

**National Health and Nutrition Examination Survey  
Codebook for Data Production (1999-2000)**

**Dietary Supplement Section of the SP Questionnaire File 1: Supplement  
Counts (DSQFILE1)**

**Person level data -- use Interview Weights for analysis**

**September 2005**

<b>SEQN</b>	<b>Target</b>
	B(0 Yrs. to 150 Yrs.)
<b>Hard Edits</b>	<b>SAS Label</b>
	Respondent sequence number
<b>English Text:</b> Respondent sequence number.	
<b>English Instructions:</b>	

<b>DSD010</b>	<b>Target</b>
	B(0 Yrs. to 150 Yrs.)
<b>Hard Edits</b>	<b>SAS Label</b>
	Any Dietary Supplements Taken?
<b>English Text:</b> The next questions are about {your/SP's} use of dietary supplements and medications during the past month. {Have you/Has SP} used or taken any vitamins, minerals or other dietary supplements in the past month? Include those products prescribed by a health professional such as a doctor or dentist, and those that do not require a prescription. This card lists some examples of different types of dietary supplements.	
<b>English Instructions:</b> HAND CARD DSQ1	
<b>Codes:</b>	<b>Skip To Values:</b>
1= Yes	
2= No	
7= Refused	
9= Don't know	

<b>DSDCOUNT</b>	<b>Target</b>
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B(0 Yrs. to 150 Yrs.)

**Hard Edits**

**SAS Label**

0 to 60

Total # of Dietary Supplements Taken

**English Text:** Includes all supplements and the antacids reported with supplements, but not antacids reported with medications.

**English Instructions:** < blank >

**Codes:**

77= Refused

99= Don't know

**Skip To Values:**