

DIETARY SUPPLEMENTS - SAQ

Target Group: Birth+

SAQ005 The next questions are about {your/SP's} use of dietary supplements during the **past 30 days**.

Please look at hand card Dietary Supplements which lists some examples of different types of dietary supplements.

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

DIETARY SUPPLEMENTS HAND CARD

HELP AVAILABLE

YES 1
NO 2 (SAQ045)
REFUSED 7 (SAQ045)
DON'T KNOW..... 9 (SAQ045)

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.

<p style="text-align: center;">BOX 1A</p> <p style="text-align: center;">Supplements Table</p> <p>PRESENT SAQ010 THROUGH SAQ040 AS A GRID.</p> <p>CONTINUE.</p>

SAQ010 {Container}

{I will start with the first dietary supplement that {you/SP} used or took in the **past 30 days**.}
{I}[ALWAYS READ FOR FIRST SUPPLEMENT, THEN ONLY IF NEEDED:{I}

Do you have the container available for this dietary supplement? [I will wait while you locate the container].

YES - CONTAINER AVAILABLE 1
NO - CONTAINER NOT AVAILABLE 2

INTERVIEWER INSTRUCTION:
IF THE RESPONDENT CANNOT OR WOULD NOT LOCATE THE CONTAINERS, MARK "2, NO -
CONTAINER NOT AVAILABLE".

CAPI INSTRUCTION:
DO NOT DISPLAY "I will start with the first dietary supplement that {you/SP} used or took in the **past 30 days.**" AFTER THE FIRST REPORTED SUPPLEMENT.

SAQ015 {Supplements}
{!}[ALWAYS READ FOR FIRST FOOD/BEVERAGE, THEN ONLY IF NEEDED:]{!}
{Can you please look at the container and read to me all the words on the front label/What is the name of the supplement {you/SP} took}?

CAPI INSTRUCTION:
IF SAQ010=1, DISPLAY: "Can you please look at the container and read to me all the words on the front label".
IF SAQ010=2, DISPLAY: "What is the name of the supplement {you/SP} took?"

INTERVIEWER INSTRUCTION:
{PROBE IF THE RESPONDENT IS HAVING TROUBLE IN READING THE PRODUCT LABEL/ PROBE IF THE RESPONDENT DOESN'T HAVE THE CONTAINER}.

CAPI INSTRUCTION:
IF SAQ010=1, DISPLAY: "PROBE IF THE RESPONDENT IS HAVING TROUBLE IN READING THE PRODUCT LABEL"
IF SAQ010=2, DISPLAY: "PROBE IF THE RESPONDENT DOESN'T HAVE THE CONTAINER."

[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? {(such as 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: SUPPLEMENT NAME SHOULD BE ENTERED

ERROR MESSAGE ON FIRST LINE: "YOU MUST COLLECT INFORMATION FOR AT LEAST ONE SUPPLEMENT OR BACK UP AND ANSWER "NO" TO SAQ005."

ERROR MESSAGE ON SUBSEQUENT LINES: "YOU MUST COLLECT INFORMATION FOR A SUPPLEMENT OR BACK UP AND ANSWER "NO" TO SAQ040."

ENTER SUPPLEMENT NAME

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

SAQ020 {Days Taken}

In the **past 30 days**, on how many days did {you/SP} take {PRODUCT NAME}?

CAPI INSTRUCTION:

- {PRODUCT NAME} = PRODUCT ENTERED IN SAQ015

ENTER NUMBER OF DAYS FROM 1-30

REFUSED 77
DON'T KNOW..... 99

SAQ025Q {Quantity Taken}

On the days that {you/SP} took {PRODUCT NAME}, how much did {you/he/she} usually take on a single day?

[ENTER THE NUMBER]

SOFT EDIT: Quantity should be less than 10

Error Message: "You said {you/he/she} took {QUANTITY TAKEN}. Is that correct?"

HARD EDIT: Number must be greater than 0 and less than 150

ENTER QUANTITY

REFUSED 777.77
DON'T KNOW..... 999.99

SAQ025U {Unit Taken}
OS

(Was it a tablet, capsule, pill, caplet, softgel, or something else?)

[SELECT FORM/UNIT]

TABLETS.....	35	(BOX 2)
CAPSULES	36	(BOX 2)
PILLS.....	37	(BOX 2)
CAPLETS	38	(BOX 2)
SOFTGELS/GELCAPS.....	39	(BOX 2)
VEGICAPS	40	(BOX 2)
CHEWABLE TABLETS.....	1	(BOX 2)
DROPPERS	2	(BOX 2)
DROPS.....	3	(BOX 2)
INJECTIONS/SHOTS	5	(BOX 2)
LOZENGES/COUGH DROPS	6	(BOX 2)
MILLILITERS	7	(BOX 2)
TABLESPOONS	11	(BOX 2)
TEASPOONS	12	(BOX 2)
WAFERS	13	(BOX 2)
CANS.....	15	(BOX 2)
GRAMS	16	(BOX 2)
DOTS.....	17	(BOX 2)
CUPS.....	18	(BOX 2)
SPRAYS/SQUIRTS	19	(BOX 2)
CHEWS/GUMMIES	20	(BOX 2)
SCOOPS	21	(BOX 2)
CAPFULS	23	(BOX 2)
OUNCES	27	(BOX 2)
PACKAGES/PACKETS	28	
VIALS	29	(BOX 2)
GUMBALLS	30	(BOX 2)
OTHER FORM (SPECIFY).....	91	(BOX 2)
REFUSED	77	(BOX 2)
DON'T KNOW	99	(BOX 2)

SAQ030 {Entire Packet}

{Do you/Does SP} take an entire packet of {PRODUCT NAME} each time?

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

BOX 2

IF SAQ025U = 7, 11, 12, 15, 16, 18, 21, 23 OR 27, CONTINUE.
OTHERWISE, SKIP TO SAQ040.

SAQ035 {Liquid/Powder}

Was that a liquid or powder?

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

SAQ040 {Any others}

During the **past 30 days**, did {you/SP} take any other vitamins, minerals, herbals or other dietary supplements? (Include any prescription and over the counter dietary supplements.)

DIETARY SUPPLEMENTS HAND CARD

HELP AVAILABLE

INTERVIEWER INSTRUCTION: IF NO, REVIEW THE SUPPLEMENTS ON THE GRID WITH RESPONDENT AND MARK "2" IF THERE ARE NO MORE SUPPLEMENTS TO ENTER.

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

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 3

IF SAQ040 = YES, ASK SAQ010 FOR NEXT SUPPLEMENT
OTHERWISE CONTINUE.

SAQ045 The next questions are about {your/SP's} use of non-prescription antacids. Please look at hand card Antacids. {Have you/Has SP} used or taken any nonprescription **antacids** in the **past 30 days**?

ANTACIDS HAND CARD

HELP AVAILABLE

- YES1
- NO 2 (BOX 7)
- REFUSED 7 (BOX 7)
- DON'T KNOW..... 9 (BOX 7)

HELP SCREEN:

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

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

BOX 4

Antacids Table

PRESENT SAQ050 THROUGH SAQ085 AS A GRID.

CONTINUE.

SAQ050 {Container}

{I will start with the first antacid that {you/SP} used or took in the **past 30 days.**}
{I}[ALWAYS READ FOR FIRST ANTACID, THEN ONLY IF NEEDED:{I}

Do you have the container available for this antacid? [I will wait while you locate the container].

- YES - CONTAINER AVAILABLE 1
- NO - CONTAINER NOT AVAILABLE 2

INTERVIEWER INSTRUCTION:

IF THE RESPONDENT CANNOT OR WOULD NOT LOCATE THE CONTAINERS, MARK "2, NO - CONTAINER NOT AVAILABLE".

CAP I INSTRUCTION:

DO NOT DISPLAY "I will start with the first antacid that {you/SP} used or took in the **past 30 days.**" AFTER THE FIRST REPORTED SUPPLEMENT.

SAQ055

{Antacids}
{I}[ALWAYS READ FOR FIRST ANTACID, THEN ONLY IF NEEDED:{I}

{Can you please look at the container and read to me all the words on the front label/Which antacid did {you/SP} use or take in the **past 30 days**}?

CAPI INSTRUCTION:

IF SAQ050=1, DISPLAY: {"Can you please look at the container and read to me all the words on the front label"}.

IF SAQ050=2, DISPLAY: {"Which antacid did {you/SP} use or take in the **past 30 days**"}

INTERVIEWER INSTRUCTION:

{PROBE IF THE RESPONDENT IS HAVING TROUBLE IN READING THE PRODUCT LABEL/ PROBE IF THE RESPONDENT DOESN'T HAVE THE CONTAINER}.

CAPI INSTRUCTION:

IF SAQ050=1, DISPLAY: "PROBE IF THE RESPONDENT IS HAVING TROUBLE IN READING THE PRODUCT LABEL."

IF SAQ050=2, DISPLAY: "PROBE IF THE RESPONDENT DOESN'T HAVE THE CONTAINER."

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

HARD EDIT: ANTACID NAME SHOULD BE ENTERED

ERROR MESSAGE ON FIRST LINE: "YOU MUST COLLECT INFORMATION FOR AT LEAST ONE ANTACID OR BACK UP AND ANSWER "NO" TO SAQ045."

ERROR MESSAGE ON SUBSEQUENT LINES: "YOU MUST COLLECT INFORMATION FOR AN ANTACID OR BACK UP AND ANSWER "NO" TO SAQ085."

ENTER ANTACID NAME
REFUSED 7
DON'T KNOW 9

SAQ060

{Pick List}

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

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

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

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

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

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.

SAQ065 {Days Taken}

In the **past 30 days**, on how many days did {you/SP} take {PRODUCT NAME}?

CAPI INSTRUCTION:

- {PRODUCT NAME} = PRODUCT SELECTED AT SAQ055 OR PRODUCT ENTERED IN SAQ060

ENTER NUMBER OF DAYS FROM 1-30

REFUSED 77
DON'T KNOW..... 99

SAQ070Q {Quantity Taken}

On those days that {you/SP} used or took {PRODUCT NAME}, how much did {you/he/she} usually take on a single day?

[ENTER THE NUMBER]

SOFT EDIT: Quantity should be less than 10

Error Message: "You said {you/he/she} took {QUANTITY TAKEN}. Is that correct?"

HARD EDIT: Number must be greater than 0 and less than 150

ENTER QUANTITY

REFUSED.....777.77
DON'T KNOW.....999.99

SAQ070U {Unit Taken}
OS

(Was it a tablet, capsule, pill, caplet, softgel, or something else?)

[SELECT FORM/UNIT]

TABLETS.....	35	(BOX 5)
CAPSULES	36	(BOX 5)
PILLS.....	37	(BOX 5)
CAPLETS	38	(BOX 5)
SOFTGELS/GELCAPS.....	39	(BOX 5)
VEGICAPS	40	(BOX 5)
CHEWABLE TABLETS.....	1	(BOX 5)
DROPPERS	2	(BOX 5)
DROPS.....	3	(BOX 5)
INJECTIONS/SHOTS	5	(BOX 5)
LOZENGES/COUGH DROPS	6	(BOX 5)
MILLILITERS	7	(BOX 5)
TABLESPOONS	11	(BOX 5)
TEASPOONS	12	(BOX 5)
WAFERS	13	(BOX 5)
CANS.....	15	(BOX 5)
GRAMS	16	(BOX 5)
DOTS.....	17	(BOX 5)
CUPS.....	18	(BOX 5)
SPRAYS/SQUIRTS	19	(BOX 5)
CHEWS/GUMMIES	20	(BOX 5)
SCOOPS	21	(BOX 5)
CAPFULS	23	(BOX 5)
OUNCES	27	(BOX 5)
PACKAGES/PACKETS	28	
VIALS	29	(BOX 5)
GUMBALLS	30	(BOX 5)
OTHER FORM (SPECIFY).....	91	(BOX 5)
REFUSED	77	(BOX 5)
DON'T KNOW	99	(BOX 5)

SAQ075 {Entire Packet}

{Do you/Does SP} take an entire packet each time?

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

BOX 5

IF SAQ070U IS 7, 11, 12, 15, 16, 18, 21, 23, OR 27, CONTINUE.
OTHERWISE, SKIP TO SAQ085.

SAQ080 {Liquid/Powder}

Was that a liquid or powder?

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

SAQ085 {Any Others}

During the **past 30 days**, did {you/SP} take any other antacids?

ANTACIDS HAND CARD

HELP AVAILABLE

INTERVIEWER INSTRUCTION: IF NO, REVIEW THE ANTACIDS ON THE GRID WITH RESPONDENT AND MARK "2" IF THERE ARE NO MORE ANTACIDS TO ENTER.

HELP SCREEN:

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

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

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

BOX 6

IF SAQ085 = YES, ASK SAQ050 FOR NEXT ANTACID
OTHERWISE CONTINUE.

BOX 7

End