DIETARY SUPPLEMENTS AND PRESCRIPTION MEDICATION - DSQ

DSQ.011　　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.020　　{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.023:
IF SP >= 20 YEARS OLD, CONTINUE WITH RXQ.025.
OTHERWISE, GO TO RXQ.030.

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.030　　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.

YES 1
NO 2
REFUSED 7
DON'T KNOW 9

DSQ.041   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 prescription and nonprescription pain medications that you took in the past 30 days. Please include cold and sinus products.}

PRESS ENTER TO CONTINUE

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

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┌─────────────────────────────────────────────────────────────────────┐
│                           BOX 1A                                      │
│                                                                       │
│  CHECK ITEM DSQ.045:                                                  │
│  IF 'YES' (CODE 1) IN  DSQ.011, CONTINUE WITH  DSQ.047.              │
│  OTHERWISE, GO TO BOX 6.                                              │
└─────────────────────────────────────────────────────────────────────┘
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DSQ.047   I will start with dietary supplements. Please show me the {first/next} dietary supplements {you have/SP has} taken in the **past 30 days**.

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

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

SINGLE ELEMENT PRODUCTS
VITAMIN A 10
VITAMIN B1 (THIAMIN) 11
VITAMIN B6 12
VITAMIN B12.. 13
VITAMIN C (w ROSE HIPS)........................ 14
VITAMIN D 15
VITAMIN E 16
BETA CAROTENE 17
CALCIUM 18
CHROMIUM (CHROMIUM PICOLINATE)..... 19
FOLATE (FOLIC ACID)................................. 20
IRON (FERROUS XXXATE).......................... 21
NIACIN (NIACINAMIDE) 22
ZINC (ZINC GLUCONATE) 23

MULTI ELEMENT PRODUCTS
VITAMINS A & D 24
CALCIUM & VITAMIN D................................ 25
CALCIUM & MAGNESIUM............................ 26

YES 1
NO 2   (DSQ.051)
DON'T KNOW 9   (DSQ.051)

DSQ.049 WHICH PRODUCT IS IT?
ENTER 1 PRODUCT CODE

SINGLE ELEMENT PRODUCTS

VITAMIN A 10
VITAMIN B1 (THIAMIN) 11
VITAMIN B6 12
VITAMIN B12... 13
VITAMIN C (w ROSE HIPS)......................... 14
VITAMIN D 15
VITAMIN E 16
BETA CAROTENE 17
CALCIUM 18
CHROMIUM (CHROMIUM PICOLINATE)..... 19
FOLATE (FOLIC ACID)................................. 20
IRON (FERROUS XXXFATE) 21
NIACIN (NIACINAMIDE) 22
ZINC (ZINC GLUCONATE) 23

MULTI ELEMENT PRODUCTS

VITAMINS A & D 24
CALCIUM & VITAMIN D................................ 25
CALCIUM & MAGNESIUM............................ 26

BOX 1B

CHECK ITEM DSQ.050:
GO TO DSQ.070.

DSQ.051 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.051 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.064. |
| OTHERWISE, GO TO DSQ.070. |
+---+

DSQ.064   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.070   INTERVIEWER: ENTER 1 RESPONSE

CAPI INSTRUCTION:
DISPLAY PRODUCT NAME AS LEFT HEADER.

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

BOX 2A

CHECK ITEM DSQ.072:
- 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.074.
- OTHERWISE (IF CONTAINER NOT SEEN), GO TO DSQ.096.

DSQ.065   **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.074   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

            CAPI INSTRUCTION:
            DISPLAY PRODUCT NAME AS LEFT HEADER.

+--+
| **BOX 3A** |
| |
| **CHECK ITEM DSQ.076:** |
| IF PRODUCT **NOT** SELECTED FROM SPECIAL PRODUCT LIST (NO, CODE 2 IN |
| DSQ.047), CONTINUE. |
| OTHERWISE, GO TO DSQ.096. |
+--+

DSQ.080   ENTER **MANUFACTURER/DISTRIBUTOR/STORE** BRAND NAME.

            ENTER AS MUCH INFORMATION AS POSSIBLE.

                    _____
                    ENTER MANUFACTURER/DISTRIBUTOR/STORE BRAND NAME

                    REFUSED   7   (DSQ.087)
                    DON'T KNOW   9   (DSQ.087)

            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.083   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.087).
            DISPLAY PRODUCT NAME AS LEFT HEADER.

            ┌───┐
            │   **BOX 4**   │
            │   │
            │ **CHECK ITEM DSQ.085:**   │
            │ IF MANUFACTURER SELECTED FROM LOOKUP, GO TO DSQ.096.   │
            │ OTHERWISE, CONTINUE.   │
            └───┘

DSQ.087b   ENTER **CITY** NAME.

            ENTER AS MUCH INFORMATION AS POSSIBLE.

                              _____
                              ENTER CITY

                              REFUSED   7
                              DON'T KNOW   9

DSQ.087c   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.080 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.051.

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

REFUSED 777
DON'T KNOW 999

DSQ.120   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
GRAMS 25
DOTS 26
CUPS 27
SPRAYS/SQUIRTS..................................... 28
CHEWS 29
OTHER FORM (SPECIFY)........................... 40
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.047:
ASK DSQ.127 FOR NEXT VITAMIN (CODE 1 IN DSQ.127). IF NO NEXT VITAMIN
(CODE 2 IN DSQ.127), CONTINUE WITH DSQ.130.

DSQ.130   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.051. CALCULATE TOTAL NUMBER OF ALL VITAMINS AND MINERALS SELECTED AT DSQ.060 AND ENTERED AT DSQ.051. DISPLAY NUMBER ON SCREEN.

BOX 6

CHECK ITEM DSQ.135:
IF 'YES' (CODE 1) IN RXQ.020, CONTINUE.
OTHERWISE, GO TO BOX 15.

RXQ.140   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.140 BY TYPING IN "**". THE LOOKUP BOX SHOULD BE LOW ENOUGH ON THE SCREEN SO THAT THE INSTRUCTION ABOUT HOW TO ACCEPT THE KEYED PRODUCT NAME IS SHOWING ABOVE THE LOOKUP BOX. THE LOOKUP SHOULD ONLY SHOW THE PRODUCT NAMES WITH THE OTHER LOOKUP INFO OFF THE SCREEN TO THE RIGHT.
INTERVIEWER SHOULD BE ABLE TO ACCEPT THE KEYED NAME AS A NEW PRODUCT NAME AN UNLIMITED NUMBER OF TIMES. AFTER ENTRY, INTERVIEWER SHOULD RETURN TO THE DATA BASE LIST. IF NO MORE ENTRIES, INTERVIEWERS SHOULD HAVE A WAY OF MOVING INTO LOOP 2.
ONCE A PRODUCT IS SELECTED FROM THE LIST, THE FOLLOWING INFORMATION SHOULD BE COLLECTED FROM THE LOOKUP DATABASE:
         DRUG TYPE {3}
         GENERIC NAME {60}
         THERAPEUTIC CLASS CODE {6}
         GENERIC FLAG {1}
THERE IS NO NEED TO DISPLAY THIS INFORMATION.

RXQ.160   INTERVIEWER: ENTER 1 RESPONSE

CAPI INSTRUCTION:
DISPLAY PRODUCT NAME AS LEFT HEADER

CONTAINER SEEN.. 1
CONTAINER NOT SEEN 2

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

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

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

REFUSED 777
DON'T KNOW 999

ENTER UNIT

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

RXQ.190   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.051.

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

REFUSED 7777
DON'T KNOW 9999

RXQ.210   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.

                                    |___|___|___|
                                    ENTER NUMBER

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

                                    ENTER UNIT/FORM

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

RXQ.215   ARE THERE ANY OTHER ANTACIDS?

                                    YES 1
                                    NO 2

           ┌───┐
           │   **BOX 9**   │
           │   │
           │ **CHECK ITEM RXQ.217:**   │
           │ ASK RXQ.215 FOR NEXT ANTACID (CODE 1 IN RXQ.215). IF NO NEXT ANTACID,   │
           │ (CODE 2 IN RXQ.215), CONTINUE WITH RXQ.220.   │
           └───┘

RXQ.220   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.140.
CALCULATE TOTAL NUMBER OF ALL ANTACIDS SELECTED AT RXQ.150 AND ENTERED AT RXQ.140. DISPLAY NUMBER ON SCREEN.

BOX 15

CHECK ITEM DSQ.297:
IF SP >= 20 YEARS OLD, CONTINUE WITH RXQ.300.
OTHERWISE, GO TO BOX 10A.

RXQ.300   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.310   Which products {have you/has SP} taken?

CODE ALL THAT APPLY
HAND CARD DSQ2

CAPI INSTRUCTION:
DISPLAY PRODUCT LIST OF PAIN RELIEVING PRODUCTS.
(ADD "—ALSO ALEVE" AFTER "NAPROSYN" IN THE RESPONSE CATEGORIES.)

ASPIRIN 1
TYLENOL (ACETAMINOPHEN) 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.320 FOR EACH PRODUCT SELECTED AT RXQ.310. |
+--+

RXQ.320   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.321:** |
| IF YES IN RXQ.025, CONTINUE. |
| OTHERWISE, GO TO BOX 10A. |
+--+

RXQ.322   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.323   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.322.

RXQ.324   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.322.

RXQ.325   INTERVIEWER: ENTER 1 RESPONSE

           CAPI INSTRUCTION:
           DISPLAY PRODUCT NAME AS LEFT HEADER

                              CONTAINER SEEN...................................... 1
                              CONTAINER NOT SEEN 2 (RXQ.327)

RXQ.326   INTERVIEWER: RECORD STRENGTH OF PRODUCT

           CAPI INSTRUCTION:
           DISPLAY PRODUCT NAME AS LEFT HEADER

                              ENTER STRENGTH ………………………….. 1
                              INFORMATION NOT ON BOTTLE/
                                 CONTAINER 2 (RXQ.327)
                              MULTIPLE INGREDIENT PRODUCT 3 (RXQ.327)

                              |___|___|
                              ENTER NUMBER

                              ENTER UNIT

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

RXQ.327   CHECK LIST OF PRODUCT ON HAND CARD DSQ2.
           ARE THERE ANY OTHER PAIN RELIEVERS FROM LIST?

                              YES 1
                              NO 2

           ┌───┐
           │ ASK   RXQ.322 - RXQ.327 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.030, CONTINUE.   │
           │ OTHERWISE, GO TO BOX 18.   │
           └───┘

RXQ.230   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.230 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.                             │
│                                                                       │
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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 (BOX 11)
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.293   ARE THERE ANY OTHER PRESCRIPTION MEDICATIONS?

YES 1
NO 2

BOX 14

CHECK ITEM RXQ.294:
ASK RXQ.250 - RXQ.293 FOR NEXT MEDICATION (CODE 1 IN RXQ.293). IF NO NEXT MEDICATION (CODE 2 IN RXQ.293), 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.230. CALCULATE TOTAL NUMBER OF ALL PRESCRIPTION MEDICATIONS SELECTED AT RXQ.240 AND ENTERED AT RXQ.230. 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.

DSQ.334   INTERVIEWER OBSERVATION: WAS SP PRESENT FOR ALL OR PART OF INTERVIEW?

YES 1
NO 2

DSQ.335   PRESS F10 TO EXIT BLAISE.