

**National Health and Nutrition Examination Survey
Codebook for Data Production (2001-2002)**

**Analgesics Sub-section of the DSQ section of the SP Questionnaire
(RXQANA_B)**

Product level data by person

November 2005

SEQN	Target
	B(20 Yrs. to 150 Yrs.)
Hard Edits	SAS Label
	Respondent sequence number
English Text: Respondent sequence number.	
English Instructions:	

RXD300	Target
	B(20 Yrs. to 150 Yrs.)
Hard Edits	SAS Label
	Drugs/over counter taken regularly
English Text: 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 on a regular basis. You may have told me about some of these pain relievers earlier. I have some different questions specifically about pain relievers. {Have you/has SP} ever taken any of these prescription or over-the-counter pain relievers nearly every day for as long as a month?	
English Instructions: HAND CARD DSQ2	
Codes:	Skip To Values:
1= Yes	
2= No	End of Section
7= Refused	End of Section
9= Don't know	End of Section

RXD310	Target
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	B(20 Yrs. to 150 Yrs.)
Hard Edits	SAS Label
	Product taken

English Text: Which products {have you/has SP} taken?

English Instructions: 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.)

Codes:

Skip To Values:

- 10= Aspirin - also buffered aspirin products such as Anacin, Bayer, Bufferin, Midol, Ascripton, Ecotrin, Pabrin and Alka Seltzer
- 11= Tylenol - also other acetaminophen products, including sinus products such as Anacin-3, Dristan AF, and Comtrex
- 12= Ibuprofen - also, Advil, Nuprin, Motrin IB (including cold and sinus products containing ibuprofen)
- 13= Excedrin
- 14= Vanquish
- 15= Feldene
- 16= Voltarin
- 17= Clinoril
- 18= Indocin
- 19= Naprosyn - also Aleve
- 20= Tolectin
- 77= Refused
- 99= Don't know

RXD320	Target
	B(20 Yrs. to 150 Yrs.)
Hard Edits	SAS Label
	# years taking product every day

English Text: Please think about {your/SP's} use of pain reliever products during {your/his/her} lifetime. For how many years 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.

English Instructions: ENTER NUMBER OF YEARS

Codes:

555= More than 1 year unspecified
 666= Less than one year
 777= Refused
 999= Don't know

Skip To Values:**RXD330****Target**

B(20 Yrs. to 150 Yrs.)

Hard Edits**SAS Label**

Currently taking product every day

English Text: {Do you/Does SP} currently use or take {PRODUCT NAME} daily or nearly every day?

English Instructions: IF NO, REFUSED OR DON'T KNOW, ASK RXQ.320 - RXQ.331 FOR NEXT PAIN RELIEVER. IF NO NEXT PAIN RELIEVER, GO TO END OF SECTION.

Codes:

1= Yes
 2= No
 7= Refused
 9= Don't know

Skip To Values:

End of Section
 End of Section
 End of Section

RXD331Q**Target**

B(20 Yrs. to 150 Yrs.)

Hard Edits**SAS Label**

of pills/doses taken/day

English Text: On average, how many pills or doses of {PRODUCT NAME} {do you/does SP} take in a single day?

English Instructions: ENTER NUMBER (OF PILLS OR DOSES)

Codes:

7777= Refused
 9999= Don't know

Skip To Values:**RXD331U****Target**

B(20 Yrs. to 150 Yrs.)

Hard Edits	SAS Label
	Unit of measure (pills/doses)
English Text: UNIT OF MEASURE	
English Instructions: ENTER UNIT	
Codes: 1= Pills 2= Doses 7= Refused 9= Don't know	Skip To Values: