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

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.

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.
            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

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

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

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.

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.

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.

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.

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┌─────────────────────────────────────────────────────────────┐
│                            BOX 7                            │
│                                                             │
│                           OMITTED                           │
└─────────────────────────────────────────────────────────────┘
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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   On those days that you used or took {PRODUCT NAME}, how much did {you/SP} usually take on a single
Q/U/OS   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 <u>MUST</u> 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

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.

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 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.

<table>
<tr><td colspan="2">BOX 10B</td></tr>
<tr><td>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.</td></tr>
</table>

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.

<table>
<tr><td>BOX 11</td></tr>
<tr><td>OMITTED</td></tr>
</table>

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}?
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

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.
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

RXQ.430   How much did you take each time you took it?
Q/U/OS

                              |___|___|___|
                              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.

<table>
<tr><td colspan="2">BOX 14B</td></tr>
<tr><td colspan="2">CHECK ITEM RXQ.445:
ASK RXQ.231 THROUGH – RXQ.487 FOR EACH MEDICATION.</td></tr>
</table>

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.

<table>
<tr><td colspan="2">BOX 15</td></tr>
<tr><td colspan="2">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.</td></tr>
</table>

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   How much did you take each time you took it?
Q/U/OS

|___|___|___|
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

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

VILES 21
OTHER (SPECIFY)_____ 22

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 <u>in addition</u> 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 <u>not</u> include beverages, such as tea, and skin creams. Meal replacement beverages, weight loss and performance booster drinks, and food bars are considered <u>foods</u>, 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 <u>not</u> 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 <u>not</u> include:

- Medication administered to the patient <u>during the event</u> in the office as part of the treatment (such as an antibiotic shot for an infection, a flu shot, or an oral medication) <u>unless</u> 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 <u>written</u> 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 <u>in addition</u> 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 <u>not</u> include beverages, such as tea, and skin creams. Meal replacement beverages, weight loss and performance booster drinks, and food bars are considered <u>foods</u>, 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 <u>not</u> include:

- Medication administered to the patient <u>during the event</u> in the office as part of the treatment (such as an antibiotic shot for an infection, a flu shot, or an oral medication) <u>unless</u> 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 <u>written</u> 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 <u>in addition</u> 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 <u>not</u> include beverages, such as tea, and skin creams. Meal replacement beverages, weight loss and performance booster drinks, and food bars are considered <u>foods</u>, 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 <u>not</u> 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 <u>not</u> include:

- Medication administered to the patient <u>during the event</u> in the office as part of the treatment (such as an antibiotic shot for an infection, a flu shot, or an oral medication) <u>unless</u> 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 <u>written</u> 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 <u>not</u> include:

- Medication administered to the patient <u>during the event</u> in the office as part of the treatment (such as an antibiotic shot for an infection, a flu shot, or an oral medication) <u>unless</u> 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 <u>written</u> prescription to fill at a pharmacy.