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]

                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 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)

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

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

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

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.

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

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

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. |
          +--+

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

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)

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

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. |
           +---+

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

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

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

<mark>(THIS INCLUDES VARIABLES RXQ141, RXQ150S AND RXQ160 FROM THE HOUSEHOLD INTERVIEW.)</mark>

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]

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

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

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

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)

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

            {**[REPEAT UNTIL ALL ANTACIDS HAVE BEEN REPORTED]**}

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

[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?**]**

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

[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

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

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

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

BOX 15

GO TO DSA170 ON NEXT ROW.

BOX 16

END

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.

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 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)

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

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

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

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.   │
└──┘

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

DSA035   {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 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

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

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.

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

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

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

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 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.

<table>
<tr><td colspan="2" align="center">**BOX 11**</td></tr>
<tr><td colspan="2" align="center">**Antacid Review Table**</td></tr>
<tr><td colspan="2">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.</td></tr>
</table>

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.

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

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)

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}
            {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

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

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

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

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

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

BOX 15
GO TO DSA170 ON NEXT ROW.

BOX 16
END