTGELS/GEL CAPS/VEGICAPS/
CHEWABLE TABLETS......................... 1 (07BOX NEW 4A)
DROPPERS ........................................... 2 (07BOX NEW 4A)
DROPS ............................................... 3 (07BOX NEW 4A)
INJECTIONS/SHOTS .................... 5 (07BOX NEW 4A)
LOZENGES/COUGH DROPS ............. 6 (07BOX NEW 4A)
MILLILITERS .............................. 7 (07BOX NEW 4A)
TABLESPOONS ............................ 11 (07BOX NEW 4A)
TEASPOONS .................................... 12 (07BOX NEW 4A)
WAFFERS ........................................... 13 (07BOX NEW 4A)
CANS .............................................. 15 (07BOX NEW 4A)
GRAMS ............................................. 16 (07BOX NEW 4A)
DOTS ............................................... 17 (07BOX NEW 4A)
CUPS ............................................... 18 (07BOX NEW 4A)
SPRAYS/SQUIRTS ....................... 19 (07BOX NEW 4A)
CHEWS/GUMMIES ....................... 20 (07BOX NEW 4A)
SPOONS .......................................... 21 (07BOX NEW 4A)
CAPFULS ........................................ 23 (07BOX NEW 4A)
OUNCES ......................................... 27 (07BOX NEW 4A)
PACKAGES/PACKETS .................. 28 (CONTINUE)
VIALS .............................................. 29 (07BOX NEW 4A)
GUMBALLS ...................................... 30 (07BOX NEW 4A)
OTHER FORM (SPECIFY) .......... 91 (07BOX NEW 4A)
REFUSED ......................................... 77 (07BOX NEW 4A)
DON'T KNOW ............................... 99 (07BOX NEW 4A)

CAPI INSTRUCTION:
- IF FORM CODE 1 THROUGH 8 IN DSQ.077, AUTOMATICALLY CODE THE UNIT CODE 1 AND SKIP TO 07BOX NEW 4A.
- IF FORM CODE 12 IN DSQ.077, AUTOMATICALLY CODE THE UNIT CODE 13 FOR DSQ.123U AND SKIP TO 07BOX NEW 4A.
- IF FORM CODE 13 IN DSQ.077, AUTOMATICALLY CODE THE UNIT CODE 20 FOR DSQ.123U AND SKIP TO 07BOX NEW 4A.
- IF FORM CODE 14 IN DSQ.077, AUTOMATICALLY CODE THE UNIT CODE 17 FOR DSQ.123U AND SKIP TO 07BOX NEW 4A.
IF FORM CODE 16 IN DSQ.077, AUTOMATICALLY CODE THE UNIT CODE 6 FOR DSQ.123U AND SKIP TO 07BOX NEW 4A.

IF FORM CODE 9 IN DSQ.077, DISPLAY THE UNIT CODES 1, 6, 7, 11, 12, 13, 15, 16, 17, 18, 20, 21, 23, 27, 28, 30, 91, 77, 99 FOR DSQ.123U.

IF FORM CODE 10, 17 IN DSQ.077, DISPLAY THE UNIT CODES 2, 3, 5, 7, 11, 12, 15, 18, 19, 23, 27, 29, 91, 77, 99 FOR DSQ.123U.

IF FORM CODE 11, 15 IN DSQ.077, DISPLAY THE UNIT CODES 11, 12, 15, 16, 18, 21, 23, 27, 28, 91, 77, 99 FOR DSQ.123U.

IF FORM CODE 91, 77, 99 IN DSQ.077, DISPLAY ENTIRE PICK LIST FOR DSQ.123U.

IF CONTAINER NOT SEEN (CODE 2 IN DSQ.071), DISPLAY ENTIRE PICK LIST FOR DSQ.123U.

DSQ.125 (Did you/Does SP) take an entire packet of {PRODUCT NAME} each time?

YES ............................................................... 1
NO ................................................................. 2
REFUSED ..................................................... 7
DON'T KNOW ............................................... 9

07BOX NEW 4A

CHECK ITEM DSQ.105:
IF PRODUCT NOT SEEN IN DSQ.071 (CODE 2) AND DSQ.123 = 7, 11, 12, 15, 16, 18, 21, 23 OR 27, CONTINUE.
OTHERWISE, SKIP TO DSQ.124.

DSQ.110 Was that a liquid or powder?

LIQUID .......................................................... 1
POWDER ...................................................... 2
REFUSED ..................................................... 77
DON'T KNOW ............................................... 99
Looking at this card, what is the reason (you take/SP takes) {PRODUCT NAME}?

(Did (you/SP NAME) decide to take it for reasons of your own or did a doctor or other health provider tell you to take it?)

DECIDED TO TAKE IT FOR REASONS
OF MY OWN .............................................. 1
A DOCTOR OR OTHER HEALTH PROVIDER TOLD ME TO .................. 2
REFUSED ..................................................... 7 (DSQ.127)
DON'T KNOW ............................................... 9 (DSQ.127)

{For what reason or reasons (do you/does SP) take {PRODUCT NAME}?}
{For what reason or reasons did the doctor or other health professional tell {you/SP} to take {PRODUCT}?}

CODE ALL THAT APPLY.

FOR GOOD BOWEL/COLON HEALTH ........ 10
FOR PROSTATE HEALTH ........................... 11
FOR MENTAL HEALTH ............................ 12
TO PREVENT HEALTH PROBLEMS .......... 13
TO IMPROVE MY OVERALL HEALTH ........ 14
FOR TEETH, PREVENT CAVITIES .......... 15
TO SUPPLEMENT MY DIET (BECAUSE I DON'T GET ENOUGH FROM FOOD) ..... 16
TO MAINTAIN HEALTH (TO STAY HEALTHY)................................. 17
TO PREVENT Colds, boost immune system..................................... 18
FOR HEART HEALTH, CHOLESTEROL ...... 19
FOR EYE HEALTH................................. 20
FOR HEALTHY JOINTS, ARTHRITIS .... 21
FOR SKIN HEALTH, DRY SKIN................. 22
FOR WEIGHT LOSS .................................. 23
FOR BONE HEALTH, BUILD STRONG Bones, osteoporosis ............ 24
TO GET MORE ENERGY ................................ 25
FOR PREGNANCY .................................... 26
FOR ANEMIA, SUCH AS LOW IRON ....... 27
OTHER SPECIFY ........................................ 91
REFUSED ..................................................... 77
DON'T KNOW ............................................... 99

CAPI INSTRUCTION:
IF CODE 1 IN DSQ.124, DISPLAY For what reason or reasons {do you/does SP} take {PRODUCT NAME}?
IF CODE 2 IN DSQ.124, DISPLAY For what reason or reasons did the doctor or other health professional tell {you/SP} to take {PRODUCT}?
DSQ.127 ARE THERE ANY OTHER VITAMINS, MINERALS, HERBALS OR DIETARY SUPPLEMENTS?

YES ............................................................... 1
NO ................................................................. 2

HELP SCREEN:
Dietary Supplements (Vitamins/Minerals): Dietary supplements are often labeled as "dietary supplements" and are used in addition to foods and beverages. Dietary supplements are not intended to replace food. Include vitamins, minerals, antacid/calcium supplement products, fiber supplements, amino acids, performance enhancers, herbs, herbal medicine products, and plant extracts used as dietary supplements. Include products that are taken orally or given by injection. Do not include beverages, such as tea, and skin creams. Meal replacement beverages, weight loss and performance booster drinks, and food bars are considered foods, not dietary supplements.

BOX 5

CHECK ITEM DSQ.129:
ASK DSQ.127 FOR NEXT VITAMIN (CODE 1 IN DSQ.127). IF NO NEXT VITAMIN (CODE 2 IN DSQ.127), CONTINUE WITH DSQ.131.

DSQ.131 REVIEW TOTAL NUMBER OF DIETARY SUPPLEMENTS AND THEIR NAMES WITH RESPONDENT.

I have listed {TOTAL NUMBER} vitamin(s), mineral(s), herbals or dietary supplement(s) that {you have/SP has} taken in the past 30 days: {PRODUCT NAME (STRENGTH)}

PRESS ENTER TO CONTINUE

CAPI INSTRUCTION:
DISPLAY LIST OF ALL VITAMIN AND MINERAL NAMES AND STRENGTHS SELECTED AT DSQ.060 AND ENTERED AT DSQ.052. CALCULATE TOTAL NUMBER OF ALL VITAMINS AND MINERALS SELECTED AT DSQ.060 AND ENTERED AT DSQ.052. DISPLAY NUMBER ON SCREEN.

HELP SCREEN:
Dietary Supplements (Vitamins/Minerals): Dietary supplements are often labeled as "dietary supplements" and are used in addition to foods and beverages. Dietary supplements are not intended to replace food. Include vitamins, minerals, antacid/calcium supplement products, fiber supplements, amino acids, performance enhancers, herbs, herbal medicine products, and plant extracts used as dietary supplements. Include products that are taken orally or given by injection. Do not include beverages, such as tea, and skin creams. Meal replacement beverages, weight loss and performance booster drinks, and food bars are considered foods, not dietary supplements.

BOX 6

CHECK ITEM DSQ.133:
IF 'YES' (CODE 1) IN RXQ.021, CONTINUE.
OTHERWISE, GO TO BOX 10A.
Now I would like to ask you some questions about {your/SP’s} use of nonprescription antacids in the past 30 days.

[First I will record some information about an antacid, then I will ask you some questions about it.]

REFER TO PRODUCT LABEL(S) OR ASK RESPONDENT FOR NAME(S) OF NONPRESCRIPTION ANTACIDS USED. ENTER FULL BRAND NAME OF ANTACID.

---

ENTER ANTACID NAME

<table>
<thead>
<tr>
<th>REFUSED</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>DON'T KNOW</td>
<td>9</td>
</tr>
</tbody>
</table>

CAPI INSTRUCTION:
IF DON'T KNOW OR REFUSED, THEN GO TO BOX 10A.
SHOULD ALLOW ENTRY OF PRODUCT NAME TO SAVE THE PRODUCT NAME AS KEYED AND THAT SHOULD BE USED TO START THE LOOKUP.
[TEXT SHOULD BE OPTIONAL, "[ ]"S, AFTER THE FIRST TIME.

HELP SCREEN:
Antacids: An agent that neutralizes acidity or reduces acid production, especially in the digestive system.

Past Month: The past 30 days. From yesterday, 30 days back.

---

PRESS BS TO START THE LOOKUP.

SELECT ANTACID
FROM LIST.

IF ANTACID NOT
ON LIST – PRESS BS
TO DELETE ENTRY.

TYPE ‘**’.

PRESS ENTER TO SELECT.

CAPI INSTRUCTION:
DISPLAY CAPI ANTACID PRODUCT LIST. INTERVIEWER SHOULD BE ABLE TO ACCEPT THE PRODUCT NAME AS IT WAS KEYED IN RXQ.141 BY TYPING IN ‘**’. THE LOOKUP BOX SHOULD BE LOW ENOUGH ON THE SCREEN SO THAT THE INSTRUCTION ABOUT HOW TO ACCEPT THE KEYED PRODUCT NAME IS SHOWING ABOVE THE LOOKUP BOX. THE LOOKUP SHOULD ONLY SHOW THE PRODUCT NAMES WITH THE OTHER LOOKUP INFO OFF THE SCREEN TO THE RIGHT. INTERVIEWER SHOULD BE ABLE TO ACCEPT THE KEYED NAME AS A NEW PRODUCT NAME AN UNLIMITED NUMBER OF TIMES. AFTER ENTRY, INTERVIEWER SHOULD RETURN TO THE DATA BASE LIST. IF NO MORE ENTRIES, INTERVIEWERS SHOULD HAVE A WAY OF MOVING INTO LOOP 2. ONCE A PRODUCT IS SELECTED FROM THE LIST, THE FOLLOWING INFORMATION SHOULD BE COLLECTED FROM THE LOOKUP DATABASE:

- DRUG TYPE (3)
- GENERIC NAME (60)
- THERAPEUTIC CLASS CODE (6)
- GENERIC FLAG (1)

THERE IS NO NEED TO DISPLAY THIS INFORMATION.
RXQ.NEW INTERVIEWER: ENTER 1 RESPONSE.

CAPI INSTRUCTION:
DISPLAY PRODUCT NAME AS LEFT HEADER.

CONTAINER SEEN....................................... 1
CONTAINER NOT SEEN.............................. 2

RXQ.180 For how long {have/has} {you/SP} been using or taking {PRODUCT NAME}? 

CAPI INSTRUCTION:
RESPONSE FIELD SHOULD ALLOW FOR 4 NUMERIC ENTRIES AND INCLUDE A DECIMAL. ALLOW UP TO 3 ENTRIES TO THE LEFT OF THE DECIMAL AND UP TO 1 ENTRY TO THE RIGHT OF THE DECIMAL.

|___|___|___|___|
ENTER NUMBER (OF DAYS, WEEKS, MONTHS OR YEARS)

REFUSED ..................................................... 777
DON'T KNOW ............................................... 999

ENTER UNIT

DAYS............................................................. 1
WEEKS ......................................................... 2
MONTHS....................................................... 3
YEARS .......................................................... 4
REFUSED ..................................................... 7
DON'T KNOW ............................................... 9

RXQ.191 In the past {30 DAYS/NUMBER AND UNIT}, on how many days did {you/SP} take {PRODUCT NAME}?

CAPI INSTRUCTION:
- \{30 DAYS/NUMBER AND UNIT\} = IF NUMBER AND UNIT ENTERED IN RXQ.180 >= 30 DAYS, OR REFUSED (CODE 7), OR DON'T KNOW (CODE 9), DISPLAY “30 DAYS” IN TEXT OF QUESTION. IF NUMBER AND UNIT ENTERED IN RXQ.180 IS < 30 DAYS, DISPLAY ACTUAL NUMBER AND UNIT ENTERED IN DSQ.096 IN TEXT OF QUESTION.
- \{PRODUCT NAME\} = PRODUCT SELECTED AT DSQ.049 OR PRODUCT ENTERED IN DSQ.052.

|___|___|
ENTER NUMBER OF DAYS FROM 1-30

REFUSED ..................................................... 7777
DON'T KNOW ............................................... 9999
RXQ.195 |Q/U/OS | On those days that you used or took (PRODUCT NAME), how much did (you/SP) usually take on a single day?

CAPI INSTRUCTION:
RESPONSE FIELD SHOULD ALLOW FOR 3 NUMERIC ENTRIES AND INCLUDE A DECIMAL. ALLOW 0 OR 1 ENTRIES TO THE LEFT OF THE DECIMAL AND 0, 1 OR 2 ENTRIES TO THE RIGHT OF THE DECIMAL.

OPTIONS MUST BE IN ORDER SPECIFIED – APPROVED BY DRG (NCHS)

<p>| | | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>ENTER NUMBER</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

REFUSED ..................................................... 7777 (RXQ.216)
DON'T KNOW ............................................... 9999 (RXQ.216)

ENTER UNIT/FORM

TABLETS/CAPSULES/PILLS/CAPLETS/
SOFTGELS/GEL CAPS/VEGICAPS/

CHEWABLE TABLETS............... 1 (07BOX NEW 8)
DROPPERS ......................... 2 (07BOX NEW 8)
DROPS ......................... 3 (07BOX NEW 8)
INJECTIONS/SHOTS ................ 5 (07BOX NEW 8)
LOZENGES/COUGH DROPS .............. 6 (07BOX NEW 8)
MILLILITERS .................. 7 (07BOX NEW 8)
TABLESPOONS ...................... 11 (07BOX NEW 8)
TEASPOONS ..................... 12 (07BOX NEW 8)
WAFERS ..................... 13 (07BOX NEW 8)
CANS ..................... 15 (07BOX NEW 8)
GRAMS ..................... 16 (07BOX NEW 8)
DOTS ..................... 17 (07BOX NEW 8)
CUPS ..................... 18 (07BOX NEW 8)
SPRAY/SQUIRTS .................. 19 (07BOX NEW 8)
CHEWS/GUMMIES ............... 20 (07BOX NEW 8)
SCOOPS ..................... 21 (07BOX NEW 8)
CAPFULS ..................... 23 (07BOX NEW 8)
Ounces ..................... 27 (07BOX NEW 8)
PACKAGES/PACKETS ............. 28 (CONTINUE)
VIALS ..................... 29 (07BOX NEW 8)
GUMBALLS ..................... 30 (07BOX NEW 8)
OTHER FORM (SPECIFY) ............. 91 (07BOX NEW 8)
REFUSED ..................... 77 (07BOX NEW 8)
DON'T KNOW ..................... 99 (07BOX NEW 8)

RXQ.200 |Do you/Does SP\textsuperscript{\textregistered} take an entire packet each time?

YES ................................................. 1
NO ................................................. 2
REFUSED ........................................... 7
DON'T KNOW ......................................... 9
CHECK ITEM RXQ.205:
IF RXQ.195U IS 7, 11, 12, 15, 16, 18, 21, 23, OR 27, CONTINUE.
OTHERWISE, SKIP TO RXQ.215a.

DSQ.110 Was that a liquid or powder?

- LIQUID ..................................................  1
- POWDER ...............................................  2
- REFUSED ..............................................  77
- DON'T KNOW .........................................  99

RXQ.215a Did you take (PRODUCT NAME) as an antacid, as a calcium supplement, or both?

- ANTACID ..................................................  1
- CALCIUM SUPPLEMENT .............................  2
- BOTH ....................................................  3
- NEITHER ...............................................  4
- REFUSED ..............................................  7
- DON'T KNOW ..........................................  9

RXQ.216 CHECK CONTAINERS. ARE THERE ANY OTHER NONPRESCRIPTION ANTACIDS?

OR ASK RESPONDENT:
[Are there any other nonprescription antacids that {you/SP} used in the past 30 days?]

- YES ......................................................  1
- NO .......................................................  2

HELP SCREEN:
Antacids: An agent that neutralizes acidity or reduces acid production, especially in the digestive system.

CHECK ITEM RXQ.219:
ASK RXQ.141 FOR NEXT ANTACID (CODE 1 IN RXQ.216). IF NO NEXT ANTACID, (CODE 2 IN RXQ.216), CONTINUE WITH RXQ.221.
RXQ.221 REVIEW TOTAL NUMBER OF ANTACIDS AND THEIR NAMES WITH RESPONDENT.

I have listed {TOTAL NUMBER} nonprescription antacid(s) that {you have/SP has} taken in the past 30 days: {PRODUCT NAME(S)}

PRESS ENTER TO CONTINUE

CAPI INSTRUCTION:
DISPLAY NAMES OF ALL ANTACIDS SELECTED AT RXQ.150 AND ENTERED AT RXQ.141.
CALCULATE TOTAL NUMBER OF ALL ANTACIDS SELECTED AT RXQ.150 AND ENTERED AT RXQ.141. DISPLAY NUMBER ON SCREEN.

HELP SCREEN:
Antacids: An agent that neutralizes acidity or reduces acid production, especially in the digestive system.

BOX 15
OMITTED

BOX 16
OMITTED

BOX 16A
OMITTED

BOX 10A

CHECK ITEM DSQ.225:
IF 'YES' (CODE 1) IN RXQ.032, CONTINUE.
OTHERWISE, GO TO BOX 14A.

RXQ.231 Now I would like to talk about prescription medication {you have/SP has} used in the past 30 days. Again, these are products prescribed by a health professional such as a doctor or dentist.

[First I will record some information about the medication, then I will ask you some questions about it.]

REFER TO PRODUCT LABEL(S) OR ASK RESPONDENT FOR NAME(S) OF PRESCRIPTION MEDICATIONS USED.

_____________________________________________________________________
ENTER MEDICATION NAME

REFUSED .....................................................  7
DON'T KNOW ............................................... 9

CAPI INSTRUCTION:
IF DON'T KNOW OR REFUSED, THEN GO TO RXQ.439.
SHOULD ALLOW ENTRY OF PRODUCT NAME TO SAVE THE PRODUCT NAME AS KEYED AND THAT SHOULD BE USED TO START THE LOOKUP.
TEXT SHOULD BE OPTIONAL, "[ ]" S, AFTER THE FIRST TIME.
RXQ.240s PRESS BS TO START THE LOOKUP.

SELECT MEDICATION FROM LIST.

IF MEDICATION NOT ON LIST – PRESS BS TO DELETE ENTRY.

TYPE ‘**’.

PRESS ENTER TO SELECT

CAPI INSTRUCTION:
DISPLAY CAPI MEDICATION PRODUCT LIST. INTERVIEWER SHOULD BE ABLE TO ACCEPT THE PRODUCT NAME AS IT WAS KEYED IN RXQ.231 BY TYPING IN ‘**’. THE LOOKUP BOX SHOULD BE LOW ENOUGH ON THE SCREEN SO THAT THE INSTRUCTION ABOUT HOW TO ACCEPT THE KEYED PRODUCT NAME IS SHOWING ABOVE THE LOOKUP BOX. THE LOOKUP SHOULD ONLY SHOW THE PRODUCT NAMES WITH THE OTHER LOOKUP INFO OFF THE SCREEN TO THE RIGHT. INTERVIEWER SHOULD BE ABLE TO ACCEPT THE KEYED NAME AS A NEW PRODUCT NAME AN UNLIMITED NUMBER OF TIMES. AFTER ENTRY, INTERVIEWER SHOULD RETURN TO THE DATABASE LIST. IF NO MORE ENTRIES, INTERVIEWERS SHOULD HAVE A WAY OF MOVING INTO LOOP 3. ONCE A PRODUCT IS SELECTED FROM THE LIST, THE FOLLOWING INFORMATION SHOULD BE COLLECTED FROM THE LOOKUP DATABASE:

- DRUG TYPE (3)
- GENERIC NAME (60)
- THERAPEUTIC CLASS CODE (6)
- GENERIC FLAG (1)

THERE IS NO NEED TO DISPLAY THIS INFORMATION.
BOX 10B

CHECK ITEM RXQ.243:
IF PRODUCT IS SELECTED FROM THE LOOKUP AND THE PRODUCT HAS AN 'OTC' DESIGNATION, CONTINUE WITH RXQ.245. OTHERWISE, GO TO RXQ.250.

RXQ.245 YOU HAVE SELECTED

{DISPLAY FULL PRODUCT VARIABLE NAME}.
YOU HAVE SELECTED THIS PRODUCT IN AN 'OVER THE COUNTER' FORM. IS THIS CORRECT?

YES ...............................................................  1
NO .................................................................  2

CAPI INSTRUCTION:
DISPLAY SCREEN RXQ.240s – ENTRY FIELD SHOULD BE BLANK. INTERVIEWER SHOULD PRESS THE 'BACKSPACE' KEY TO START THE LOOKUP AGAIN AND SELECT ANOTHER PRODUCT.

BOX 11

OMITTED

RXQ.250 INTERVIEWER: ENTER 1 RESPONSE

CAPI INSTRUCTION:
DISPLAY PRODUCT NAME AS A LEFT HEADER.
CONTAINER SEEN.......................................  1
CONTAINER NOT SEEN..............................  2
RXQ.260 For how long {have/has} {you/SP} been using or taking {PRODUCT NAME}?

CAPI INSTRUCTION:
RESPONSE FIELD SHOULD ALLOW FOR 4 NUMERIC ENTRIES AND INCLUDE A DECIMAL. ALLOW UP TO 3 ENTRIES TO THE LEFT OF THE DECIMAL AND UP TO 1 ENTRY TO THE RIGHT OF THE DECIMAL.

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>
ENTER NUMBER (OF DAYS, WEEKS, MONTHS OR YEARS)

REFUSED ..................................................... 777
DON'T KNOW ............................................... 999

ENTER UNIT

DAYS ............................................................. 1
WEEKS ......................................................... 2
MONTHS ....................................................... 3
YEARS .......................................................... 4

BOX 13
OMITTED

RXQ.290 What is the main reason for which (you use/SP uses) {PRODUCT NAME}?

________________________________________
________________________________________
________________________________________

REFUSED ..................................................... 7
DON'T KNOW ............................................... 9

RXQ.291 INTERVIEWER INSTRUCTION: ASK IF NECESSARY

IS SP TAKING MEDICATION FOR ASTHMA, BREATHING PROBLEMS, EMPHYSEMA OR RELATED CONDITION?

YES .............................................................. 1
NO ............................................................... 2
REFUSED ..................................................... 77
DON'T KNOW ............................................... 99
RXQ.294 CHECK CONTAINERS. ARE THERE ANY OTHER PRESCRIPTION MEDICATIONS?

OR ASK RESPONDENT:
[Are there any other prescription medications that {you/SP} used in the past 30 days?]

YES ............................................................... 1
NO ................................................................. 2
REFUSED ..................................................... 77
DON'T KNOW ............................................... 99

BOX 14

CHECK ITEM RXQ.294A:
ASK RXQ.231 - RXQ.294 FOR NEXT MEDICATION (CODE 1 IN RXQ.294). IF NO NEXT MEDICATION (CODE 2 IN RXQ.294), CONTINUE WITH RXQ.295.

RXQ.295 REVIEW TOTAL NUMBER OF PRESCRIBED MEDICATIONS AND THEIR NAMES WITH RESPONDENT.

I have listed {TOTAL NUMBER} prescription medication(s) that {you have/SP has} taken in the past 30 days: {PRODUCT NAME(S)}

PRESS ENTER TO CONTINUE

CAPI INSTRUCTION:
DISPLAY NAMES OF ALL PRESCRIPTION MEDICATIONS SELECTED AT RXQ.240 AND ENTERED AT RXQ.231. CALCULATE TOTAL NUMBER OF ALL PRESCRIPTION MEDICATIONS SELECTED AT RXQ.240 AND ENTERED AT RXQ.231. DISPLAY NUMBER ON SCREEN.

07BOX NEW13A

CHECK ITEM RXQ.400:
1. IF PRODUCT SELECTED FROM LOOKUP AND CLASS CODE = 125, 131, 243, 296 OR 298, CONTINUE.
2. IF PRODUCT NOT SELECTED FROM LIST AND RXQ.291 = ASTHMA OR BREATHING DIFFICULTY (CODE 1), CONTINUE.
3. OTHERWISE, SKIP TO RXQ.439.

RXQ.403 Now I would like to ask you a few additional questions about (PRODUCTS SPECIFIED IN 07BOX NEW13A – CLASS CODE 125, 131, 243, 296 OR 298 AND PRODUCTS NOT SELECTED FROM LIST WITH CODE 1 IN RXQ.291.

07BOX NEW13AA

CHECK ITEM RXQ.406:
ASK RXQ.409 – RXQ.433 FOR EACH MEDICATION THAT MEETS SPECIFICATION IN 07BOX NEW13A #1 OR #2.
RXQ.409 Have you used (PRODUCT NAME) every day or nearly every day for a month or longer?

YES ............................................................... 1
NO ................................................................. 2 (07BOX NEW14A)
REFUSED ..................................................... 7 (07BOX NEW14A)
DON'T KNOW ............................................... 9 (07BOX NEW14A)

RXQ.413 During the past 3 months, how many months did you use this medication every day or nearly every day?

HAND CARD DSQ4

less than 1 month ............................................ 1
1 month but less than 2 months ......................... 2
2 months but less than 3 months ...................... 3
3 months ...................................................... 4
REFUSED .................................................... 7
DON'T KNOW ............................................... 9

BOX 13B

CHECK ITEM RXQ.415:
CHECK RXQ.250. IF CONTAINER NOT SEEN (CODE 2), GO TO RXQ.424.
OTHERWISE, CONTINUE

RXQ.418 ENTER DRUG STRENGTH FROM LABEL

|___|___|
Enter number: EXAMPLE – 20, 50, ETC.

IF NO EXACT MATCH, SELECT 'OTHER SPECIFY'

SELECT UNIT: EXAMPLE – 0.042 mg/inhalation
**INTERVIEWER:** RECORD FORM FROM PRODUCT CONTAINER.

<table>
<thead>
<tr>
<th>Form Type</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capsules</td>
<td>1</td>
</tr>
<tr>
<td>Tablets</td>
<td>2</td>
</tr>
<tr>
<td>Chewable Tablets</td>
<td>3</td>
</tr>
<tr>
<td>Pills</td>
<td>4</td>
</tr>
<tr>
<td>Caplets</td>
<td>5</td>
</tr>
<tr>
<td>Soft Gels</td>
<td>6</td>
</tr>
<tr>
<td>Gel Caps</td>
<td>7</td>
</tr>
<tr>
<td>Vegicaps</td>
<td>8</td>
</tr>
<tr>
<td>Package/Packets</td>
<td>9</td>
</tr>
<tr>
<td>Liquid</td>
<td>10</td>
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<tr>
<td>Powder</td>
<td>11</td>
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<td>Wafers</td>
<td>12</td>
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<tr>
<td>Chews</td>
<td>13</td>
</tr>
<tr>
<td>Dots</td>
<td>14</td>
</tr>
<tr>
<td>Granules</td>
<td>15</td>
</tr>
<tr>
<td>Lozenges</td>
<td>16</td>
</tr>
<tr>
<td>Gel</td>
<td>17</td>
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<tr>
<td>Inhaler</td>
<td>18</td>
</tr>
<tr>
<td>Nebulizer</td>
<td>19</td>
</tr>
<tr>
<td>Injection</td>
<td>20</td>
</tr>
<tr>
<td>Discus</td>
<td>21</td>
</tr>
<tr>
<td>Refused</td>
<td>77</td>
</tr>
<tr>
<td>Don't Know</td>
<td>99</td>
</tr>
</tbody>
</table>

**Please look at this card and tell me in what form is this product?**

**HAND CARD DSQ5**

<table>
<thead>
<tr>
<th>Form Type</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capsules</td>
<td>1</td>
</tr>
<tr>
<td>Tablets</td>
<td>2</td>
</tr>
<tr>
<td>Chewable Tablets</td>
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<tr>
<td>Pills</td>
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<td>Caplets</td>
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<td>Soft Gels</td>
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<td>Vegicaps</td>
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<td>Package/Packets</td>
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<td>Liquid</td>
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<td>Powder</td>
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<td>Wafers</td>
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<td>Chews</td>
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<td>Dots</td>
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<tr>
<td>Granules</td>
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<td>Lozenges</td>
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<td>Gel</td>
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<td>Nebulizer</td>
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<tr>
<td>Injection</td>
<td>20</td>
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<tr>
<td>Discus</td>
<td>21</td>
</tr>
<tr>
<td>Refused</td>
<td>77</td>
</tr>
<tr>
<td>Don't Know</td>
<td>99</td>
</tr>
</tbody>
</table>

**SKIP TO RXQ.427**
HELP SCREEN:

**Nebulizer:** A device to give a medicine as a fine mist into the nose.

**An inhaler or metered dose inhaler (MDI):** A device used to deliver allergy and asthma medicines to the lungs. It is a small L-shaped device, which you put into their mouth to get the medication directly into their lungs.

**Discus:** It is a dry powder inhaler. It has a dose counter. Dry powder inhalers deliver a powdered form of medicine directly to the lungs.

---

RXQ.427 On the days that (you/SP NAME) took this medication, how many times did you *usually* take it in a single day?

CAPI INSTRUCTION:

[_______] NUMBER OF TIMES

REFUSED ..................................................... 77
DON'T KNOW ............................................... 99
How much did you take each time you took it?

ENTER NUMBER

ENTER UNIT

- CAPSULES: 1
- TABLETS: 2
- CHEWABLE TABLETS: 3
- PILLS: 4
- CAPLETS: 5
- SOFT GELS: 6
- GEL CAPS: 7
- VEGICAPS: 8
- PACKAGE/PACKETS: 9
- WAFERS: 10
- CHEWS: 11
- DOTS: 12
- LOZENGES: 13
- DROPS: 14
- TEASPOONS: 15
- TABLESPOONS: 16
- MILLILITERS: 17
- SCOOPS: 18
- DOSES: 20
- VIALS: 21
- INJECTIONS: 22
- OTHER (SPECIFY): 23
- REFUSED: 77
- DON'T KNOW: 99

CAPI INSTRUCTION FOR UNIT – CHECK RXQ.421 OR RXQ.424 (FORM):

- If form code 1 through 9 or 12, 13, 14, 15, or 16 in RXQ.421 or RXQ.424, code the same form for unit and skip to RXQ.433.

- If code 10 in RXQ.421 or RXQ.424, display the following pick list for unit:
  - DROPS: 14
  - TEASPOONS: 15
  - TABLESPOONS: 16
  - MILLILITERS: 17
  - OTHER (SPECIFY): 22

- If code 11 in RXQ.421 or RXQ.424, display the following pick list for unit:
  - TEASPOONS: 15
  - TABLESPOONS: 16
  - SCOOPS: 18
  - OTHER (SPECIFY): 22

- If code 17, 20, or 21 in RXQ.421 or RXQ.424, display the following pick list for unit:
  - OTHER (SPECIFY): 22
- IF CODE 18 IN RXQ.421 OR RXQ.424, DISPLAY THE FOLLOWING PICK LIST FOR UNIT:
  PUFFS........................................................... 19
  DOSES .......................................................... 20
  OTHER (SPECIFY)____________________ 22

- IF CODE 19 IN RXQ.421 OR RXQ.424, DISPLAY THE FOLLOWING PICK LIST FOR UNIT:
  VIALS ............................................................ 21
  OTHER (SPECIFY)____________________ 22

- IF DK/REF (CODE 77 OR CODE 99), DISPLAY ENTIRE PICK LIST.

RXQ.433 So you took (NUMBER/UNIT) each time you took it, correct?

CORRECT..................................................... 1
INCORRECT ................................................. 2 (RETURN TO RXQ.430 Q/U/OS)

CAPI INSTRUCTION:
DISPLAY NUMBER AND UNIT FROM RXQ.430 Q/U/OS.

07BOX NEW14A

CHECK ITEM RXQ.436:
ASK RXQ.409 – RXQ.433 FOR NEXT MEDICATION (FROM BOX 13AA).
IF NO NEXT MEDICATION, CONTINUE.

RXQ.439 During the past 3 months, have you used/taken (any/any other similar) products for asthma or breathing difficulties every day or nearly every day. This card lists some examples.

HAND CARD DSQ6

YES ............................................................... 1
NO ................................................................. 2 (BOX 18)
REFUSED ..................................................... 77 (BOX 18)
DON'T KNOW .................................................. 99 (BOX 18)

CAPI INSTRUCTION:
DISPLAY “ANY” IF THERE HAS BEEN NO ASTHMA MEDICATION ENTERED (NO CLASS CODE 125, 131, 243, 296 OR 298 SELECTED FROM LOOKUP OR CODE 2 IN RXQ.291).
DISPLAY “ANY OTHER” IF CLASS CODE 125, 131, 243, 296 OR 298 ENTERED FROM LOOKUP OR CODE 1 IN RXQ.291.

RXQ.442 May I please see all the containers for these medications.

REFER TO PRODUCT LABEL OR ASK THE RESPONDENT FOR NAME(S) OF PRODUCTS.
PRESS ENTER TO CONTINUE.

RXQ.446 ENTER MEDICATION NAME.
CHECK ITEM RXQ.445:
ASK RXQ.231 THROUGH – RXQ.487 FOR EACH MEDICATION.

PRESS BS TO START THE LOOKUP.

SELECT MEDICATION
FROM LIST.

IF MEDICATION NOT
ON LIST – PRESS BS
TO DELETE ENTRY.

TYPE ‘**’.

PRESS ENTER TO SELECT

CAPI INSTRUCTION:
DISPLAY CAPI MEDICATION PRODUCT LIST. INTERVIEWER SHOULD BE ABLE TO ACCEPT THE
PRODUCT NAME AS IT WAS KEYED IN RXQ.231 BY TYPING IN ‘**’. THE LOOKUP BOX SHOULD BE
LOW ENOUGH ON THE SCREEN SO THAT THE INSTRUCTION ABOUT HOW TO ACCEPT THE KEYED
PRODUCT NAME IS SHOWING ABOVE THE LOOKUP BOX. THE LOOKUP SHOULD ONLY SHOW THE
PRODUCT NAMES WITH THE OTHER LOOKUP INFO OFF THE SCREEN TO THE RIGHT.
INTERVIEWER SHOULD BE ABLE TO ACCEPT THE KEYED NAME AS A NEW PRODUCT NAME AN
UNLIMITED NUMBER OF TIMES. AFTER ENTRY, INTERVIEWER SHOULD RETURN TO THE DATA
BASE LIST. IF NO MORE ENTRIES, INTERVIEWERS SHOULD HAVE A WAY OF MOVING INTO LOOP 3.
ONCE A PRODUCT IS SELECTED FROM THE LIST, THE FOLLOWING INFORMATION SHOULD BE
COLLECTED FROM THE LOOKUP DATABASE:
   DRUG TYPE (3)
   GENERIC NAME (60)
   THERAPEUTIC CLASS CODE (6)
   GENERIC FLAG (1)
THERE IS NO NEED TO DISPLAY THIS INFORMATION.

CHECK ITEM RXQ.451:
IF PRODUCT IS SELECTED FROM THE LOOKUP AND THE PRODUCT HAS AN
‘OTC’ DESIGNATION, CONTINUE WITH RXQ.454.
OTHERWISE, GO TO RXQ.457.
YOU HAVE SELECTED

(DISPLAY FULL PRODUCT VARIABLE NAME).

YOU HAVE SELECTED THIS PRODUCT IN AN 'OVER THE COUNTER' FORM. IS THIS CORRECT?

YES ............................................................... 1
NO ............................................................... 2  DISPLAY HARD ERROR

CAPI INSTRUCTION:
DISPLAY SCREEN RXQ.448 – ENTRY FIELD SHOULD BE BLANK. INTERVIEWER SHOULD PRESS THE 'BACKSPACE' KEY TO START THE LOOKUP AGAIN AND SELECT ANOTHER PRODUCT.

INTERVIEWER: ENTER 1 RESPONSE

CAPI INSTRUCTION:
DISPLAY PRODUCT NAME AS A LEFT HEADER.

CONTAINER SEEN........................................ 1
CONTAINER NOT SEEN................................. 2

For how long {have/has} {you/SP} been using or taking {PRODUCT NAME}?

CAPI INSTRUCTION:
RESPONSE FIELD SHOULD ALLOW FOR 4 NUMERIC ENTRIES AND INCLUDE A DECIMAL. ALLOW UP TO 3 ENTRIES TO THE LEFT OF THE DECIMAL AND UP TO 1 ENTRY TO THE RIGHT OF THE DECIMAL.

|___|___|___|___|
ENTER NUMBER (OF DAYS, WEEKS, MONTHS OR YEARS)

REFUSED ..................................................... 777
DON'T KNOW ............................................. 999

ENTER UNIT

DAYS............................................................. 1
WEEKS ....................................................... 2
MONTHS.................................................... 3
YEARS ....................................................... 4

What is the main reason for which (you use/SP uses) {PRODUCT NAME}?

ENTER TEXT ________________________

REFUSED ..................................................... 7
DON'T KNOW ............................................. 9
RXQ.466 Have you used (PRODUCT NAME) every day or nearly every day for a month or longer?

YES ............................................................... 1
NO ...............................................................  2 (RXQ.490)
REFUSED .....................................................  7 (RXQ.490)
DON’T KNOW ...............................................  9 (RXQ.490)

RXQ.470 During the past 3 months, how many months did you use this medication every day or nearly every day?

HAND CARD DSQ7

less than 1 month ..........................................  1
1 month but less than 2 months.....................  2
2 months but less than 3 months .................  3
3 months.....................................................  4
REFUSED .....................................................  7
DON’T KNOW ...............................................  9

BOX 16

CHECK ITEM RXQ.472:
CHECK RXQ.457. IF CONTAINER NOT SEEN (CODE 2), GO TO RXQ.478.
OTHERWISE, CONTINUE

RXQ.473 ENTER DRUG STRENGTH FROM LABEL

ENTER NUMBER: EXAMPLE – 20, 50, ETC.

IF NO EXACT MATCH, SELECT ‘OTHER SPECIFY’

SELECT UNIT: EXAMPLE – 0.042 mg/inhalation
<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capsules</td>
<td>1</td>
</tr>
<tr>
<td>Tablets</td>
<td>2</td>
</tr>
<tr>
<td>Chewable Tablets</td>
<td>3</td>
</tr>
<tr>
<td>Pills</td>
<td>4</td>
</tr>
<tr>
<td>Caplets</td>
<td>5</td>
</tr>
<tr>
<td>Soft Gels</td>
<td>6</td>
</tr>
<tr>
<td>Gel Caps</td>
<td>7</td>
</tr>
<tr>
<td>Vegicaps</td>
<td>8</td>
</tr>
<tr>
<td>Package/Packets</td>
<td>9</td>
</tr>
<tr>
<td>Liquid</td>
<td>10</td>
</tr>
<tr>
<td>Powder</td>
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<td>Wafers</td>
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<tr>
<td>Chews</td>
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</tr>
<tr>
<td>Dots</td>
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</tr>
<tr>
<td>Granules</td>
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</tr>
<tr>
<td>Lozenges</td>
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</tr>
<tr>
<td>Gel</td>
<td>17</td>
</tr>
<tr>
<td>Inhaler</td>
<td>18</td>
</tr>
<tr>
<td>Nebulizer</td>
<td>19</td>
</tr>
<tr>
<td>Injection</td>
<td>20</td>
</tr>
<tr>
<td>Discus</td>
<td>21</td>
</tr>
<tr>
<td>Refused</td>
<td>77</td>
</tr>
<tr>
<td>Don't Know</td>
<td>99</td>
</tr>
</tbody>
</table>

SKIP TO RXQ.481
Please look at this card and tell me in what form is this product?

HAND CARD DSQ8

CAPSULES ......................................................... 1
TABLETS .......................................................... 2
CHEWABLE TABLETS ........................................... 3
PILLS .............................................................. 4
CAPLETS .......................................................... 5
SOFT GELS ....................................................... 6
GEL CAPS .......................................................... 7
VEGICAPS .......................................................... 8
PACKAGE/PACKETS ........................................... 9
LIQUID ............................................................. 10
POWDER ............................................................ 11
WAFERS ............................................................ 12
CHEWS ............................................................. 13
DOTS ............................................................. 14
GRANULES ........................................................ 15
LOZENGES ........................................................ 16
GEL ................................................................. 17
INHALER ............................................................ 18
NEBULIZER ....................................................... 19
INJECTION ........................................................ 20
DISCUS ............................................................. 21
REFUSED .......................................................... 77
DON’T KNOW ..................................................... 99

On the days that you took this medication, how many times did you usually take it in a single day?

CAPI INSTRUCTION:

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>
NUMBER OF TIMES

REFUSED ......................................................... 77
DON’T KNOW ..................................................... 99
How much did you take each time you took it?

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>
ENTER NUMBER

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>
ENTER UNIT

CAPSULES 
TABLETS
CHEWABLE TABLETS
PILLS
CAPLETS
SOFT GELS
GEL CAPS
VEGICAPS
PACKAGE/PACKETS
WAFERS
CHEWS
DOTS
LOZENGES
DROPS
TEASPOONS
TABLESPOONS
MILLILITERS
SCOOPS
DOSES
VIALS
INJECTIONS
OTHER (SPECIFY)
REFUSED
DON'T KNOW

CAPI INSTRUCTION FOR UNIT – CHECK RXQ.475 OR RXQ.478 (FORM):
- IF FORM CODE 1 THROUGH 9 OR 12, 13, 14, 15, OR 16 IN RXQ.475 OR RXQ.478, CODE THE SAME FORM FOR UNIT AND SKIP TO RXQ.487.
- IF CODE 10 IN RXQ.475 OR RXQ.478, DISPLAY THE FOLLOWING PICK LIST FOR UNIT:
  TEASPOONS
  TABLESPOONS
  MILLILITERS
  OTHER (SPECIFY)
- IF CODE 11 IN RXQ.485 OR RXQ.478, DISPLAY THE FOLLOWING PICK LIST FOR UNIT:
  TEASPOONS
  TABLESPOONS
  SCOOPS
  OTHER (SPECIFY)
- IF CODE 17, 20, OR 21 IN RXQ.475 OR RXQ.478, DISPLAY THE FOLLOWING PICK LIST FOR UNIT:
  OTHER (SPECIFY)
IF CODE 18 IN RXQ.475 OR RXQ.478, DISPLAY THE FOLLOWING PICK LIST FOR UNIT:

PUFFS ........................................................... 19
DOSES .......................................................... 20
OTHER (SPECIFY) ______________________ 22

IF CODE 19 IN RXQ.475 OR RXQ.578, DISPLAY THE FOLLOWING PICK LIST FOR UNIT:

VILES ............................................................ 21
OTHER (SPECIFY) ______________________ 22

IF DK/REF (CODE 77 OR CODE 99), DISPLAY ENTIRE PICK LIST.

RXQ.487 So {you/SP} took {NUMBER/UNIT} each time {you/he/she} took it, correct?

CORRECT ..................................................... 1
INCORRECT ................................................. 2 (RETURN TO RXQ.430 Q/U/OS)

CAPI INSTRUCTION:
DISPLAY NUMBER AND UNIT FROM RXQ.430 Q/U/OS.

RXQ.490 CHECK CONTAINERS. ARE THERE ANY OTHER PRESCRIPTION MEDICATIONS?

OR ASK RESPONDENT:
[During the past 3 months, were there any other products that {you/SP} used for asthma or breathing problems every day or nearly every day?]

YES ............................................................... 1
NO ................................................................. 2
REFUSED ..................................................... 77
DON’T KNOW ............................................... 99

BOX 17

CHECK ITEM RXQ.493:
ASK RXQ.448 – RXQ.490 FOR NEXT PRODUCT.
IF NO NEXT PRODUCT, CONTINUE WITH BOX 18.

BOX 18

CHECK ITEM DSQ.332:
IF PROXY INTERVIEW IN RPQ, CONTINUE.
IF NOT PROXY INTERVIEW IN RPQ, GO TO DSQ.335.

DSQ.334 INTERVIEWER OBSERVATION: WAS SP PRESENT FOR ALL OR PART OF INTERVIEW?

YES ............................................................... 1
NO ................................................................. 2

DSQ.335 PRESS F10 TO EXIT BLAISE.
HELP SCREEN FOR DSQ.012:

Dietary Supplements (Vitamins/Minerals): Dietary supplements are often labeled as "dietary supplements" and are used in addition to foods and beverages. Dietary supplements are not intended to replace food. Include vitamins, minerals, antacid/calcium supplement products, fiber supplements, amino acids, performance enhancers, herbs, herbal medicine products, and plant extracts used as dietary supplements. Include products that are taken orally or given by injection. Do not include beverages, such as tea, and skin creams. Meal replacement beverages, weight loss and performance booster drinks, and food bars are considered foods, not dietary supplements.

Health (Care) Professional: A person entitled by training and experience and possibly licensure to assist a doctor and who works with one or more medical doctors. Examples include: doctor’s assistants, nurse practitioners, nurses, lab technicians, and technicians who administer shots (i.e., allergy shots). Also include paramedics, medics and physical therapists working with or in a doctor’s office. Do not include: dentists, oral surgeons, chiropractors, chiropodists, podiatrists, naturopaths, Christian Science healers, opticians, optometrists, and psychologists or social workers.

Dentist: Medical professional whose primary occupation is caring for teeth, gums and jaws. Dental care includes general work such as fillings, cleaning, extractions, and also specialized work such as root canals, fittings for braces, etc.

Doctor: The term refers to both medical doctors (M.D.s) and osteopathic physicians (D.O.s). It includes general practitioners as well as specialists. It does not include persons who do not have an M.D. or D.O. degree, such as dentists, oral surgeons, chiropractors, podiatrists, Christian Science healers, opticians, optometrists, psychologists, etc.

Past Month: The past 30 days. From yesterday, 30 days back.

HELP SCREEN FOR RXQ.032:

Prescription Medication: Prescription medications are those ordered by a physician or other authorized medical professional through a written or verbal prescription for a pharmacist to fill. Prescription medications may also be given by a medical professional directly to a patient to take home, such as free samples.

Prescription medications do not include:

- Medication administered to the patient during the event in the office as part of the treatment (such as an antibiotic shot for an infection, a flu shot, or an oral medication) unless a separate bill for the medication is received;
- Diaphragms and IUD's (Intra-Uterine Devices); or
- Some state laws require prescriptions for over the counter medications. Sometimes physicians write prescriptions for over the counter medications, such as aspirin. Consider any medication a prescription medication if the respondent reports it as prescribed. If it is an over the counter medication, however, the prescription must be a written prescription to be filled by a pharmacist, not just a written or oral instruction. If in doubt, probe whether the patient got a written prescription to fill at a pharmacy.

Past Month: The past 30 days. From yesterday, 30 days back.

HELP SCREEN FOR DSQ.042:

Dietary Supplements (Vitamins/Minerals): Dietary supplements are often labeled as "dietary supplements" and are used in addition to foods and beverages. Dietary supplements are not intended to replace food. Include vitamins, minerals, antacid/calcium supplement products, fiber supplements, amino acids, performance enhancers, herbs, herbal medicine products, and plant extracts used as dietary supplements. Include products that are taken orally or given by injection. Do not include beverages, such as tea, and skin creams. Meal replacement beverages, weight loss and performance booster drinks, and food bars are considered foods, not dietary supplements.

Antacids: An agent that neutralizes acidity or reduces acid production, especially in the digestive system.
Prescription Medication: Prescription medications are those ordered by a physician or other authorized medical professional through a written or verbal prescription for a pharmacist to fill. Prescription medications may also be given by a medical professional directly to a patient to take home, such as free samples.

Prescription medications do not include:

- Medication administered to the patient during the event in the office as part of the treatment (such as an antibiotic shot for an infection, a flu shot, or an oral medication) unless a separate bill for the medication is received;

- Diaphragms and IUD's (Intra-Uterine Devices); or

- Some state laws require prescriptions for over the counter medications. Sometimes physicians write prescriptions for over the counter medications, such as aspirin. Consider any medication a prescription medication if the respondent reports it as prescribed. If it is an over the counter medication, however, the prescription must be a written prescription to be filled by a pharmacist, not just a written or oral instruction. If in doubt, probe whether the patient got a written prescription to fill at a pharmacy.

Past Month: The past 30 days. From yesterday, 30 days back.

HELP SCREEN FOR DSQ.052:

Dietary Supplements (Vitamins/Minerals): Dietary supplements are often labeled as "dietary supplements" and are used in addition to foods and beverages. Dietary supplements are not intended to replace food. Include vitamins, minerals, antacid/calcium supplement products, fiber supplements, amino acids, performance enhancers, herbs, herbal medicine products, and plant extracts used as dietary supplements. Include products that are taken orally or given by injection. Do not include beverages, such as tea, and skin creams. Meal replacement beverages, weight loss and performance booster drinks, and food bars are considered foods, not dietary supplements.

Health (Care) Professional: A person entitled by training and experience and possibly licensure to assist a doctor and who works with one or more medical doctors. Examples include: doctor's assistants, nurse practitioners, nurses, lab technicians, and technicians who administer shots (i.e., allergy shots). Also include paramedics, medics and physical therapists working with or in a doctor's office. Do not include: dentists, oral surgeons, chiropractors, chiropodists, podiatrists, naturopaths, Christian Science healers, opticians, optometrists, and psychologists or social workers.

Dentist: Medical professional whose primary occupation is caring for teeth, gums and jaws. Dental care includes general work such as fillings, cleaning, extractions, and also specialized work such as root canals, fittings for braces, etc.

Doctor: The term refers to both medical doctors (M.D.s) and osteopathic physicians (D.O.s). It includes general practitioners as well as specialists. It does not include persons who do not have an M.D. or D.O. degree, such as dentists, oral surgeons, chiropractors, podiatrists, Christian Science healers, opticians, optometrists, psychologists, etc.

Past Month: The past 30 days. From yesterday, 30 days back.

HELP SCREEN FOR RXQ.231:

Prescription Medication: Prescription medications are those ordered by a physician or other authorized medical professional through a written or verbal prescription for a pharmacist to fill. Prescription medications may also be given by a medical professional directly to a patient to take home, such as free samples.

Prescription medications do not include:

- Medication administered to the patient during the event in the office as part of the treatment (such as an antibiotic shot for an infection, a flu shot, or an oral medication) unless a separate bill for the medication is received;
- Diaphragms and IUD's (Intra-Uterine Devices); or

- Some state laws require prescriptions for over the counter medications. Sometimes physicians write prescriptions for over the counter medications, such as aspirin. Consider any medication a prescription medication if the respondent reports it as prescribed. If it is an over the counter medication, however, the prescription must be a written prescription to be filled by a pharmacist, not just a written or oral instruction. If in doubt, probe whether the patient got a written prescription to fill at a pharmacy.

Past Month: The past 30 days. From yesterday, 30 days back.

HELP SCREEN FOR RXQ.294/RXQ.295:

Prescription Medication: Prescription medications are those ordered by a physician or other authorized medical professional through a written or verbal prescription for a pharmacist to fill. Prescription medications may also be given by a medical professional directly to a patient to take home, such as free samples.

Prescription medications do not include:

- Medication administered to the patient during the event in the office as part of the treatment (such as an antibiotic shot for an infection, a flu shot, or an oral medication) unless a separate bill for the medication is received;

- Diaphragms and IUD's (Intra-Uterine Devices); or

- Some state laws require prescriptions for over the counter medications. Sometimes physicians write prescriptions for over the counter medications, such as aspirin. Consider any medication a prescription medication if the respondent reports it as prescribed. If it is an over the counter medication, however, the prescription must be a written prescription to be filled by a pharmacist, not just a written or oral instruction. If in doubt, probe whether the patient got a written prescription to fill at a pharmacy.