

1/31/07

Questionnaire: SP

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

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 14A.

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

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
VITAMINS A & D	50
CALCIUM & VITAMIN D.....	51
CALCIUM & MAGNESIUM	52
REFUSED	77 (DSQ.052)
DON'T KNOW	99 (DSQ.052)

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 AND THAT SHOULD BE USED TO START THE LOOKUP.
TEXT SHOULD BE OPTIONAL, "[]"S, AFTER THE FIRST TIME.

DSQ.060s PRESS BS TO START THE LOOKUP.

SELECT SUPPLEMENT FROM LIST.

IF SUPPLEMENT **NOT**
ON LIST – PRESS BS
TO DELETE ENTRY.

TYPE '***'

PRESS ENTER TO SELECT.

CAPI INSTRUCTION:

DISPLAY CAPI VITAMIN PRODUCT LIST. INTERVIEWER SHOULD BE ABLE TO ACCEPT THE PRODUCT NAME AS IT WAS KEYED IN DSQ.052 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 ACCEPT THE KEYED NAME AS A NEW PRODUCT NAME. 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 2

CHECK ITEM DSQ.061:

IF PRODUCT IS SELECTED FROM THE LOOKUP AND THE PRODUCT NAME IS GREATER THAN THE LOOKUP DISPLAY FIELD, CONTINUE WITH DSQ.057. OTHERWISE, GO TO DSQ.071.

DSQ.057 YOU HAVE SELECTED

{DISPLAY **FULL** VARIABLE NAME}

IS THIS CORRECT?

- YES 1
- NO 2 (CAPI INSTRUCTION)

CAPI INSTRUCTION:

DISPLAY SCREEN DSQ.060s – ENTRY FIELD SHOULD BE BLANK. AT DSQ.060s, INTERVIEWER SHOULD PRESS THE 'BACKSPACE' KEY TO START THE LOOKUP AGAIN AND SELECT ANOTHER PRODUCT.

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

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/GUMMIES	13
DOTS	14
GRANULES.....	15
LOZENGES/COUGH DROPS	16
GEL	17
OTHER FORM (SPECIFY).....	91
REFUSED	77
DON'T KNOW	99

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

REFUSED	7	(DSQ.088)
DON'T KNOW	9	(DSQ.088)

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.

ENTER STATE

REFUSED 7
DON'T KNOW 9

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?
Q/U

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.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
Q/U/OS

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)
WAFERS 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)
SCOOPS 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

DSQ.124 HAND CARD DSQ2

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)

DSQ.128 {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}??}

HAND CARD DSQ3

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

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.

BOX 6

CHECK ITEM DSQ.133:
IF 'YES' (CODE 1) IN RXQ.021, CONTINUE.
OTHERWISE, GO TO BOX 10A.

RXQ.141 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

REFUSED 7
DON'T KNOW 9

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.

RXQ.150s 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.

BOX 7

OMITTED

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 \geq 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)

ENTER NUMBER

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)
SPRAYS/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{ take an entire packet each time?

YES 1
NO 2
REFUSED 7
DON'T KNOW 9

07BOX NEW 8

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

BOX 9

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

CAP I 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.

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 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 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 Q/U 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

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

RXQ.421 INTERVIEWER: RECORD FORM FROM PRODUCT CONTAINER.

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

SKIP TO RXQ.427

RXQ.424 Please look at this card and tell me in what form is this product?

HAND CARD DSQ5

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

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.

Discuss: 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?

CAP I INSTRUCTION:

|_|_|_|

NUMBER OF TIMES

REFUSED 77

DON'T KNOW 99

RXQ.430
Q/U/OS

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
PUFFS.....	19
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.

BOX 14B

CHECK ITEM RXQ.445:

ASK RXQ.231 THROUGH – RXQ.487 FOR EACH MEDICATION.

RXQ.448 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.

BOX 15

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.

RXQ.454 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.

RXQ.457 INTERVIEWER: ENTER 1 RESPONSE

CAPI INSTRUCTION:

DISPLAY PRODUCT NAME AS A LEFT HEADER.

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

RXQ.460 For how long {have/has} {you/SP} been using or taking {PRODUCT NAME}?

Q/U

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

RXQ.463 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

RXQ.475 INTERVIEWER: RECORD FORM FROM PRODUCT CONTAINER.

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

SKIP TO RXQ.481

RXQ.478 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

RXQ.481 On the days that you 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

RXQ.484
Q/U/OS

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
PUFFS.....	19
DOSES.....	20
VIALS	21
INJECTIONS	22
OTHER (SPECIFY)_____	23
REFUSED	77
DON'T KNOW	99

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:

DROPS.....	14
TEASPOONS	15
TABLESPOONS.....	16
MILLILITERS.....	17
OTHER (SPECIFY)_____	22

- IF CODE 11 IN RXQ.485 OR RXQ.478, DISPLAY THE FOLLOWING PICK LIST FOR UNIT:

TEASPOONS	15
TABLESPOONS.....	16
SCOOPS	18
OTHER (SPECIFY)_____	22

- IF CODE 17, 20, OR 21 IN RXQ.475 OR RXQ.478, DISPLAY THE FOLLOWING PICK LIST FOR UNIT:

OTHER (SPECIFY)_____	22
----------------------	----

- 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.