

**DIETARY SUPPLEMENTS – DSA
DAY 1 MEC QUESTIONNAIRE
Target Group: MEC Dietary Respondents**

BOX 1

IF SUPPLEMENTS COLLECTED IN HOUSEHOLD INTERVIEW, GO TO BOX 2
ELSE CONTINUE.

DSA001 The next questions are about {your/SP's} use of dietary supplements, including prescription and over the counter supplements. All day yesterday, {day}, between midnight and midnight, did {you/SP} take any vitamins, minerals, herbals or other dietary supplements?

[SHOW SUPPLEMENT HANDCARD]

- YES.....1 (BOX 7)
- NO.....2 (BOX 10)
- REFUSED..... 7 (BOX 10)
- DON'T KNOW.....9 (BOX 10)

BOX 2

SUPPLEMENT REVIEW TABLE

PRESENT DSA010 THROUGH DSA040 AS A GRID WHERE EACH ROW CONTAINS THE RELEVANT INFORMATION ABOUT A SUPPLEMENT COLLECTED IN THE HOUSEHOLD INTERVIEW.

(THIS INCLUDES VARIABLES DSQ056, DSQ052, DSQ060S, DSQ066A, DSQ066B AND DSQ071 FROM THE HOUSEHOLD INTERVIEW.)

CONTINUE.

Highlighted variables indicate that they use data or are prefilled from another questionnaire.

DSA020

{Taken Last 24 Hours}

TEXT 1: The next questions are about {your/SP's} use of dietary supplements, vitamins, minerals and herbals all day yesterday, {day}, between midnight and midnight. This includes prescription and over the counter dietary supplements. During the interview in your home {you reported taking/it was reported {you/he/she} took} {SUPPLEMENT NAME FROM DSA010.}

TEXT 2: It was also reported {you/SP} took {SUPPLEMENT NAME FROM DSA010}.

Did {you/SP} take this supplement yesterday {day}, (between midnight and midnight)?

[CONTINUE ASKING ABOUT EACH SUPPLEMENT LISTED IN TABLE]

CAP I INSTRUCTION: IF THIS IS THE FIRST SUPPLEMENT BEING REVIEWED, DISPLAY TEXT 1 ELSE DISPLAY TEXT 2.

CAP I INSTRUCTION: IF SP Age > 15 DISPLAY 'you reported taking' ELSE DISPLAY 'it was reported {you/he/she} took'.

- YES 1
- NO 2 (BOX 6)
- REFUSED 7 (BOX 6)
- DON'T KNOW 9 (BOX 6)

BOX 3

IF THE FORM IS KNOWN FROM HOUSEHOLD INTERVIEW QUESTION DSQ077
CONTINUE, ELSE GO TO DSA030.

DSA025

{Form Taken}

Was {SUPPLEMENT NAME FROM DSA010} a {FORM FROM HOUSEHOLD INTERVIEW QUESTION DSQ077}?

- YES 1 (DSA030)
- NO 2
- REFUSED 7 (DSA030)
- DON'T KNOW 9 (DSA030)

BOX 4

CHANGE DSA020 TO "NO" AND INSERT A NEW LINE IN THE GRID.
PREFILL DSA020 ON THE NEW LINE TO "YES".
GO TO DSA010 ON THE NEW LINE.

DSA010 {Supplements}

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

[PROBES: Record the name. Use name probes.

Multivitamin and/or Multimineral:

What is the brand name?

Did it also include minerals like iron, zinc, or calcium?

Iron only

Was it a special type? {(silver, women's, men's, prenatal, liquid)/(chewable, complete, with iron, with extra C)}

Single/double nutrient:

What is the brand name?

How much (ingredient name) was in it? (or what was the strength of X)

Other supplement type:

Please describe the label name or type of supplement {(fluoride)}

What is the brand name?]

CAPI INSTRUCTION: IF SP IS UNDER 12 YEARS OLD, DISPLAY '(chewable, complete, with iron, with extra C)'

ELSE DISPLAY '(silver, women's, men's, prenatal, liquid)'.

CAPI INSTRUCTION: IF SP IS UNDER 12 YEARS OLD, DISPLAY '(fluoride)'.

HARD EDIT: AT LEAST ONE SUPPLEMENT SHOULD BE ENTERED (DSA010 FILLED)

ERROR MESSAGE: "YOU MUST COLLECT INFORMATION FOR AT LEAST ONE SUPPLEMENT OR BACK UP AND ANSWER "NO" TO DSA001."

ENTER SUPPLEMENT NAME

REFUSED 7

DON'T KNOW 9

DSA030

{Quantity Taken}

Between midnight and midnight, how much did {you/SP} take?

[ENTER THE NUMBER]

SOFT EDIT: Quantity should be less than 10

Error Message: "YOU SAID YOU TOOK {QUANTITY TAKEN}. IS THAT CORRECT?"

ENTER QUANTITY

REFUSED 7
DON'T KNOW 9

BOX 5

IF THE FORM IS KNOWN FROM HOUSEHOLD INTERVIEW QUESTION DSQ077,
PREFILL DSA035 WITH DSQ077 AND GO TO BOX 6, ELSE CONTINUE.

DSA035
OS

{Unit Taken}
(Was it a tablet, capsule, pill, caplet, softgel, or something else?)
[SELECT FORM/UNIT]

Tablets, capsules, pills, caplets, softgels, gelcaps, vegicaps, chewable tablets	1 (BOX 6)
Droppers.....	2 (BOX 6)
Drops.....	3 (BOX 6)
Injection/Shots.....	5 (BOX 6)
Lozenges/Cough Drops.....	6 (BOX 6)
Milliliters.....	7
Tablespoons.....	11
Teaspoons.....	12
Wafers.....	13 (BOX 6)
Cans.....	15
Grams.....	16
Dots.....	17 (BOX 6)
Cups.....	18
Sprays/Squirts.....	19 (BOX 6)
Chews/Gummies.....	20 (BOX 6)
Scoops.....	21
Capfuls.....	23
Ounces.....	27
Packages/Packets.....	28 (BOX 6)
Vials.....	29 (BOX 6)
Gumballs.....	30 (BOX 6)
Other form (specify).....	91 (BOX 6)
REFUSED.....	77 (BOX 6)
DON'T KNOW.....	99 (BOX 6)

DSA040 {Liquid/Powder}
Was that a liquid or powder?

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

BOX 6

IF THERE ARE MORE SUPPLEMENTS TO REVIEW, GO TO DSA020 FOR THE NEXT SUPPLEMENT, ELSE CONTINUE.

DSA060 All day yesterday, {day}, between midnight and midnight, did {you/SP} take any other vitamins, minerals, herbals or other dietary supplements? Include any prescription and over the counter dietary supplements.

[SHOW SUPPLEMENT HANDCARD]

- YES 1
- NO 2 (BOX 10)
- REFUSED 7 (BOX 10)
- DON'T KNOW 9 (BOX 10)

BOX 7

New Supplements Table

PRESENT DSA070 THROUGH DSA115 AS A GRID.
IF THERE WERE SUPPLEMENTS REVIEWED (Supplement Review Table) THEN DISPLAY THOSE VALUES HERE IN THE FIRST ROWS.

CONTINUE.

DSA070

{Supplements}

{What is the name of the supplement {you/SP} took?/Any others?}

{[REPEAT UNTIL ALL SUPPLEMENTS HAVE BEEN REPORTED]}

[PROBES: Record the name. Use name probes.

Multivitamin and/or Multimineral:

What is the brand name?

Did it also include minerals like iron, zinc, or calcium?

Iron only

Was it a special type? {(silver, women's, men's, prenatal, liquid)/(chewable, complete, with iron, with extra C)}

Single/double nutrient:

What is the brand name?

How much (ingredient name) was in it? (or what was the strength of X)

Other supplement type:

Please describe the label name or type of supplement {(fluoride)}

What is the brand name?]

CAPI INSTRUCTION: IF FIRST TIME ON THIS SCREEN, DISPLAY 'What is the name of the supplement {you/SP} took?' ELSE DISPLAY 'Any others? [REPEAT UNTIL ALL SUPPLEMENTS HAVE BEEN REPORTED]'

CAPI INSTRUCTION: IF SP IS UNDER 12 YEARS OLD, DISPLAY (chewable, complete, with iron, with extra C)
ELSE DISPLAY (silver, women's, men's, prenatal, liquid).

CAPI INSTRUCTION: IF SP IS UNDER 12 YEARS OLD, DISPLAY (fluoride).

HARD EDIT: AT LEAST ONE SUPPLEMENT SHOULD BE ENTERED (DSA070 FILLED)

ERROR MESSAGE: "YOU MUST COLLECT INFORMATION FOR AT LEAST ONE SUPPLEMENT OR BACK UP AND ANSWER "NO" TO DSA060."

ENTER SUPPLEMENT NAME

REFUSED 7

DON'T KNOW 9

BOX 8

IF SUPPLEMENT NAME ENTERED, CONTINUE
ELSE GO TO BOX 10.

DSA105 {Quantity Taken}
Between midnight and midnight, how much did {you/SP} take?

[ENTER THE NUMBER]

SOFT EDIT: Quantity should be less than 10
Error Message: "YOU SAID YOU TOOK {QUANTITY TAKEN}. IS THAT CORRECT?"

ENTER QUANTITY

REFUSED 7
DON'T KNOW 9

DSA110 {Unit Taken}
OS (Was it a tablet, capsule, pill, caplet, softgel, or something else?)

[SELECT FORM/UNIT]

Tablets, capsules, pills, caplets, softgels,
gelcaps, vegicaps, chewable tablets 1 (BOX 9)
Droppers..... 2 (BOX 9)
Drops..... 3 (BOX 9)
Injection/Shots..... 5 (BOX 9)
Lozenges/Cough Drops..... 6 (BOX 9)
Milliliters..... 7
Tablespoons..... 11
Teaspoons..... 12
Wafers..... 13 (BOX 9)
Cans 15
Grams..... 16
Dots..... 17 (BOX 9)
Cups 18
Sprays/Squirts 19 (BOX 9)
Chews/Gummies 20 (BOX 9)
Scoops 21
Capfuls 23
Ounces 27
Packages/Packets..... 28 (BOX 9)
Vials..... 29 (BOX 9)
Gumballs 30 (BOX 9)
Other form (specify)..... 91 (BOX 9)
REFUSED 77 (BOX 9)
DON'T KNOW 99 (BOX 9)

DSA115 {Liquid/Powder}
Was that a liquid or powder?

LIQUID 1
POWDER 2
REFUSED 7
DON'T KNOW 9

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

BOX 9

GO TO DSA070 ON NEXT ROW.

BOX 10

IF ANTACIDS COLLECTED IN HOUSEHOLD INTERVIEW, GO TO BOX 11,
ELSE CONTINUE.

DSA005 The next questions are about {your/SP's} use of non-prescription antacids. All day yesterday, {day}, between midnight and midnight did {you/SP} take any antacids?

[SHOW ANTACID HANDCARD]

YES 1 (BOX 13)
NO 2 (BOX 16)
REFUSED..... 7 (BOX 16)
DON'T KNOW..... 9 (BOX 16)

BOX 11

Antacid Review Table

PRESENT DSA145 THROUGH DSA165 AS A GRID WHERE EACH ROW CONTAINS THE RELEVANT INFORMATION ABOUT AN ANTACID COLLECTED IN THE HOUSEHOLD INTERVIEW.

(THIS INCLUDES VARIABLES RXQ141, RXQ150S AND RXQ160 FROM THE HOUSEHOLD INTERVIEW.)

CONTINUE.

DSA145 {Taken Last 24 Hours}
TEXT 1: The next questions are about {your/SP's} use of non-prescription antacids. During the interview in your home {you reported taking/it was reported {you/he/she} took} {ANTACID NAME}.

TEXT 2: It was also reported {you/SP} took {ANTACID NAME}.

Did you take this antacid yesterday {day}, (between midnight and midnight)?

[CONTINUE ASKING ABOUT EACH ANTACID LISTED IN TABLE]

CAP I INSTRUCTION: IF THIS IS THE FIRST ANTACID BEING REVIEWED, DISPLAY TEXT 1, ELSE DISPLAY TEXT 2.

CAPI INSTRUCTION: IF SP Age > 15, DISPLAY 'you reported taking' ELSE DISPLAY 'it was reported {you/he/she} took'.

YES	1
NO	2 (BOX 12)
REFUSED	7 (BOX 12)
DON'T KNOW	9 (BOX 12)

DSA155 {Quantity Taken}
Between midnight and midnight, how much did {you/SP} take?

[ENTER THE NUMBER]

SOFT EDIT: Quantity should be less than 10
Error Message: "YOU SAID YOU TOOK {QUANTITY TAKEN}. IS THAT CORRECT?"

ENTER QUANTITY

REFUSED	7
DON'T KNOW	9

DSA160 {Unit Taken}
 OS (Was it a tablet, capsule, pill, caplet, softgel, or something else?)

[SELECT FORM/UNIT]

Tablets, capsules, pills, caplets, softgels, gelcaps, vegicaps, chewable tablets	1 (BOX 12)
Droppers.....	2 (BOX 12)
Drops.....	3 (BOX 12)
Injection/Shots.....	5 (BOX 12)
Lozenges/Cough Drops.....	6 (BOX 12)
Milliliters.....	7
Tablespoons.....	11
Teaspoons.....	12
Wafers.....	13 (BOX 12)
Cans.....	15
Grams.....	16
Dots.....	17 (BOX 12)
Cups.....	18
Sprays/Squirts.....	19 (BOX 12)
Chews/Gummies.....	20 (BOX 12)
Scoops.....	21
Capfuls.....	23
Ounces.....	27
Packages/Packets.....	28 (BOX 12)
Vials.....	29 (BOX 12)
Gumballs.....	30 (BOX 12)
Other form (specify).....	91 (BOX 12)
REFUSED.....	77 (BOX 12)
DON'T KNOW.....	99 (BOX 12)

DSA165 {Liquid/Powder}
 Was that a liquid or powder?

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

BOX 12

IF THERE ARE MORE ANTACIDS TO REVIEW, GO TO DSA145 FOR THE NEXT ANTACID, ELSE CONTINUE.

DSA065 All day yesterday, {day}, between midnight and midnight, did {you/SP} take any other antacids?

[SHOW ANTACID HANDCARD]

YES 1
NO 2 (BOX 16)
REFUSED 7 (BOX 16)
DON'T KNOW 9 (BOX 16)

BOX 13

New Antacids Table

PRESENT DSA170 THROUGH DSA215 AS A GRID.
IF THERE WERE ANTACIDS REVIEWED (Antacid Review Table), THEN DISPLAY THOSE VALUES HERE IN THE FIRST ROWS.

CONTINUE.

DSA170 {Antacids}
{What is the name of the antacid {you/SP} took?/Any others?}

{{REPEAT UNTIL ALL ANTACIDS HAVE BEEN REPORTED}}

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

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

CAPI INSTRUCTION: IF FIRST TIME ON THIS SCREEN, DISPLAY 'What is the name of the antacid {you/SP} took'

ELSE DISPLAY 'Any others? [REPEAT UNTIL ALL ANTACIDS HAVE BEEN REPORTED]'

HARD EDIT: AT LEAST ONE ANTACID SHOULD BE ENTERED (DSA170 FILLED)

ERROR MESSAGE: "YOU MUST COLLECT INFORMATION FOR AT LEAST ONE ANTACID OR BACK UP AND ANSWER "NO" TO {DSA005/DSA065.}"

CAPI INSTRUCTION: IF ANTACIDS WAS COLLECTED IN HOUSEHOLD INTERVIEW, DISPLAY "DSA065"; OTHERWISE DISPLAY "DSA005".

ENTER ANTACID NAME

REFUSED 7

DON'T KNOW 9

BOX 14

IF ANTACID ENTERED, CONTINUE, ELSE GO TO BOX 16.

DSA175

{Pick List}

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

{[REPEAT UNTIL ALL ANTACIDS HAVE BEEN REPORTED]}

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

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

CAPI INSTRUCTION: IF FIRST TIME ON THIS SCREEN, DISPLAY ‘What is the name of the antacid {you/SP} took’
ELSE DISPLAY ‘Any others? [REPEAT UNTIL ALL ANTACIDS HAVE BEEN REPORTED]’.

ENTER ANTACID NAME FROM LIST OR
ENTER“**PRODUCT NOT ON LIST”

REFUSED 7
DON'T KNOW 9

DSA205 {Quantity Taken}
Between midnight and midnight, how much did {you/SP} take?

[ENTER THE NUMBER]

SOFT EDIT: Quantity should be less than 10
Error Message: “YOU SAID YOU TOOK {QUANTITY TAKEN}. IS THAT CORRECT?”

ENTER QUANTITY

REFUSED 7
DON'T KNOW 9

DSA210 {Unit Taken}
 OS (Was it a tablet, capsule, pill, caplet, softgel, or something else?)

[SELECT FORM/UNIT]

Tablets, capsules, pills, caplets, softgels, gelcaps, vegicaps, chewable tablets	1 (BOX 15)
Droppers.....	2 (BOX 15)
Drops.....	3 (BOX 15)
Injection/Shots.....	5 (BOX 15)
Lozenges/Cough Drops.....	6 (BOX 15)
Milliliters.....	7
Tablespoons.....	11
Teaspoons.....	12
Wafers.....	13 (BOX 15)
Cans.....	15
Grams.....	16
Dots.....	17 (BOX 15)
Cups.....	18
Sprays/Squirts.....	19 (BOX 15)
Chews/Gummies.....	20 (BOX 15)
Scoops.....	21
Capfuls.....	23
Ounces.....	27
Packages/Packets.....	28 (BOX 15)
Vials.....	29 (BOX 15)
Gumballs.....	30 (BOX 15)
Other form (specify).....	91 (BOX 15)
REFUSED.....	77 (BOX 15)
DON'T KNOW.....	99 (BOX 15)

DSA215 {Liquid/Powder}
 Was that a liquid or powder?

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

BOX 15

GO TO DSA170 ON NEXT ROW.

BOX 16

END

**DIETARY SUPPLEMENTS – DSA
DAY 2 PHONE QUESTIONNAIRE
Target Group: Phone Dietary Respondents**

BOX 1

IF SUPPLEMENTS COLLECTED IN PREVIOUS INTERVIEW, GO TO BOX 2
ELSE CONTINUE.

DSA001 The next questions are about {your/SP's} use of dietary supplements, including prescription and over the counter supplements. All day yesterday, {day}, between midnight and midnight, did {you/SP} take any vitamins, minerals, herbals or other dietary supplements?

[REFER SP TO SUPPLEMENT HANDCARD]

YES.....1 (BOX 7)
NO.....2 (BOX 10)
REFUSED..... 7 (BOX 10)
DON'T KNOW.....9 (BOX 10)

BOX 2

SUPPLEMENT REVIEW TABLE

PRESENT DSA010 THROUGH DSA040 AS A GRID WHERE EACH ROW CONTAINS THE RELEVANT INFORMATION ABOUT A SUPPLEMENT COLLECTED IN THE PREVIOUS INTERVIEW.

(THIS INCLUDES VARIABLES DSQ056, DSQ052, DSQ060S, DSQ066A, DSQ066B AND DSQ071 FROM THE HOUSEHOLD INTERVIEW.)

CONTINUE.

DSA020

{Taken Last 24 Hours}

TEXT 1: The next questions are about {your/SP's} use of dietary supplements, vitamins, minerals and herbals all day yesterday, {day}, between midnight and midnight. This includes prescription and over the counter dietary supplements. During the interview in {your home and our exam center/your home/our exam center} {you reported taking/it was reported {you/he/she} took} {SUPPLEMENT NAME FROM DSA010.}

TEXT 2: It was also reported {you/SP} took {SUPPLEMENT NAME FROM DSA010}.

Did {you/SP} take this supplement yesterday {day}, (between midnight and midnight)?

[CONTINUE ASKING ABOUT EACH SUPPLEMENT LISTED IN TABLE]

CAPI INSTRUCTION: IF THIS IS THE FIRST SUPPLEMENT BEING REVIEWED, DISPLAY TEXT 1 ELSE DISPLAY TEXT 2.

CAPI INSTRUCTION: IF SP Age > 15 DISPLAY 'you reported taking' ELSE DISPLAY 'it was reported {you/he/she} took'.

- YES 1
- NO 2 (BOX 6)
- REFUSED 7 (BOX 6)
- DON'T KNOW 9 (BOX 6)

BOX 3

IF THE FORM IS KNOWN FROM PREVIOUS INTERVIEW QUESTION DSQ077
CONTINUE, ELSE GO TO DSA030.

DSA025

{Form Taken}

Was {SUPPLEMENT NAME FROM DSA010} a {FORM FROM PREVIOUS INTERVIEW QUESTION DSQ077}?

- YES 1 (DSA030)
- NO 2
- REFUSED 7 (DSA030)
- DON'T KNOW 9 (DSA030)

BOX 4

CHANGE DSA020 TO "NO" AND INSERT A NEW LINE IN THE GRID.
PREFILL DSA020 ON THE NEW LINE TO "YES".
GO TO DSA010 ON THE NEW LINE.

DSA010 {Supplements}

Can you please locate the containers for all the dietary supplements you took? I will wait while you get them.

Can you please read to me all the words on the front label?

[REPEAT UNTIL ALL SUPPLEMENTS HAVE BEEN REPORTED]

[PROBES: Record the name. Use name probes.

Multivitamin and/or Multimineral:

What is the brand name?

Did it also include minerals like iron, zinc, or calcium?

Iron only

Was it a special type? {{silver, women's, men's, prenatal, liquid}}/(chewable, complete, with iron, with extra C)}

Single/double nutrient:

What is the brand name?

How much (ingredient name) was in it? (or what was the strength of X)

Other supplement type:

Please describe the label name or type of supplement {{fluoride}}

What is the brand name?]

CAPI INSTRUCTION: IF SP IS UNDER 12 YEARS OLD, DISPLAY '(chewable, complete, with iron, with extra C)'

ELSE DISPLAY '(silver, women's, men's, prenatal, liquid)'.

CAPI INSTRUCTION: IF SP IS UNDER 12 YEARS OLD, DISPLAY '(fluoride)'.

HARD EDIT: AT LEAST ONE SUPPLEMENT SHOULD BE ENTERED (DSA010 FILLED)

ERROR MESSAGE: "YOU MUST COLLECT INFORMATION FOR AT LEAST ONE SUPPLEMENT OR BACK UP AND ANSWER "NO" TO DSA001."

ENTER SUPPLEMENT NAME

REFUSED 7
DON'T KNOW 9

DSA030

{Quantity Taken}

Between midnight and midnight, how much did {you/SP} take?

[ENTER THE NUMBER]

SOFT EDIT: Quantity should be less than 10

Error Message: "YOU SAID YOU TOOK {QUANTITY TAKEN}. IS THAT CORRECT?"

ENTER QUANTITY

REFUSED 7

DON'T KNOW 9

BOX 5

IF THE FORM IS KNOWN FROM PREVIOUS INTERVIEW QUESTION DSQ077,
PREFILL DSA035 WITH DSQ077 AND GO TO BOX 6, ELSE CONTINUE.

DSA035
OS

{Unit Taken}
(Was it a tablet, capsule, pill, caplet, softgel, or something else?)

[SELECT FORM/UNIT]

Tablets, capsules, pills, caplets, softgels, gelcaps, vegicaps, chewable tablets	1 (BOX 6)
Droppers.....	2 (BOX 6)
Drops.....	3 (BOX 6)
Injection/Shots.....	5 (BOX 6)
Lozenges/Cough Drops.....	6 (BOX 6)
Milliliters.....	7
Tablespoons.....	11
Teaspoons.....	12
Wafers.....	13 (BOX 6)
Cans.....	15
Grams.....	16
Dots.....	17 (BOX 6)
Cups.....	18
Sprays/Squirts.....	19 (BOX 6)
Chews/Gummies.....	20 (BOX 6)
Scoops.....	21
Capfuls.....	23
Ounces.....	27
Packages/Packets.....	28 (BOX 6)
Vials.....	29 (BOX 6)
Gumballs.....	30 (BOX 6)
Other form (specify).....	91 (BOX 6)
REFUSED.....	77 (BOX 6)
DON'T KNOW.....	99 (BOX 6)

DSA040

{Liquid/Powder}
Was that a liquid or powder?

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

BOX 6

IF THERE ARE MORE SUPPLEMENTS TO REVIEW, GO TO DSA020 FOR THE NEXT SUPPLEMENT, ELSE CONTINUE.

DSA060 All day yesterday, {day}, between midnight and midnight, did {you/SP} take any other vitamins, minerals, herbals or other dietary supplements? Include any prescription and over the counter dietary supplements.

[REFER SP TO SUPPLEMENT HANDCARD]

YES	1
NO	2 (BOX 10)
REFUSED	7 (BOX 10)
DON'T KNOW	9 (BOX 10)

BOX 7

New Supplements Table

PRESENT DSA070 THROUGH DSA115 AS A GRID.
IF THERE WERE SUPPLEMENTS REVIEWED (Supplement Review Table) THEN DISPLAY THOSE VALUES HERE IN THE FIRST ROWS.

CONTINUE.

DSA070

{Supplements}

{Can you please locate the containers for all the dietary supplements {you/SP} took? I will wait while you get them./Any others?}

Can you please read to me all the words on the front label?

{[REPEAT UNTIL ALL SUPPLEMENTS HAVE BEEN REPORTED]}

[PROBES: Record the name. Use name probes.

Multivitamin and/or Multimineral:

What is the brand name?

Did it also include minerals like iron, zinc, or calcium?

Iron only

Was it a special type? {(silver, women's, men's, prenatal, liquid)/(chewable, complete, with iron, with extra C)}

Single/double nutrient:

What is the brand name?

How much (ingredient name) was in it? (or what was the strength of X)

Other supplement type:

Please describe the label name or type of supplement {(fluoride)}

What is the brand name?]

CAPI INSTRUCTION: IF FIRST TIME ON THIS SCREEN, DISPLAY 'Can you please locate the containers for all the dietary supplements {you/SP} took? I will wait while you get them.' ELSE DISPLAY 'Any others? [REPEAT UNTIL ALL SUPPLEMENTS HAVE BEEN REPORTED]'

CAPI INSTRUCTION: IF SP IS UNDER 12 YEARS OLD, DISPLAY (chewable, complete, with iron, with extra C) ELSE DISPLAY (silver, women's, men's, prenatal, liquid).

CAPI INSTRUCTION: IF SP IS UNDER 12 YEARS OLD, DISPLAY (fluoride).

HARD EDIT: AT LEAST ONE SUPPLEMENT SHOULD BE ENTERED (DSA070 FILLED)

ERROR MESSAGE: "YOU MUST COLLECT INFORMATION FOR AT LEAST ONE SUPPLEMENT OR BACK UP AND ANSWER "NO" TO DSA060."

ENTER SUPPLEMENT NAME

REFUSED 7

DON'T KNOW 9

BOX 8

IF SUPPLEMENT NAME ENTERED, CONTINUE
ELSE GO TO BOX 10.

DSA105

{Quantity Taken}

Between midnight and midnight, how much did {you/SP} take?

[ENTER THE NUMBER]

SOFT EDIT: Quantity should be less than 10

Error Message: "YOU SAID YOU TOOK {QUANTITY TAKEN}. IS THAT CORRECT?"

ENTER QUANTITY

REFUSED 7
DON'T KNOW 9

DSA110 {Unit Taken}
 OS (Was it a tablet, capsule, pill, caplet, softgel, or something else?)

[SELECT FORM/UNIT]

Tablets, capsules, pills, caplets, softgels, gelcaps, vegicaps, chewable tablets	1 (BOX 9)
Droppers.....	2 (BOX 9)
Drops.....	3 (BOX 9)
Injection/Shots.....	5 (BOX 9)
Lozenges/Cough Drops.....	6 (BOX 9)
Milliliters.....	7
Tablespoons.....	11
Teaspoons.....	12
Wafers.....	13 (BOX 9)
Cans.....	15
Grams.....	16
Dots.....	17 (BOX 9)
Cups.....	18
Sprays/Squirts.....	19 (BOX 9)
Chews/Gummies.....	20 (BOX 9)
Scoops.....	21
Capfuls.....	23
Ounces.....	27
Packages/Packets.....	28 (BOX 9)
Vials.....	29 (BOX 9)
Gumballs.....	30 (BOX 9)
Other form (specify).....	91 (BOX 9)
REFUSED.....	77 (BOX 9)
DON'T KNOW.....	99 (BOX 9)

DSA115 {Liquid/Powder}
 Was that a liquid or powder?

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

DSQ.096
Q/U

For how long {have/has} {you/SP} been taking {PRODUCT NAME} or a similar type of product?

CAPI INSTRUCTION:

RESPONSE FIELD SHOULD ALLOW FOR 4 NUMERIC ENTRIES AND INCLUDE A DECIMAL. ALLOW UP TO 3 ENTRIES TO THE LEFT OF THE DECIMAL AND UP TO 1 ENTRY TO THE RIGHT OF THE DECIMAL.

|_|_|_|_|

ENTER NUMBER (OF DAYS, WEEKS, MONTHS OR YEARS)

REFUSED 777
DON'T KNOW 999

ENTER UNIT

DAYS 1
WEEKS 2
MONTHS 3
YEARS 4
REFUSED 7
DON'T KNOW 9

BOX 9

GO TO DSA070 ON NEXT ROW.

BOX 10

IF ANTACIDS COLLECTED IN PREVIOUS INTERVIEW, GO TO BOX 11,
ELSE CONTINUE.

DSA005

The next questions are about {your/SP's} use of non-prescription antacids. All day yesterday, {day}, between midnight and midnight did {you/SP} take any antacids?

[REFER SP TO ANTACID HANDCARD]

YES 1 (BOX 13)
NO 2 (BOX 16)
REFUSED 7 (BOX 16)
DON'T KNOW 9 (BOX 16)

Highlighted variables indicate that they use data or are prefilled from another questionnaire.

BOX 11

Antacid Review Table

PRESENT DSA145 THROUGH DSA165 AS A GRID WHERE EACH ROW CONTAINS THE RELEVANT INFORMATION ABOUT AN ANTACID COLLECTED IN THE PREVIOUS INTERVIEW.

(THIS INCLUDES VARIABLES RXQ141, RXQ150S AND RXQ160 FROM THE HOUSEHOLD INTERVIEW.)

CONTINUE.

DSA145

{Taken Last 24 Hours}

TEXT 1: The next questions are about {your/SP's} use of non-prescription antacids. During the interview in {your home and our exam center/your home/our exam center} {you reported taking/it was reported {you/he/she} took} {ANTACID NAME}.

TEXT 2: It was also reported {you/SP} took {ANTACID NAME}.

Did you take this antacid yesterday {day}, (between midnight and midnight)?

[CONTINUE ASKING ABOUT EACH ANTACID LISTED IN TABLE]

CAPI INSTRUCTION: IF THIS IS THE FIRST ANTACID BEING REVIEWED, DISPLAY TEXT 1, ELSE DISPLAY TEXT 2.

CAPI INSTRUCTION: IF SP Age > 15, DISPLAY 'you reported taking' ELSE DISPLAY 'it was reported {you/he/she} took'.

YES	1
NO	2 (BOX 12)
REFUSED	7 (BOX 12)
DON'T KNOW	9 (BOX 12)

DSA155

{Quantity Taken}

Between midnight and midnight, how much did {you/SP} take?

[ENTER THE NUMBER]

SOFT EDIT: Quantity should be less than 10

Error Message: "YOU SAID YOU TOOK {QUANTITY TAKEN}. IS THAT CORRECT?"

Highlighted variables indicate that they use data or are prefilled from another questionnaire.

ENTER QUANTITY

REFUSED 7
DON'T KNOW 9

DSA160 {Unit Taken}
OS (Was it a tablet, capsule, pill, caplet, softgel, or something else?)

[SELECT FORM/UNIT]

Tablets, capsules, pills, caplets, softgels,
gelcaps, vegicaps, chewable tablets 1 (BOX 12)
Droppers..... 2 (BOX 12)
Drops..... 3 (BOX 12)
Injection/Shots..... 5 (BOX 12)
Lozenges/Cough Drops..... 6 (BOX 12)
Milliliters..... 7
Tablespoons..... 11
Teaspoons..... 12
Wafers..... 13 (BOX 12)
Cans 15
Grams..... 16
Dots..... 17 (BOX 12)
Cups 18
Sprays/Squirts 19 (BOX 12)
Chews/Gummies 20 (BOX 12)
Scoops 21
Capfuls 23
Ounces 27
Packages/Packets..... 28 (BOX 12)
Vials..... 29 (BOX 12)
Gumballs 30 (BOX 12)
Other form (specify)..... 91 (BOX 12)
REFUSED 77 (BOX 12)
DON'T KNOW 99 (BOX 12)

DSA165 {Liquid/Powder}
Was that a liquid or powder?

LIQUID 1
POWDER 2
REFUSED 7
DON'T KNOW 9

BOX 12

IF THERE ARE MORE ANTACIDS TO REVIEW, GO TO DSA145 FOR THE NEXT ANTACID, ELSE CONTINUE.

DSA065 All day yesterday, {day}, between midnight and midnight, did {you/SP} take any other antacids?

[REFER SP TO ANTACID HANDCARD]

YES	1
NO	2 (BOX 16)
REFUSED	7 (BOX 16)
DON'T KNOW	9 (BOX 16)

<p>BOX 13</p> <p>New Antacids Table</p> <p>PRESENT DSA170 THROUGH DSA215 AS A GRID. IF THERE WERE ANTACIDS REVIEWED (Antacid Review Table), THEN DISPLAY THOSE VALUES HERE IN THE FIRST ROWS.</p> <p>CONTINUE.</p>
--

DSA170 {Antacids}
{Can you please locate the containers for all the antacids {you/SP} took? I will wait while you get them./Any others?}

Can you please read to me all the words on the front label?

[[REPEAT UNTIL ALL ANTACIDS HAVE BEEN REPORTED]]

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

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

CAPI INSTRUCTION: IF FIRST TIME ON THIS SCREEN, DISPLAY 'Can you please locate the containers for all the antacids {you/SP} took? I will wait while you get them'
ELSE DISPLAY 'Any others? [REPEAT UNTIL ALL ANTACIDS HAVE BEEN REPORTED]'

HARD EDIT: AT LEAST ONE ANTACID SHOULD BE ENTERED (DSA170 FILLED)
ERROR MESSAGE: "YOU MUST COLLECT INFORMATION FOR AT LEAST ONE ANTACID OR BACK UP AND ANSWER "NO" TO {DSA005/DSA065.}"

CAPI INSTRUCTION: IF ANTACIDS WAS COLLECTED IN PREVIOUS INTERVIEW, DISPLAY "DSA065"; OTHERWISE DISPLAY "DSA005".

ENTER ANTACID NAME

REFUSED	7
DON'T KNOW	9

BOX 14

IF ANTACID ENTERED, CONTINUE, ELSE GO TO BOX 16.

DSA175

{Pick List}

{Can you please locate the containers for all the antacids {you/SP} took? I will wait while you get them./Any others?}

Can you please read to me all the words on the front label?

{[REPEAT UNTIL ALL ANTACIDS HAVE BEEN REPORTED]}

**[PROBES: What is the brand name? Was it extra strength, regular strength, ultra, maximum strength?]
[IF ANTACID NOT ON LIST, TYPE "***Product not on list"]**

CAPI INSTRUCTION: IF FIRST TIME ON THIS SCREEN, DISPLAY 'Can you please locate the containers for all the antacids {you/SP} took? I will wait while you get them.'
ELSE DISPLAY 'Any others? [REPEAT UNTIL ALL ANTACIDS HAVE BEEN REPORTED]'.

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

REFUSED 7
DON'T KNOW 9

DSA205

{Quantity Taken}

Between midnight and midnight, how much did {you/SP} take?

[ENTER THE NUMBER]

SOFT EDIT: Quantity should be less than 10
Error Message: "YOU SAID YOU TOOK {QUANTITY TAKEN}. IS THAT CORRECT?"

ENTER QUANTITY

REFUSED 7
DON'T KNOW 9

DSA210 {Unit Taken}
 OS (Was it a tablet, capsule, pill, caplet, softgel, or something else?)

[SELECT FORM/UNIT]

Tablets, capsules, pills, caplets, softgels, gelcaps, vegicaps, chewable tablets	1 (BOX 15)
Droppers.....	2 (BOX 15)
Drops.....	3 (BOX 15)
Injection/Shots.....	5 (BOX 15)
Lozenges/Cough Drops.....	6 (BOX 15)
Milliliters.....	7
Tablespoons.....	11
Teaspoons.....	12
Wafers.....	13 (BOX 15)
Cans.....	15
Grams.....	16
Dots.....	17 (BOX 15)
Cups.....	18
Sprays/Squirts.....	19 (BOX 15)
Chews/Gummies.....	20 (BOX 15)
Scoops.....	21
Capfuls.....	23
Ounces.....	27
Packages/Packets.....	28 (BOX 15)
Vials.....	29 (BOX 15)
Gumballs.....	30 (BOX 15)
Other form (specify).....	91 (BOX 15)
REFUSED.....	77 (BOX 15)
DON'T KNOW.....	99 (BOX 15)

DSA215 {Liquid/Powder}
 Was that a liquid or powder?

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

BOX 15

GO TO DSA170 ON NEXT ROW.

BOX 16

END