2003-04 Questionnaire

DIETARY SUPPLEMENTS AND PRESCRIPTION MEDICATION - DSQ_C

DSQ.012   The next questions are about {your/SP's} use of dietary supplements, pain relievers, nonprescription antacids, and medications during the **past 30 days**.

{Have you/Has SP} used or taken any **vitamins, minerals 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 DSQ1

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**?

YES	1
NO	2
REFUSED	7
DON'T KNOW...	9

BOX 0

CHECK ITEM DSQ.024:
IF SP >= 20 YEARS OLD, CONTINUE WITH RXQ.025.
OTHERWISE, GO TO RXQ.032.

RXQ.025   In the past 30 days, {have you/has SP} used or taken any of the prescription or nonprescription pain relievers listed on this card? Some of these products may be used for reasons other than pain.

HAND CARD DSQ2

YES	1
NO	2
REFUSED	7
DON'T KNOW...	9

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, minerals or pain relievers you may have already told me about.}
CAPI INSTRUCTION:
DISPLAY FIRST DISPLAY OPTION (INCLUDING 'PAIN RELIEVERS') IF SP AGE => 20. OTHERWISE, DISPLAY SECOND RESPONSE OPTION (NOT INCLUDING 'PAIN RELIEVERS').

> YES 1
> NO 2
> REFUSED 7
> DON'T KNOW.. 9

BOX 1

CHECK ITEM DSQ.035A:
IF 'YES' (CODE 1) IN DSQ.012, RXQ.021, RXQ.025, OR RXQ.032, CONTINUE.
OTHERWISE, GO TO BOX 15.

DSQ.042   May I please see the containers for **all** the vitamins, minerals, and other dietary supplements, nonprescription antacids and prescription medicines that {you/SP} used or took in the **past 30 days**?

{I also need to see the pain medications that you took in the past 30 days from the list. Please include cold and sinus products.}

PRESS ENTER TO CONTINUE

CAPI INSTRUCTION:
DISPLAY {I also need to see the pain medications that you took in the past 30 days from the list. Please include cold and sinus products.} ONLY IF RXQ.025 = YES (CODE 1).

BOX 1A

CHECK ITEM DSQ.045:
IF 'YES' (CODE 1) IN DSQ.012, CONTINUE WITH DSQ.047.
OTHERWISE, GO TO BOX 6.

DSQ.047   I will start with dietary supplements. Please show me the dietary supplements {you have/SP has} taken in the **past 30 days**.

CHECK PRODUCT LABEL OR ASK PRODUCT NAME.
IS THIS PRODUCT ON THE LIST BELOW?

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) 30

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) 30
                         VITAMINS A & D 50
                         CALCIUM & VITAMIN D 51
                         CALCIUM & MAGNESIUM 52
                         REFUSED 77   (DSQ.127)
                         DON'T KNOW 99   (DSQ.052)

+---+
| BOX 1B |
| |
| **CHECK ITEM DSQ.059:** |
| GO TO DSQ.071. |
+---+

DSQ.052   REFER TO PRODUCT LABEL(S) OR ASK RESPONDENT FOR NAME(S) OF DIETARY
           SUPPLEMENTS USED. ENTER FULL NAME OF SUPPLEMENT, INCLUDING BRAND.

                    _____
                    ENTER SUPPLEMENT NAME

                    REFUSED   7
                    DON'T KNOW...   9

           CAPI INSTRUCTION:
           IF DON'T KNOW OR REFUSAL, THEN GO TO BOX 6.
           SHOULD ALLOW ENTRY OF PRODUCT NAME TO SAVE THE PRODUCT NAME AS KEYED AND
           THAT SHOULD BE USED TO START THE LOOKUP.
           TEXT SHOULD BE OPTIONAL, "[ ]"S, AFTER THE FIRST TIME.

DSQ.060s   PRESS BS TO START THE LOOKUP.

SELECT SUPPLEMENT FROM LIST.

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

  TYPE '**'

PRESS ENTER TO SELECT.

CAPI INSTRUCTION:
DISPLAY CAPI VITAMIN PRODUCT LIST. INTERVIEWER SHOULD BE ABLE TO ACCEPT THE
PRODUCT NAME AS IT WAS KEYED IN DSQ.052 BY TYPING IN "**".
THE LOOKUP BOX SHOULD BE LOW ENOUGH ON THE SCREEN SO THAT THE INSTRUCTION
TEXT ABOUT HOW TO ACCEPT THE KEYED PRODUCT NAME IS SHOWING ABOVE THE
LOOKUP BOX. THE LOOKUP SHOULD ONLY SHOW THE PRODUCT NAMES WITH THE OTHER
LOOKUP INFO OFF THE SCREEN TO THE RIGHT.
INTERVIEWER SHOULD BE ABLE TO ACCEPT THE KEYED NAME AS A NEW PRODUCT NAME.
AFTER ENTRY, INTERVIEWER SHOULD RETURN TO THE DATA BASE LIST. IF NO MORE
ENTRIES, INTERVIEWERS SHOULD HAVE A WAY OF MOVING INTO LOOP 1.
ONCE A PRODUCT IS SELECTED FROM THE LIST, THE FOLLOWING INFORMATION SHOULD
BE COLLECTED FROM THE LOOKUP DATABASE:
            DRUG TYPE {3}
            GENERIC NAME {60}
            THERAPEUTIC CLASS CODE {6}
            GENERIC FLAG {1}
THERE IS NO NEED TO DISPLAY THIS INFORMATION.

BOX 2

CHECK ITEM DSQ.061:
IF PRODUCT IS SELECTED FROM THE LOOKUP AND THE PRODUCT NAME IS
GREATER THAN THE LOOKUP DISPLAY FIELD, CONTINUE WITH DSQ.057.
OTHERWISE, GO TO DSQ.071.

DSQ.057   YOU HAVE SELECTED

{DISPLAY **FULL** VARIABLE NAME}

IS THIS CORRECT?

                         YES   1
                         NO   2   (CAPI
                         INSTRUCTION)

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

DSQ.071   INTERVIEWER: ENTER 1 RESPONSE

CAPI INSTRUCTION:
DISPLAY PRODUCT NAME AS LEFT HEADER.

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

BOX 2A

CHECK ITEM DSQ.074:
- IF PRODUCT WAS SELECTED FROM SPECIAL PRODUCT LIST (YES, CODE 1 IN DSQ.047) **AND CONTAINER SEEN**, CONTINUE.
- IF PRODUCT WAS **NOT** SELECTED FROM SPECIAL PRODUCT LIST (NO, CODE 2 IN DSQ.047) AND **CONTAINER SEEN**, GO TO DSQ.076.
- OTHERWISE (IF CONTAINER NOT SEEN), GO TO DSQ.096.

DSQ.066   **SELECT STRENGTH FOR {ELEMENT}**

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.

DSQ.076   WHAT IS THE FORM OF THIS PRODUCT?

                           CAPSULES   1
                           TABLETS...   2
                           PILLS...   3
                           CAPLETS   4
                           SOFT GELS   5
                           GEL CAPS...   6
                           VEGICAPS   7
                           PACKAGE/PACKETS...................................   8
                           LIQUID..   9
                           POWDER 10
                           WAFERS 11
                           CHEWS 12
                           DOTS.. 13
                           GRANULES 14
                           LOZENGES 15
                           GEL 16
                           OTHER FORM (SPECIFY)........................... 17
                           REFUSED 77
                           DON'T KNOW 99

           CAPI INSTRUCTION:
           DISPLAY PRODUCT NAME AS LEFT HEADER.

+---+
| **BOX 3A** |
| |
| **CHECK ITEM DSQ.079:** |
| IF PRODUCT **NOT** SELECTED FROM SPECIAL PRODUCT LIST (NO, CODE 2 IN |
| DSQ.047), CONTINUE. |
| OTHERWISE, GO TO DSQ.096. |
+---+

DSQ.081   ENTER **MANUFACTURER/DISTRIBUTOR/STORE** BRAND NAME.

           ENTER AS MUCH INFORMATION AS POSSIBLE.

                    _____
                    ENTER MANUFACTURER/DISTRIBUTOR/STORE BRAND NAME

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

           CAPI INSTRUCTION:
           FOLLOW THE BASIC FORMAT FOR THE DIETARY SUPPLEMENT LOOKUP.   ONLY ALLOW
           ENTRY OF 1 MANUFACTURER. DISPLAY PRODUCT NAME AS A LEFT HEADER.

DSQ.084   PRESS BS TO START THE LOOKUP.

SELECT MANUFACTURER
FROM LIST.

IF MANUFACTURER **NOT**
ON LIST – PRESS BS
TO DELETE ENTRY

TYPE '**'.

PRESS ENTER TO SELECT.

CAPI INSTRUCTION:
DISPLAY MANUFACTURER LIST. INTERVIEWER SHOULD BE ABLE TO SELECT ONLY 1 MANUFACTURER OR THE '**' OPTION. DON'T KNOW AND REFUSED SHOULD BE VALID OPTIONS. IF MANUFACTURER IS SELECTED FROM THE LOOKUP LIST, AUTOMATICALLY FILL IN THE CITY AND STATE INFORMATION (DSQ.088).
DISPLAY PRODUCT NAME AS LEFT HEADER.

BOX 4

CHECK ITEM DSQ.085:
IF MANUFACTURER SELECTED FROM LOOKUP, GO TO DSQ.096.
OTHERWISE, CONTINUE.

DSQ.088b   ENTER **CITY** NAME.

ENTER AS MUCH INFORMATION AS POSSIBLE.

                 _____
                 ENTER CITY

                 REFUSED   7
                 DON'T KNOW   9

DSQ.088c   ENTER **STATE** NAME.

ENTER 2-LETTER
STATE ABBREVIATION.

PRESS ENTER TO
SELECT STATE FROM LIST.

_____
ENTER STATE

REFUSED   7
DON'T KNOW...   9

CAPI INSTRUCTION:
DISPLAY PRODUCT NAME AS A LEFT HEADER.
AN ENTRY MUST BE MADE IN ALL DSQ.081 AND DSQ.087 FIELDS (MANUFACTURER INFO). IF THE MANUFACTURER INFO IS DON'T KNOW OR REFUSED, THEN SET THE NO MANUFACTURER INFORMATION VARIABLE.

DSQ.096   For how long {have/has} {you/SP} been taking {PRODUCT NAME} or a similar type of product?

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

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

REFUSED 777
DON'T KNOW...999

ENTER UNIT

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

DSQ.103   In the past {30 DAYS/NUMBER AND UNIT}, on how many days did {you/SP} take {PRODUCT NAME}?

CAPI INSTRUCTION:
- {30 DAYS/NUMBER AND UNIT} = IF NUMBER AND UNIT ENTERED IN DSQ.096 >= 30 DAYS, OR REFUSED (CODE 7), OR DON'T KNOW (CODE 9), DISPLAY "30 DAYS" IN TEXT OF QUESTION. IF NUMBER AND UNIT ENTERED IN DSQ.096 IS < 30 DAYS, DISPLAY ACTUAL NUMBER AND UNIT ENTERED IN DSQ.096 IN TEXT OF QUESTION.
- {PRODUCT NAME} = PRODUCT SELECTED AT DSQ.049 OR PRODUCT ENTERED IN DSQ.052.

|___|___|
ENTER NUMBER OF DAYS FROM 1-30

REFUSED 777
DON'T KNOW...999

DSQ.122   On the days that {you/SP} took {PRODUCT NAME}, how much did {you/SP} usually take on a single day?

CAPI INSTRUCTION:
RESPONSE FIELD SHOULD ALLOW FOR 3 NUMERIC ENTRIES AND INCLUDE A DECIMAL. ALLOW 0 OR 1 ENTRIES TO THE LEFT OF THE DECIMAL AND 0, 1 OR 2 ENTRIES TO THE RIGHT OF THE DECIMAL.

|___|___|___|
ENTER NUMBER

REFUSED 7777 (DSQ.127)
DON'T KNOW 9999 (DSQ.127)

ENTER UNIT/FORM

TABLETS/CAPSULES/PILLS/CAPLETS/
    SOFTGELS/GEL CAPS/VEGICAPS........   1 (DSQ.127)
DROPPERS 2 (DSQ.127)
DROPS..   3 (DSQ.127)
OUNCES 16 (DSQ.127)
INJECTIONS/SHOTS 17 (DSQ.127)
LOZENGES 18 (DSQ.127)
MILLILITERS 19 (DSQ.127)
PACKAGES/PACKETS 20 (DSQ.125)
TABLESPOONS 21 (DSQ.127)
TEASPOONS 22 (DSQ.127)
WAFERS 23 (DSQ.127)
CANS... 24 (DSQ.127)
GRAMS 25 (DSQ.127)
DOTS... 26 (DSQ.127)
CUPS... 27 (DSQ.127)
SPRAYS/SQUIRTS 28 (DSQ.127)
CHEWS 29 (DSQ.127)
OTHER FORM (SPECIFY) 40 (DSQ.127)
REFUSED 77 (DSQ.127)
DON'T KNOW 99 (DSQ.127)

DSQ.125   Did {you/SP} take an **entire** packet of {PRODUCT NAME} each time?

                                        YES 1
                                        NO 2
                                        REFUSED 7
                                        DON'T KNOW... 9

DSQ.127   ARE THERE ANY OTHER VITAMINS, MINERALS OR DIETARY SUPPLEMENTS?

                                        YES 1
                                        NO 2

BOX 5

CHECK ITEM DSQ.129:
ASK DSQ.127 FOR NEXT VITAMIN (CODE 1 IN DSQ.127). IF NO NEXT VITAMIN
(CODE 2 IN DSQ.127), CONTINUE WITH DSQ.131.

DSQ.131   REVIEW TOTAL NUMBER OF DIETARY SUPPLEMENTS AND THEIR NAMES WITH
            RESPONDENT.

            I have listed {TOTAL NUMBER} vitamin(s), mineral(s) or dietary supplement(s) that {you have/SP has}
            taken in the **past 30 days**: {PRODUCT NAME (STRENGTH)}

            PRESS ENTER TO CONTINUE

            CAPI INSTRUCTION:
            DISPLAY LIST OF ALL VITAMIN AND MINERAL NAMES AND STRENGTHS SELECTED AT
            DSQ.060 AND ENTERED AT DSQ.052. CALCULATE TOTAL NUMBER OF ALL VITAMINS AND
            MINERALS SELECTED AT DSQ.060 AND ENTERED AT DSQ.052. DISPLAY NUMBER ON
            SCREEN.

BOX 6

CHECK ITEM DSQ.135:
IF 'YES' (CODE 1) IN RXQ.021, CONTINUE.
OTHERWISE, GO TO BOX 15.

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 10.
SHOULD ALLOW ENTRY OF PRODUCT NAME TO SAVE THE PRODUCT NAME AS KEYED AND THAT SHOULD BE USED TO START THE LOOKUP.
[TEXT SHOULD BE OPTIONAL, "[ ]"S, AFTER THE FIRST TIME.

RXQ.150s   PRESS BS TO START THE LOOKUP.

SELECT ANTACID
FROM LIST.

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

  TYPE '**'.

PRESS ENTER TO SELECT.

CAPI INSTRUCTION:
DISPLAY CAPI ANTACID PRODUCT LIST. INTERVIEWER SHOULD BE ABLE TO ACCEPT THE PRODUCT NAME AS IT WAS KEYED IN RXQ.141 BY TYPING IN "**". THE LOOKUP BOX SHOULD BE LOW ENOUGH ON THE SCREEN SO THAT THE INSTRUCTION ABOUT HOW TO ACCEPT THE KEYED PRODUCT NAME IS SHOWING ABOVE THE LOOKUP BOX. THE LOOKUP SHOULD ONLY SHOW THE PRODUCT NAMES WITH THE OTHER LOOKUP INFO OFF THE SCREEN TO THE RIGHT.
INTERVIEWER SHOULD BE ABLE TO ACCEPT THE KEYED NAME AS A NEW PRODUCT NAME AN UNLIMITED NUMBER OF TIMES. AFTER ENTRY, INTERVIEWER SHOULD RETURN TO THE DATA BASE LIST. IF NO MORE ENTRIES, INTERVIEWERS SHOULD HAVE A WAY OF MOVING INTO LOOP 2.
ONCE A PRODUCT IS SELECTED FROM THE LIST, THE FOLLOWING INFORMATION SHOULD BE COLLECTED FROM THE LOOKUP DATABASE:
        DRUG TYPE {3}
        GENERIC NAME {60}
        THERAPEUTIC CLASS CODE {6}
        GENERIC FLAG {1}
THERE IS NO NEED TO DISPLAY THIS INFORMATION.

RXQ.180   For how long {have/has} {you/SP} been using or taking {PRODUCT NAME}?

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

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

                            REFUSED 777
                            DON'T KNOW...999

                            ENTER UNIT

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

RXQ.191   In the past {30 DAYS/NUMBER AND UNIT}, on how many days did {you/SP} take {PRODUCT
NAME}?

            CAPI INSTRUCTION:
            ■ {30 DAYS/NUMBER AND UNIT} = IF NUMBER AND UNIT ENTERED IN 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

RXQ.214   On those days that you used or took {PRODUCT NAME}, how much did {you/SP} usually take on a single day?

CAPI INSTRUCTION:
RESPONSE FIELD SHOULD ALLOW FOR 3 NUMERIC ENTRIES AND INCLUDE A DECIMAL. ALLOW 0 OR 1 ENTRIES TO THE LEFT OF THE DECIMAL AND 0, 1 OR 2 ENTRIES TO THE RIGHT OF THE DECIMAL.

OPTIONS MUST BE IN ORDER SPECIFIED – APPROVED BY DRG (NCHS)

|___|___|___|
ENTER NUMBER

REFUSED 7777 (DSQ.215)
DON'T KNOW...9999 (DSQ.215)

ENTER UNIT/FORM

TABLETS/CAPSULES/PILLS/CAPLETS....... 41
SOFTGELS/GEL CAPS/VEGICAPS 42
PIECES OF GUM 43
DROPPERS 44
DROPS... 45
OUNCES 46
INJECTIONS/SHOTS.................................. 47
LOZENGES 48
MILLILITERS 49
PACKAGES/PACKETS 50
TABLESPOONS.. 51
TEASPOONS 52
WAFERS 53
CANS.. 54
GRAMS 55
DOTS.. 56
CUPS.. 57
SPRAYS/SQUIRTS 58
CHEWS 59
OTHER FORM (SPECIFY)........................... 60
REFUSED 77
DON'T KNOW.. 99

RXQ.216   CHECK CONTAINERS. ARE THERE ANY OTHER NONPRESCRIPTION ANTACIDS?

OR ASK RESPONDENT:
[Are there any other nonprescription antacids that you used in the past 30 days?]

YES 1
NO 2

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.

RXQ.301   The next questions are about certain prescription and over the counter pain relievers that {you/SP}
may be using now or may have used in the past. Some of these products may be used for reasons
other than pain.

{Have you/has SP} **ever** taken **any** of these prescription or over-the-counter pain relievers **nearly
every day for a month or longer**?

HAND CARD DSQ2

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

RXQ.311   Which products {have you/has SP} taken?

CAPI INSTRUCTION:
DISPLAY PRODUCT LIST OF PAIN RELIEVING PRODUCTS.

ASPIRIN	1
TYLENOL	2
IBUPROFEN..	3
ALEVE, NAPROSYN (NAPROXEN).............	4
CELEBREX (CELECOXIB)...........................	5
CLINORIL (SULINDAC)................................	6
EXCEDRIN	7
FELDENE (PIROXICAM)..............................	8
INDOCIN (INDOMETHACIN)	9
RELAFEN (NABUMETONE)	10
TOLECTIN (TOLMETIN SODIUM)	11
VANQUISH..	12
VOLTARIN, ARTHROTEC (DICLOFENAC) ..	13
VIOXX (ROFECOXIB)	14

BOX 16

LOOP 1:
ASK RXQ.321 FOR EACH PRODUCT SELECTED AT RXQ.311.

RXQ.321   Please think about {your/SP's} use of pain reliever products during {your/his/her} lifetime. For how long did {you/s/he} use {PRODUCT NAME} **nearly every day**? Please do not count the months or years when {you were/s/he was} not taking the medicine.

|___|___|
ENTER NUMBER

REFUSED	777
DON'T KNOW..	999

ENTER UNIT

MONTH	1
YEAR...	2
REFUSED	7
DON'T KNOW..	9

```
                            BOX 16A

CHECK ITEM RXQ.339:
IF YES IN RXQ.025, CONTINUE.
OTHERWISE, GO TO BOX 10A.
```

RXQ.340   Now I would like to talk about the prescription and over the counter pain relievers on this list that you
           have taken in the **past 30 days**.

           CHECK PRODUCT LABEL OR ASK RESPONDENT. ENTER {FIRST/NEXT} PRODUCT CODE.

                          ASPIRIN   1
                          TYLENOL   2
                          IBUPROFEN..   3
                          ALEVE, NAPROSYN (NAPROXEN).............   4
                          CELEBREX (CELECOXIB)...........................   5
                          CLINORIL (SULINDAC)................................   6
                          EXCEDRIN   7
                          FELDENE (PIROXICAM)..............................   8
                          INDOCIN (INDOMETHACIN)   9
                          RELAFEN (NABUMETONE) 10
                          TOLECTIN (TOLMETIN SODIUM) 11
                          VANQUISH... 12
                          VOLTARIN, ARTHROTEC (DICLOFENAC) .. 13
                          VIOXX (ROFECOXIB) 14

RXQ.345   In the past 30 days, on how many days did {you/SP} use or take {PRODUCT NAME}?

                          |___|
                          ENTER NUMBER OF DAYS

                          REFUSED   7
                          DON'T KNOW...   9

           CAPI INSTRUCTION:
           {PRODUCT NAME} = FIRST/NEXT PRODUCT SELECTED AT RXQ.340.

RXQ.350   On those days that you used or took {PRODUCT NAME}, how many pills or doses did {you/SP} usually take in a single day?

                                              |___|___|
                                              ENTER NUMBER OF PILLS

                                              REFUSED 7
                                              DON'T KNOW... 9

                                              ENTER UNIT

                                              PILLS... 1
                                              DOSES 2
                                              REFUSED 7
                                              DON'T KNOW... 9

           CAPI INSTRUCTION:
           {PRODUCT NAME} = FIRST/NEXT PRODUCT SELECTED AT RXQ.340.

RXQ.355   INTERVIEWER: ENTER 1 RESPONSE

           CAPI INSTRUCTION:
           DISPLAY PRODUCT NAME AS LEFT HEADER

                                              CONTAINER SEEN...................................... 1
                                              CONTAINER NOT SEEN 2 (RXQ.366)

RXQ.360   INTERVIEWER: RECORD STRENGTH OF PRODUCT

           CAPI INSTRUCTION:
           DISPLAY PRODUCT NAME AS LEFT HEADER

                                              ENTER STRENGTH..................................... 1
                                              INFORMATION NOT ON BOTTLE/
                                                 CONTAINER 2 (RXQ.366)
                                              MULTIPLE INGREDIENT PRODUCT 3 (RXQ.366)

                                              |___|___|
                                              ENTER NUMBER

                                              ENTER UNIT

                                              MICROGRAM (MCG) 1
                                              MILLIGRAM (MG).. 2
                                              GRAM... 3
                                              MICROGRAM/MILLILITER........................... 4
                                              MILLIGRAM/MILLILITER.............................. 5
                                              GRAM/MILLILITER...................................... 6
                                              OTHER (SPECIFY) 7
                                              REFUSED 77
                                              DON'T KNOW 99

RXQ.366   CHECK CONTAINERS. ARE THERE ANY OTHER PRODUCTS FROM THE LIST ON HAND CARD
            DSQ2?

            OR USE HAND CARD DSQ2 AND ASK RESPONDENT:
            [Are there any other pain relievers from this list that you used in the past 30 days?]

                              YES 1
                              NO 2

            ┌───┐
            │ ASK RXQ.340 - RXQ.366 FOR NEXT PAIN RELIEVER. IF NO NEXT PAIN   │
            │ RELIEVER (NO, CODE 2 IN RXQ.317), CONTINUE WITH BOX 10A.   │
            └───┘

            ┌───┐
            │   **BOX 10A**   │
            │   │
            │ **CHECK ITEM DSQ.225:**   │
            │ IF 'YES' (CODE 1) IN RXQ.032, CONTINUE.   │
            │ OTHERWISE, GO TO BOX 18.   │
            └───┘

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. Do **not**
            include prescription pain relievers you may already told me about.

            [First I will record some information about the medication, then I will ask you some questions about it.]

            REFER TO PRODUCT LABEL(S) OR ASK RESPONDENT FOR NAME(S) OF PRESCRIPTION
            MEDICATIONS USED.

                              _____
                              ENTER MEDICATION NAME

                              REFUSED 7
                              DON'T KNOW.. 9

            CAPI INSTRUCTION:
            IF DON'T KNOW OR REFUSED, THEN GO TO BOX 18.
            SHOULD ALLOW ENTRY OF PRODUCT NAME TO SAVE THE PRODUCT NAME AS KEYED AND
            THAT SHOULD BE USED TO START THE LOOKUP.
            TEXT SHOULD BE OPTIONAL, "[ ]"S, AFTER THE FIRST TIME.

RXQ.240s   PRESS BS TO START THE LOOKUP.

SELECT MEDICATION
FROM LIST.

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

  TYPE '**'.

PRESS ENTER TO SELECT

CAPI INSTRUCTION:
DISPLAY CAPI MEDICATION PRODUCT LIST. INTERVIEWER SHOULD BE ABLE TO ACCEPT THE PRODUCT NAME AS IT WAS KEYED IN RXQ.231 BY TYPING IN "**". THE LOOKUP BOX SHOULD BE LOW ENOUGH ON THE SCREEN SO THAT THE INSTRUCTION ABOUT HOW TO ACCEPT THE KEYED PRODUCT NAME IS SHOWING ABOVE THE LOOKUP BOX. THE LOOKUP SHOULD ONLY SHOW THE PRODUCT NAMES WITH THE OTHER LOOKUP INFO OFF THE SCREEN TO THE RIGHT.
INTERVIEWER SHOULD BE ABLE TO ACCEPT THE KEYED NAME AS A NEW PRODUCT NAME AN UNLIMITED NUMBER OF TIMES. AFTER ENTRY, INTERVIEWER SHOULD RETURN TO THE DATA BASE LIST. IF NO MORE ENTRIES, INTERVIEWERS SHOULD HAVE A WAY OF MOVING INTO LOOP 3.
ONCE A PRODUCT IS SELECTED FROM THE LIST, THE FOLLOWING INFORMATION SHOULD BE COLLECTED FROM THE LOOKUP DATABASE:

            DRUG TYPE {3}
            GENERIC NAME {60}
            THERAPEUTIC CLASS CODE {6}
            GENERIC FLAG {1}

THERE IS NO NEED TO DISPLAY THIS INFORMATION.

```
┌─────────────────────────────────────────────────────────────────────┐
│                            BOX 10B                                    │
│                                                                       │
│  CHECK ITEM RXQ.243:                                                  │
│  IF PRODUCT IS SELECTED FROM THE LOOKUP AND THE PRODUCT HAS AN        │
│  'OTC' DESIGNATION, CONTINUE WITH RXQ.245.                            │
│  OTHERWISE, GO TO RXQ.250.                                            │
└─────────────────────────────────────────────────────────────────────┘
```

RXQ.245   YOU HAVE SELECTED

            {DISPLAY FULL PRODUCT VARIABLE NAME}.

            YOU HAVE SELECTED THIS PRODUCT IN AN **'OVER THE COUNTER'** FORM.   IS THIS
            CORRECT?

                                    YES   1
                                    NO   2   DISPLAY HARD
                                    ERROR

            CAPI INSTRUCTION:
            DISPLAY SCREEN RXQ.240s – ENTRY FIELD SHOULD BE BLANK.   INTERVIEWER SHOULD
            PRESS THE 'BACKSPACE' KEY TO START THE LOOKUP AGAIN AND SELECT ANOTHER
            PRODUCT.

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}?

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

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

REFUSED 777
DON'T KNOW...999

ENTER UNIT

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

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

ENTER TEXT _____

_____

_____

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 used in the past 30 days?]

YES 1
NO 2

```
                    BOX 14

CHECK ITEM RXQ.294A:
ASK RXQ.250 - RXQ.294 FOR NEXT MEDICATION (CODE 1 IN RXQ.294).  IF NO
NEXT MEDICATION (CODE 2 IN RXQ.294), CONTINUE WITH RXQ.295.
```

RXQ.295   REVIEW TOTAL NUMBER OF PRESCRIBED MEDICATIONS AND THEIR NAMES WITH RESPONDENT.

I have listed {TOTAL NUMBER} prescription medication(s) that {you have/SP has} taken in the **past 30 days**: {PRODUCT NAME(S)}

PRESS ENTER TO CONTINUE

CAPI INSTRUCTION:
DISPLAY NAMES OF ALL PRESCRIPTION MEDICATIONS SELECTED AT RXQ.240 AND ENTERED AT RXQ.231. CALCULATE TOTAL NUMBER OF ALL PRESCRIPTION MEDICATIONS SELECTED AT RXQ.240 AND ENTERED AT RXQ.231. DISPLAY NUMBER ON SCREEN.

BOX 18

CHECK ITEM DSQ.332:
IF PROXY INTERVIEW IN RPQ, CONTINUE.
IF NOT PROXY INTERVIEW IN RPQ, GO TO DSQ.335.