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**.

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	(BOX 1)
NO	2	(BOX 0A)
REFUSED	7	(BOX 1)
DON'T KNOW	9	(BOX 1)

CAPI HARD EDIT CHECK #1
IF 'NO' (CODE 2) IN RXQ.032 AND 'YES' (CODE 1) IN DIQ.050 OR DIQ.070, DISPLAY THE FOLLOWING MESSAGE:
Earlier in the interview you reported currently taking insulin or a diabetic pill. If this is correct, we should count that as prescription medication you have taken in the last 30 days.
{CAPI DISPLAYS THREE QUESTIONS FOR CORRECTION}
DIQ.050 = Taking Insulin
DIQ.070 = Taking Diabetic Pills
RXQ.032 = Prescription Medication in Last 30 Days

CAPI HARD EDIT CHECK #2
IF 'NO' (CODE 2) IN RXQ.032 AND 'YES' (CODE 1) IN BPQ.050a, DISPLAY THE FOLLOWING MESSAGE:
Earlier in the interview you reported currently taking prescription medication for high blood pressure. If this is correct, we should count that as prescription medication you have taken in the last 30 days.
{CAPI DISPLAYS TWO QUESTIONS FOR CORRECTION}
BPQ.050a = Taking Blood Pressure Medication
RXQ.032 = Prescription Medication in Last 30 Days

CAPI HARD EDIT CHECK #3
IF 'NO' (CODE 2) IN RXQ.032 AND 'YES' (CODE 1) IN BPQ.100d, DISPLAY THE FOLLOWING MESSAGE:
Earlier in the interview you reported currently taking prescription medication for high cholesterol. If this is correct, we should count that as prescription medication you have taken in the last 30 days.
{CAPI DISPLAYS TWO QUESTIONS FOR CORRECTION}
BPQ.100d = Taking High Cholesterol Medicine
RXQ.032 = Prescription Medication in Last 30 Days

BOX 0A

CHECK ITEM DSQ.038:
IF 'NO' (CODE 2) IN RXQ.032 AND 'YES' (CODE 1) IN MCQ.051, CONTINUE
OTHERWISE, GO TO BOX 1.

RXQ.040   Earlier in the interview, you reported that {you took/SP took} prescription medication for Asthma sometime in the past three months. {Have you/Has he/Has she} taken this prescription medicine for asthma in the **past 30 days**?

YES	1	{CODE RXQ.032 YES – CODE 1}
NO	2	

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.088b)
DON'T KNOW	9	(DSQ.088b)

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 7777777 (DSQ.103)
DON'T KNOW 9999999 (DSQ.103)

|___|
ENTER UNIT

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

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 7777
DON'T KNOW 9999

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:
SOFT EDIT: QUANTITY SHOULD BE LESS THAN 10.
HARD EDIT: NUMBER MUST BE IN 0.20 – 60.0 RANGE.
ERROR MESSAGE: "You said {you/he/she} took {QUANTITY TAKEN}. Is that correct?"

|___|___|___|
ENTER NUMBER

REFUSED 777777 (DSQ.124)
DON'T KNOW 999999 (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.132   {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.

TO:

GET MORE ENERGY..	25
IMPROVE DIGESTION.....................................	31
IMPROVE MY OVERALL HEALTH...................	14
MAINTAIN HEALTH (TO STAY HEALTHY).......	17
MAINTAIN HEALTHY BLOOD SUGAR LEVEL, DIABETES	29
PREVENT COLDS, BOOST IMMUNE SYSTEM	18
PREVENT HEALTH PROBLEMS	13
SUPPLEMENT MY DIET (BECAUSE I DON'T GET ENOUGH FROM FOOD)	16

FOR:

ANEMIA, SUCH AS LOW IRON	27
BONE HEALTH, BUILD STRONG BONES, OSTEOPOROSIS	24
EYE HEALTH...	20
GOOD BOWEL/COLON HEALTH	10
HEALTHY JOINTS, ARTHRITIS	21
HEALTHY SKIN, HAIR, AND NAILS..................	22
HEART HEALTH, CHOLESTEROL	19
KIDNEY AND BLADDER HEALTH, URINARY TRACT HEALTH	30
LIVER HEALTH, DETOXIFICATION, CLEANSE SYSTEM.......................................	34
MENOPAUSE, HOT FLASHES	28
MENTAL HEALTH..	12
MUSCLE RELATED ISSUES, MUSCLE CRAMPS, MUSCLE BUILDING	32
PREGNANCY/BREASTFEEDING	26
PROSTATE HEALTH...	11
RELAXATION, DECREASE STRESS, IMPROVE SLEEP	33
TEETH, PREVENT CAVITIES	15
WEIGHT LOSS	23

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 NEW BOX 10AA. |
+---+

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 10AA.
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.

RXQ.160   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 7777777
DON'T KNOW 9999999

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:
           SOFT EDIT: QUANTITY SHOULD BE LESS THAN 10.
           ERROR MESSAGE: "You said {you/he/she} took {QUANTITY TAKEN}. Is that correct?"

                                          |___|___|___|
                                          ENTER NUMBER

                                          REFUSED 777777 (RXQ.216)
                                          DON'T KNOW 999999 (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.111 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
OMITTED

NEW BOX 10AA
CHECK ITEM RXQ.227: IF 'YES' (CODE 1) TO RXQ.032, CONTINUE. OTHERWISE, GO TO NEW BOX 17A.

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, GO TO NEW BOX 17A.
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.

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 7777777
DON'T KNOW 9999999

|___|
ENTER UNIT

DAYS.. 1
WEEKS 2
MONTHS 3
YEARS 4

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

_____
_____
_____

REFUSED 7
DON'T KNOW 9

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.298:
ASK RXQ.231 - RXQ.294 FOR NEXT MEDICATION (CODE 1 IN RXQ.294).  IF NO
NEXT MEDICATION (CODE 2 IN RXQ.294), CONTINUE WITH NEW BOX 15.
```

```
                            NEW BOX 15

CHECK ITEM RXQ.370:
IF DIQ.050 = 1 AND (ANY PRODUCT SELECTED FROM LOOKUP CLASS CODES
NOT EQUAL TO 215), CONTINUE WITH RXQ.372.
OTHERWISE, GO TO NEW BOX 15B.
```

RXQ.372   I have listed {TOTAL NUMBER} prescription medication(s) that {you have/SP has} taken in the **past 30 days**: {PRODUCT NAME(S)}. Which one is insulin?

CAPI INSTRUCTION:
DISPLAY NAMES OF ALL PRESCRIPTION MEDICATIONS SELECTED AT RXQ.240 AND ENTERED AT RXQ.231.

CODE ALL THAT APPLY.

SELECT MEDICATION FROM DISPLAY
OR SELECT OTHER-NEW MEDICATION

REFUSED 77
DON'T KNOW 99

```
                            NEW BOX 15A

CHECK ITEM RXQ.374:
IF NEW MEDICATION IS SELECTED, ENTER ON NEW GRID AND ASK RXQ.231 –
RXQ.294 FOR THIS MEDICATION.
OTHERWISE, CONTINUE.
```

RXQ.378 I have listed {TOTAL NUMBER} prescription medication(s) that {you have/SP has} taken in the **past 30 days**: {PRODUCT NAME(S)}. Which one {are you/is he/is she} taking for diabetes or blood sugar?

CAPI INSTRUCTION:
DISPLAY NAMES OF ALL PRESCRIPTION MEDICATIONS SELECTED AT RXQ.240 AND ENTERED AT RXQ.231.

CODE ALL THAT APPLY.

SELECT MEDICATION FROM DISPLAY
OR SELECT OTHER-NEW MEDICATION

REFUSED 77
DON'T KNOW 99

RXQ.384   I have listed {TOTAL NUMBER} prescription medication(s) that {you have/SP has} taken in the **past 30 days**: {PRODUCT NAME(S)}. Which one {are you/is he/is she} taking to lower {your/his/her} blood pressure?

CAPI INSTRUCTION:
DISPLAY NAMES OF ALL PRESCRIPTION MEDICATIONS SELECTED AT RXQ.240 AND ENTERED AT RXQ.231.

CODE ALL THAT APPLY.

SELECT MEDICATION FROM DISPLAY
OR SELECT OTHER-NEW MEDICATION

REFUSED 77
DON'T KNOW 99

NEW BOX 15E

CHECK ITEM RXQ.386:
IF NEW MEDICATION IS SELECTED, ENTER ON NEW GRID AND ASK RXQ.231 – RXQ.294 FOR THIS MEDICATION.
OTHERWISE, CONTINUE.

NEW BOX 15F

CHECK ITEM RXQ.388:
IF BPQ.100d = 1 AND (**ANY** PRODUCT SELECTED FROM LOOKUP CLASS CODES NOT EQUAL TO 19), THEN CONTINUE WITH RXQ.390.
OTHERWISE, GO TO RXQ.295.

RXQ.390   I have listed {TOTAL NUMBER} prescription medication(s) that {you have/SP has} taken in the **past 30 days**: {PRODUCT NAME(S)}. Which one {are you/is he/is she} taking to lower {your/his/her} cholesterol?

CAPI INSTRUCTION:
DISPLAY NAMES OF ALL PRESCRIPTION MEDICATIONS SELECTED AT RXQ.240 AND ENTERED AT RXQ.231.

CODE ALL THAT APPLY.

SELECT MEDICATION FROM DISPLAY
OR SELECT OTHER-NEW MEDICATION

REFUSED 77
DON'T KNOW 99

NEW BOX 15G

CHECK ITEM RXQ.392:
IF NEW MEDICATION IS SELECTED, ENTER ON NEW GRID AND ASK RXQ.231 – RXQ.294 FOR THIS MEDICATION.
OTHERWISE, CONTINUE.

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.

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┌─────────────────────────────────────────────────────────────────────┐
│                              BOX 17A                                 │
│                                                                     │
│ CHECK ITEM RXQ.500:                                                 │
│ IF SP >= 40 YEARS OLD, CONTINUE WITH RXQ.510.                       │
│ OTHERWISE, GO TO BOX 18.                                            │
└─────────────────────────────────────────────────────────────────────┘
```

RXQ.510   Doctors and other health care providers sometimes recommend that {you take/SP takes} a low-dose aspirin each day to prevent heart attacks, strokes, or cancer. {Have you/Has SP} ever been told to do this?

                        YES 1
                        NO 2 (RXQ.520)
                        REFUSED 7 (RXQ.520)
                        DON'T KNOW 9 (RXQ.520)

INTERVIEWER INSTRUCTION:
IF THE RESPONDENT VOLUNTEERS THEY HAVE BEEN TOLD TO TAKE AN ASPIRIN EVERY OTHER DAY OR 'REGULARLY' FOR THESE REASONS, CODE "YES".

RXQ.515   {Are you/Is SP} now following this advice?

                        YES 1 (RXQ.525)
                        NO .... 2 (BOX 18)
                        SOMETIMES 3 (RXQ.525)
                        STOPPED ASPIRIN USE DUE TO SIDE
                           EFFECTS .... 4 (BOX 18)
                        REFUSED .... 7 (BOX 18)
                        DON'T KNOW .... 9 (BOX 18)

HELP SCREEN:
Side Effect: is an unexpected health problem that is caused by a medicine. Some side effects of aspirin are stomach problems, easy bruising or bleeding, runny nose, wheezing and skin rashes.

RXQ.520   **On {your/SP's} own,** {are you/is SP} now taking a low-dose aspirin each day to prevent heart attacks, strokes, or cancer?

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

            INTERVIEWER INSTRUCTION:
            IF THE RESPONDENT VOLUNTEERS THEY ARE TAKING AN ASPIRIN EVERY OTHER DAY OR
            'REGULARLY' FOR THESE REASONS, CODE "YES".

RXQ.525   How often {do you/does SP} take an aspirin?
G/Q/U

                                        |___|
                                        ONE EVERY DAY 1   (RXQ.530)
                                        ONE EVERY OTHER DAY............................. 2   (RXQ.530)
                                        OTHER, ENTER NUMBER/UNIT 3
                                        REFUSED 7   (RXQ.530)
                                        DON'T KNOW 9   (RXQ.530)

                                        |___|
                                        ENTER NUMBER

                                        REFUSED 777   (RXQ.530)
                                        DON'T KNOW 999   (RXQ.530)

                                        |___|
                                        ENTER UNIT

                                        PER DAY... 1
                                        PER WEEK.. 2
                                        REFUSED 7
                                        DON'T KNOW 9

            CAPI INSTRUCTION: Soft edit: if >2 per day.

RXQ.530   What is the size or dose that {you take/SP takes}?

                                        81 MG.. 1
                                        325 MG.. 2
                                        500 MG.. 3
                                        OTHER (SPECIFY) 4
                                        REFUSED 7
                                        DON'T KNOW 9

                                        |___|___|___|___| MG
                                        ENTER NUMBER

```
┌─────────────────────────────────────────────────────────────────────┐
│                              BOX 18                                   │
│                                                                       │
│ CHECK ITEM DSQ.332:                                                   │
│ IF PROXY INTERVIEW IN RIQ, CONTINUE.                                  │
│ IF NOT PROXY INTERVIEW IN RIQ, GO TO DSQ.335.                         │
└─────────────────────────────────────────────────────────────────────┘
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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 not include:

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

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

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

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

HELP SCREEN FOR DSQ.052:

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

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

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

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

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

HELP SCREEN FOR RXQ.231:

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

Prescription medications do not include:

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

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

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