

DIETARY SUPPLEMENTS AND PRESCRIPTION MEDICATION - DSQ

DSQ.010 The next questions are about {your/SP's} use of dietary supplements and medications during the **past month**.

{Have you/Has SP} used or taken any **vitamins, minerals or other dietary supplements** in the **past month**? Include those products prescribed by a health professional such as a doctor or dentist, and those that do not require a prescription.

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

HAND CARD DSQ1

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

RXQ.020 {Have you/Has SP} used or taken any nonprescription **antacids** in the **past month**?

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

RXQ.030 In the **past month**, {have you/has SP} used or taken medication for which a **prescription** is needed? 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.035:
IF 'YES' (CODE 1) IN DSQ.010, RXQ.020, OR RXQ.030, CONTINUE.
OTHERWISE, GO TO BOX 15.

DSQ.040 May I please see the containers, bottles, or bags for **all** the prescription and nonprescription vitamins, minerals, and dietary supplements, prescription medicines, and nonprescription antacids that {you/SP} used or took in the **past month**?

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

HAND CARD DSQ1

PRESS ENTER TO CONTINUE

CAPI INSTRUCTION:

THIS IS A RHETORICAL QUESTION AND THERE NEEDS TO BE AN INSTRUCTION IN THE SCREEN, "PRESS ENTER TO CONTINUE" NOT A "YES/NO" QUESTION.

BOX 2

CHECK ITEM DSQ.045:

IF 'YES' (CODE 1) IN DSQ.010, CONTINUE WITH DSQ.050.
OTHERWISE, GO TO BOX 6.

DSQ.050 I would like to ask you some questions about the **dietary supplements, vitamins and minerals** {you have/SP has} used in the **past month**. Please include those products prescribed by a health professional such as a doctor or dentist and those that do not require a prescription.

[To begin I need to record some information about a supplement, then I will ask you some questions about that supplement.]

REFER TO PRODUCT LABEL(S) OR ASK RESPONDENT FOR NAME(S) OF DIETARY SUPPLEMENTS USED.

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 AND THAT SHOULD BE USED TO START THE LOOKUP.

TEXT SHOULD BE OPTIONAL, "[]"S, AFTER THE FIRST TIME.

DSQ.060 PRESS BACKSPACE KEY TO START THE LOOKUP.
SELECT SUPPLEMENT FROM CAPI SUPPLEMENT LIST.
IF SUPPLEMENT **NOT** ON LIST –
PRESS BACKSPACE KEY TO DELETE ENTRY
THEN TYPE '*' AND SELECT '** DRUG NOT ON LIST'.
PRESS ENTER TO ACCEPT SELECTION.

CAPI INSTRUCTION:

DISPLAY CAPI VITAMIN PRODUCT LIST. INTERVIEWER SHOULD BE ABLE TO SELECT MORE THAN ONE PRODUCT NAME FROM LIST. IN ADDITION, INTERVIEWER SHOULD BE ABLE TO ACCEPT THE PRODUCT NAME AS IT WAS KEYED IN DSQ.050 BY TYPING IN "**".

THE LOOKUP BOX SHOULD BE LOW ENOUGH ON THE SCREEN SO THAT THE INSTRUCTION TEXT 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 SELECT MULTIPLE ENTRIES FROM LIST OR 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 1.

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 2A

CHECK ITEM DSQ.063:

IF PRODUCT IS MULTIPLE ELEMENT VITAMIN SELECTED FROM THE LOOKUP,
GO TO BOX 3.
OTHERWISE, CONTINUE.

DSQ.065 STRENGTH LOOKUP

PRESS BACKSPACE KEY TO START THE SUPPLEMENT STRENGTH LOOKUP.
FOR **SINGLE ELEMENT** SELECT SUPPLEMENT STRENGTH FROM CAPI STRENGTH LIST.
FOR **MULTI-ELEMENT** SELECT 'NOT SPECIFIED'.
PRESS ENTER TO ACCEPT SELECTION.

CAPI INSTRUCTION:

IF A SINGLE ELEMENT VITAMIN, USE SINGLE ELEMENT VITAMIN STRENGTH LOOKUP. OTHERWISE,
USE DIETARY SUPPLEMENT STRENGTH LOOKUP. IF "OTHER" STRENGTH IS SELECTED, GET
OTHER SPECIFY.

DISPLAY PRODUCT NAME AS A LEFT HEADER.

FOR OTHER SPECIFY VARIABLE, INTERVIEWER INSTRUCTION SHOULD BE "ENTER SUPPLEMENT
STRENGTH".

BOX 3

LOOP 1:

ASK DSQ.070 - DSQ.127 FOR EACH VITAMIN/MINERAL SELECTED AT DSQ.060
OR ENTERED IN DSQ.050.

DSQ.070 INTERVIEWER: ENTER 1 RESPONSE

CAPI INSTRUCTION:

DISPLAY PRODUCT NAME AS LEFT HEADER.

CONTAINER SEEN 1
CONTAINER NOT SEEN 2 (DSQ.090)

BOX 4

CHECK ITEM DSQ.075:

- IF PRODUCT IS MULTIPLE ELEMENT PRODUCT SELECTED FROM LIST
OR IF PRODUCT ENTERED AS "NEW PRODUCT" (SINGLE OR MULTI
ELEMENT), CONTINUE.
- IF PRODUCT IS A SINGLE ELEMENT PRODUCT AND SELECTED FROM
LIST, GO TO DSQ.090.

DSQ.080 ENTER MANUFACTURER'S NAME AND ADDRESS (CITY AND STATE). IF ENTIRE LABEL CANNOT BE READ, ENTER AS MUCH INFORMATION AS POSSIBLE.

ENTER MANUFACTURER/DISTRIBUTOR/STORE BRAND NAME

REFUSED 7 (DSQ.087)
DON'T KNOW 9 (DSQ.087)

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.083 PRESS BACKSPACE KEY TO START THE LOOKUP.
SELECT MANUFACTURER OR DISTRIBUTOR FROM CAPI MANUFACTURER LIST.
IF MANUFACTURER OR DISTRIBUTOR NOT ON LIST –
PRESS BACKSPACE KEY TO DELETE ENTRY
THEN TYPE '*' AND SELECT '* MANUFACTURER NOT ON LIST'.
PRESS ENTER TO ACCEPT SELECTION.

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.087).
DISPLAY PRODUCT NAME AS LEFT HEADER.

BOX 4A

CHECK ITEM DSQ.085:
IF MANUFACTURER SELECTED FROM LOOKUP, GO TO DSQ.090.
OTHERWISE, CONTINUE.

DSQ.087 ENTER AS MUCH INFORMATION AS POSSIBLE.

ENTER CITY

ENTER STATE

or

REFUSED 7
DON'T KNOW 9

CAPI INSTRUCTION:
DISPLAY PRODUCT NAME AS A LEFT HEADER.
AN ENTRY MUST BE MADE IN ALL DSQ.080 AND DSQ.087 FIELDS (MANUFACTURER INFO). IF THE MANUFACTURER INFO IS DON'T KNOW OR REFUSED, THEN SET THE NO MANUFACTURER INFORMATION VARIABLE.

DSQ.090 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

DSQ.100 How often did {you/SP} use or take {PRODUCT NAME} in the past {NUMBER AND UNIT/month}?

CAPI INSTRUCTION:

IF NUMBER AND UNIT ENTERED IN DSQ.090 >= 1 MONTH, OR REFUSED (CODE 7), OR DON'T KNOW (CODE 9), DISPLAY "MONTH" IN TEXT OF QUESTION. IF NUMBER AND UNIT ENTERED IN DSQ.090 IS < 1 MONTH, DISPLAY ACTUAL NUMBER AND UNIT ENTERED IN DSQ.090 IN TEXT OF QUESTION.

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 TIMES (PER DAY, WEEK OR MONTH)

FREQUENCY VARIED 666 (DSQ.120)

REFUSED 777

DON'T KNOW 999

ENTER UNIT

DAYS 1

WEEKS 2

MONTHS 3

REFUSED 7

DON'T KNOW 9

DSQ.120 How much {PRODUCT NAME} did {you/SP} take each time {you/he/she} took it?

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

- AMOUNT VARIED 6666 (DSQ.127)
- REFUSED 7777 (DSQ.127)
- DON'T KNOW 9999 (DSQ.127)

ENTER UNIT/FORM

- CAPSULES/TABLETS/PILLS/CAPLETS/
- SOFTGELS/GEL CAPS 1 (DSQ.127)
- DROPPERS 2 (DSQ.127)
- DROPS 3 (DSQ.127)
- FLUID OUNCES 4 (DSQ.127)
- INJECTIONS/SHOTS 5 (DSQ.127)
- LOZENGES 6 (DSQ.127)
- MILLILITERS 7 (DSQ.127)
- PACKAGES 8 (DSQ.127)
- PACKETS 9 (DSQ.127)
- POWDER/GRANULES 10 (DSQ.127)
- TABLESPOONS 11 (DSQ.127)
- TEASPOONS 12 (DSQ.127)
- WAFERS 13 (DSQ.127)
- WEIGHT OUNCES 14 (DSQ.127)
- OTHER FORM (SPECIFY) _____ 15 (DSQ.127)
- REFUSED 77 (DSQ.127)
- DON'T KNOW 99 (DSQ.127)

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

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

DSQ.127 ARE THERE ANY OTHER VITAMINS, MINERALS OR DIETARY SUPPLEMENTS?

- YES 1
- NO 2

BOX 5

END LOOP 1:
 ASK DSQ.070 - DSQ.127 FOR NEXT VITAMIN (CODE 1 IN DSQ.127). IF NO NEXT VITAMIN (CODE 2 IN DSQ.127), CONTINUE WITH DSQ.130.

DSQ.130 REVIEW TOTAL NUMBER OF DIETARY SUPPLEMENTS AND THEIR NAMES WITH RESPONDENT.

I have listed {TOTAL NUMBER} vitamin(s), mineral(s) or dietary supplement(s) that {you have/SP has} taken in the **past month**: {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.050. CALCULATE TOTAL NUMBER OF ALL VITAMINS AND MINERALS SELECTED AT DSQ.060 AND ENTERED AT DSQ.050. DISPLAY NUMBER ON SCREEN.

<p>BOX 6</p> <p>CHECK ITEM DSQ.135: IF 'YES' (CODE 1) IN RXQ.020, CONTINUE. OTHERWISE, GO TO BOX 10.</p>
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RXQ.140 Now I would like to ask you some questions about {your/SP's} use of **nonprescription antacids** in the **past month**.

[To begin I need to record some information about an antacid, then I will ask you some questions about that antacid.]

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

ENTER ANTACID NAME

REFUSED 7

DON'T KNOW 9

CAPI INSTRUCTION:

IF DON'T KNOW OR REFUSED, THEN GO TO BOX 10.
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.150 PRESS BACKSPACE KEY TO START THE LOOKUP.
SELECT ANTACID FROM CAPI ANTACID LIST.
IF ANTACID **NOT** ON LIST –
PRESS BACKSPACE KEY TO DELETE ENTRY
THEN TYPE '***' AND SELECT '** DRUG NOT ON LIST'.
PRESS ENTER TO ACCEPT SELECTION.

CAPI INSTRUCTION:

DISPLAY CAPI ANTACID PRODUCT LIST. INTERVIEWER SHOULD BE ABLE TO SELECT MORE THAN ONE PRODUCT NAME FROM LIST. IN ADDITION, INTERVIEWER SHOULD BE ABLE TO ACCEPT THE PRODUCT NAME AS IT WAS KEYED IN RXQ.140 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 SELECT MULTIPLE ENTRIES FROM LIST OR 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.

BOX 7
LOOP 2: ASK RXQ.160 - RXQ.215 FOR EACH ANTACID SELECTED AT RXQ.150 AND ENTERED IN RXQ.140.

RXQ.160 INTERVIEWER: ENTER 1 RESPONSE

CAPI INSTRUCTION:

DISPLAY PRODUCT NAME AS LEFT HEADER.

CONTAINER SEEN	1
CONTAINER NOT SEEN	2 (RXQ.180)

BOX 8
OMITTED

RXQ.170 ENTER MANUFACTURER'S NAME AND ADDRESS (CITY AND STATE). IF LABEL CANNOT BE READ IN ENTIRETY, RECORD AS MUCH INFORMATION AS POSSIBLE.

ENTER AS MUCH INFORMATION AS POSSIBLE.

ENTER MANUFACTURER/DISTRIBUTOR/STORE BRAND NAME

ENTER CITY NAME

ENTER STATE NAME

or

REFUSED 7
DON'T KNOW 9

CAPI INSTRUCTION:

AN ENTRY MUST BE MADE IN ALL THE FIELDS. IF ALL THE MANUFACTURER INFO IS DON'T KNOW OR REFUSED, THEN SET THE NO MANUFACTURER INFORMATION VARIABLE. DISPLAY PRODUCT NAME AS A LEFT HEADER.

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.190 How often did {you/SP} use or take {PRODUCT NAME} in the past {NUMBER AND UNIT/month}?

CAPI INSTRUCTION:

IF NUMBER AND UNIT ENTERED IN RXQ.180 >= 1 MONTH OR REFUSED (CODE 7) OR DON'T KNOW (CODE 9), DISPLAY "MONTH" IN TEXT OF QUESTION. IF NUMBER AND UNIT ENTERED IN RXQ.180 IS < 1 MONTH, DISPLAY ACTUAL NUMBER AND UNIT ENTERED IN RXQ.180 IN TEXT OF QUESTION.

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 TIMES (PER DAY, WEEK OR MONTH)

- FREQUENCY VARIED 666 (DSQ.210)
- REFUSED 777
- DON'T KNOW 999

ENTER UNIT

- DAYS 1
- WEEKS 2
- MONTHS 3
- REFUSED 7
- DON'T KNOW 9

RXQ.210 How much {PRODUCT NAME} did {you/SP} take each time {you/he/she} took it?

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

- AMOUNT VARIED 6666 (DSQ.215)
- REFUSED 7777 (DSQ.215)
- DON'T KNOW 9999 (DSQ.215)

ENTER UNIT/FORM

CAPSULES/TABLETS/PILLS/CAPLETS

- SOFTGELS/GEL CAPS 1
- DROPPERS 2
- DROPS 3
- FLUID OUNCES 4
- LOZENGES 5
- MILLILITERS 6
- PACKAGES 7
- PACKETS 8
- POWDER/GRANULES 9
- TABLESPOONS 10
- TEASPOONS 11
- WAFERS 12
- WEIGHT OUNCES 13
- OTHER FORM (SPECIFY) _____ 14
- REFUSED 77
- DON'T KNOW 99

RXQ.215 ARE THERE ANY OTHER ANTACIDS?

YES 1
NO 2

BOX 9

END LOOP 2:
ASK RXQ.160 - RXQ.215 FOR NEXT ANTACID (CODE 1 IN RXQ.215). IF NO NEXT ANTACID, (CODE 2 IN RXQ.215), CONTINUE WITH RXQ.220.

RXQ.220 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 month**:
{PRODUCT NAME(S)}

PRESS ENTER TO CONTINUE

CAPI INSTRUCTION:
DISPLAY NAMES OF ALL ANTACIDS SELECTED AT RXQ.150 AND ENTERED AT RXQ.140.
CALCULATE TOTAL NUMBER OF ALL ANTACIDS SELECTED AT RXQ.150 AND ENTERED AT RXQ.140.
DISPLAY NUMBER ON SCREEN.

BOX 10

CHECK ITEM DSQ.225:
IF 'YES' (CODE 1) IN RXQ.030, CONTINUE.
OTHERWISE, GO TO BOX 15.

RXQ.230 Now I would like to talk about **prescription medication** {you have/SP has} used in the **past month**.

[To begin I need to record some information about a medication, then I will ask you some questions about that medication.]

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 BOX 15.
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.240 PRESS BACKSPACE KEY TO START THE LOOKUP.
SELECT MEDICATION FROM CAPI MEDICATION LIST.
IF MEDICATION **NOT** ON LIST –
PRESS BACKSPACE KEY TO DELETE ENTRY
THEN TYPE '***' AND SELECT '** DRUG NOT ON LIST'.
PRESS ENTER TO ACCEPT SELECTION.

CAPI INSTRUCTION:

DISPLAY CAPI MEDICATION PRODUCT LIST. INTERVIEWER SHOULD BE ABLE TO SELECT MORE THAN ONE PRODUCT NAME FROM LIST. IN ADDITION, INTERVIEWER SHOULD BE ABLE TO ACCEPT THE PRODUCT NAME AS IT WAS KEYED IN RXQ.230 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 SELECT MULTIPLE ENTRIES FROM LIST OR 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.

BOX 11
LOOP 3: ASK RXQ.250 - RXQ.293 FOR EACH MEDICATION SELECTED AT RXQ.240 AND EACH MEDICATION ENTERED AT RXQ.230.

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.

|_|_|_|_|

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

BOX 13

CHECK ITEM DSQ.275:

IF MEDICATION IS A BETA2 AGONIST DRUG (SELECTED FROM LIST AT RXQ.240), CONTINUE WITH RXQ.280. CHECK THE THERAPEUTIC CLASS CODE. OTHERWISE, GO TO RXQ.290.

RXQ.280 How many canisters of {PRODUCT NAME} {have you/has SP} used in the **past month**? Would you say . . .

less than 1 canister, 0
1 canister, 1
more than 1 but less than 2 canisters, or .. 2
2 or more canisters? 3
DOES NOT USE THIS FORM OF
MEDICATION 4
REFUSED 7
DON'T KNOW 9

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

ENTER TEXT _____

REFUSED 7
DON'T KNOW 9

RXQ.293 ARE THERE ANY OTHER PRESCRIPTION MEDICATIONS?

YES 1
NO 2

BOX 14

END LOOP 3:

ASK RXQ.250 - RXQ.293 FOR NEXT MEDICATION (CODE 1 IN RXQ.293). IF NO NEXT MEDICATION (CODE 2 IN RXQ.293), 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 month**:
{PRODUCT NAME(S)}

PRESS ENTER TO CONTINUE

CAPI INSTRUCTION:

DISPLAY NAMES OF ALL PRESCRIPTION MEDICATIONS SELECTED AT RXQ.240 AND ENTERED AT RXQ.230. CALCULATE TOTAL NUMBER OF ALL PRESCRIPTION MEDICATIONS SELECTED AT RXQ.240 AND ENTERED AT RXQ.230. DISPLAY NUMBER ON SCREEN.

BOX 15

CHECK ITEM DSQ.297:

IF SP >= 20 YEARS OLD, CONTINUE WITH RXQ.300.
OTHERWISE, GO TO BOX 18.

RXQ.300 The next questions are about certain prescription and over the counter pain relievers that {you/SP} may be using now or may have used in the past **on a regular basis**. You may have told me about some of these pain relievers earlier. I have some different questions specifically about pain relievers.

{Have you/has SP} **ever** taken **any** of these prescription or over-the-counter pain relievers **nearly every day for as long as a month**?

HAND CARD DSQ2

YES	1
NO	2 (BOX 18)
REFUSED	7 (BOX 18)
DON'T KNOW	9 (BOX 18)

RXQ.310 Which products {have you/has SP} taken?

CODE ALL THAT APPLY
HAND CARD DSQ2

CAPI INSTRUCTION:

DISPLAY PRODUCT LIST OF PAIN RELIEVING PRODUCTS.
(ADD "—ALSO ALEVE" AFTER "NAPROSYN" IN THE RESPONSE CATEGORIES.)

BOX 16

LOOP 4:

ASK RXQ.320-RXQ.331 FOR EACH PRODUCT SELECTED AT RXQ.310.

RXQ.320 Please think about {your/SP's} use of pain reliever products during {your/his/her} lifetime. For how many years did {you/s/he} use {PRODUCT NAME} **nearly every day**? Please do not count the months or years when {you were/s/he was} not taking the medicine.

|_|_|

ENTER NUMBER OF YEARS

LESS THAN 1 YEAR 666
REFUSED 777
DON'T KNOW 999

RXQ.330 {Do you/Does SP} **currently** use or take {PRODUCT NAME} **daily or nearly every day**?

YES 1
NO 2 (BOX 17)
REFUSED 7 (BOX 17)
DON'T KNOW 9 (BOX 17)

RXQ.331 On average, how many pills or doses of {PRODUCT NAME} {do you/does SP} take in a single day?

|_|_|_|

ENTER NUMBER OF PILLS OR DOSES

REFUSED 777
DON'T KNOW 999

ENTER UNIT

PILLS 1
DOSES 2
REFUSED 7
DON'T KNOW 9

BOX 17

END LOOP 4:

ASK RXQ.320 - RXQ.331 FOR NEXT PAIN RELIEVER. IF NO NEXT PAIN RELIEVER, GO TO 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 This is the end of the health interview. Thank you very much for your cooperation.

END OF SP INTERVIEW

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

YES 1
NO 2

DSQ.335 [This is the end of the health interview. Thank you very much for your cooperation.]

PRESS F10 TO SAVE AND EXIT FORM