

DIETARY SUPPLEMENTS AND PRESCRIPTION MEDICATION – DSQ**Target Group: SPs Birth +**

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

{Have you/Has SP} used or taken any **vitamins, minerals, herbals 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 DSQ1a

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**?

HAND CARD DSQ1b

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

HELP SCREEN:

Antacids: An agent that neutralizes acidity or reduces acid production, especially in the digestive system.

Past Month: The past 30 days. From yesterday, 30 days back.

RXQ.033 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. {Please remember to include

any prescription birth control products that you are taking or using such as pills or patches.) [Do not include prescription vitamins or minerals you may have already told me about.]

YES..... 1 (BOX 0AA)
NO 2 (BOX 0AA)
REFUSED..... 7 (BOX 0AA)
DON'T KNOW..... 9 (BOX 0AA)

CAPI INSTRUCTION:

IF SP FEMALE AND AGE 16-49 YEARS, DISPLAY 'Please remember to include prescription birth control products that you are taking or using such as pills or patches.'

CAPI HARD EDIT CHECK #1

IF 'NO' (CODE 2) IN RXQ.033 AND 'YES' (CODE 1) IN DIQ.050 OR DIQ.070, DISPLAY THE FOLLOWING MESSAGE:

Earlier in the interview you reported currently taking insulin or a diabetic pill. If this is correct, we should count that as prescription medication you have taken in the last 30 days.

{CAPI DISPLAYS THREE QUESTIONS FOR CORRECTION}

DIQ.050 = Taking Insulin

DIQ.070 = Taking Diabetic Pills

RXQ.033 = Prescription Medication in Last 30 Days

CAPI HARD EDIT CHECK #2

IF 'NO' (CODE 2) IN RXQ.033 AND 'YES' (CODE 1) IN BPQ.050a, DISPLAY THE FOLLOWING MESSAGE:

Earlier in the interview you reported currently taking prescription medication for high blood pressure. If this is correct, we should count that as prescription medication you have taken in the last 30 days.

{CAPI DISPLAYS TWO QUESTIONS FOR CORRECTION}

BPQ.050a = Taking Blood Pressure Medication

RXQ.033 = Prescription Medication in Last 30 Days

CAPI HARD EDIT CHECK #3

IF 'NO' (CODE 2) IN RXQ.033 AND 'YES' (CODE 1) IN BPQ.100d, DISPLAY THE FOLLOWING MESSAGE:

Earlier in the interview you reported currently taking prescription medication for high cholesterol. If this is correct, we should count that as prescription medication you have taken in the last 30 days.

{CAPI DISPLAYS TWO QUESTIONS FOR CORRECTION}

BPQ.100d = Taking High Cholesterol Medicine

RXQ.033 = Prescription Medication in Last 30 Days

BOX 0AA

CHECK ITEM RXQ.085:

IF RXQ.033 = 2/NO AND DLQ.150 = 1/YES, CONTINUE.
OTHERWISE, GO TO BOX 0AAA.

RXQ.090 Earlier in the interview you reported taking medication for depression. Was that a prescription medication?

YES..... 1
NO 2 (BOX 0AAA)
REFUSED..... 7 (BOX 0AAA)
DON'T KNOW..... 9 (BOX 0AAA)

RXQ.100 Did you take it in the last 30 days?

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

BOX 0AAA

CHECK ITEM RXQ.105:
IF RXQ.033 = 2/NO AND DLQ.110 = 1/YES, CONTINUE.
OTHERWISE, GO TO BOX 1.

RXQ.110 Earlier in the interview you reported taking medication for feeling worried, nervous or anxious. Was that a prescription medication?

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

RXQ.120 Did you take it in the last 30 days?

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.033, RXQ.100 OR RXQ.120,
CONTINUE.
OTHERWISE, GO TO BOX 17A.

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

PRESS ENTER TO CONTINUE

CAPI INSTRUCTION:

DISPLAY {vitamins, minerals, herbals and other dietary supplements,} only if DSQ.012 = yes (1), {nonprescription antacids.} only if RXQ.021 = yes (1), {prescription medicines,} only if RXQ.033, RXQ.100 or RXQ.120 = yes (1), and the word {"and"} only before the last product type if there is more than one product type.

BOX 1A

CHECK ITEM DSQ.045:

IF 'YES' (CODE 1) IN DSQ.012, CONTINUE WITH DSQ.055.
OTHERWISE, GO TO BOX 6.

DSQ.055 I will start with the vitamins, minerals, herbals and other dietary supplements. Please show me any {you have/SP has} taken in the **past 30 days**.

CHECK THE BACK OF THE PRODUCT LABEL AND VERIFY THAT THIS IS THE ONLY NUTRIENT (ELEMENT) LISTED IN THE SUPPLEMENTS FACTS BOX. IF THERE IS ANYTHING ELSE LISTED, ENTER AS A REGULAR PRODUCT.

IS THIS PRODUCT ON THE LIST BELOW?

YES.....	1
NO	2 (DSQ.052)
DON'T KNOW.....	9 (DSQ.052)
VITAMIN A.....	10
VITAMIN B6.....	12
VITAMIN B12.....	13
VITAMIN C (WITH OR WITHOUT ROSE HIPS)	14
VITAMIN D (D3).....	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)	40

DSQ.056 WHICH PRODUCT IS IT?
 CHECK THE BACK OF THE PRODUCT LABEL AND VERIFY THAT THIS IS THE ONLY NUTRIENT (ELEMENT) LISTED IN THE SUPPLEMENTS FACTS BOX. IF THERE IS ANYTHING ELSE LISTED, ENTER AS A REGULAR PRODUCT.
 ENTER 1 PRODUCT CODE

VITAMIN A.....	10
VITAMIN B6.....	12
VITAMIN B12.....	13
VITAMIN C (WITH OR WITHOUT ROSE HIPS)	14
VITAMIN D (D3).....	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)	40
REFUSED.....	77 (DSQ.052)
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--7
 DON'T KNOW..... 9--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.
 TEXT SHOULD BE OPTIONAL, "[]"S, AFTER THE FIRST TIME.

DSQ.060s OMITTED

DSQ.057 OMITTED

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.055) AND CONTAINER SEEN , CONTINUE.
■ IF PRODUCT WAS NOT SELECTED FROM SPECIAL PRODUCT LIST (NO, CODE 2 IN DSQ.055) AND CONTAINER SEEN , GO TO DSQ.077.
■ OTHERWISE (IF CONTAINER NOT SEEN), GO TO DSQ.096.

DSQ.066 **SELECT STRENGTH FOR {ELEMENT}**
a/aO

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.056.
- DON'T KNOW AND REFUSED SHOULD BE VALID OPTIONS.
- 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.077 WHAT IS THE FORM OF THIS PRODUCT?
OS

CAPSULES.....	1
TABLETS.....	2
CHEWABLE TABLETS.....	3
PILLS.....	4
CAPLETS.....	5
SOFT GELS.....	6
GEL CAPS.....	7
VEGICAPS.....	8
PACKAGE/PACKETS.....	9
LIQUID.....	10
POWDER.....	11
WAFERS.....	12
CHEWS/GUMMIES.....	13
DOTS.....	14
GRANULES.....	15
LOZENGES/COUGH DROPS.....	16
GEL.....	17
OTHER FORM (SPECIFY).....	91
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.055), CONTINUE.
OTHERWISE, GO TO DSQ.096.

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

ENTER AS MUCH INFORMATION AS POSSIBLE.

ENTER MANUFACTURER/DISTRIBUTOR/STORE BRAND NAME

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

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
(DSQ088B) AND STATE INFORMATION (DSQ.088C).

IF '***' OPTION IS SELECTED, DSQ088A (MANUFACTURER NAME) IS OBTAINED FROM DSQ081K.
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--7

DON'T KNOW..... 9--9

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

ENTER 2-LETTER
STATE ABBREVIATION.

PRESS ENTER TO
SELECT STATE FROM LIST.

ENTER STATE

REFUSED..... 7777
DON'T KNOW..... 9999

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?
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.....7777777(DSQ.103)
DON'T KNOW.....9999999(DSQ.103)

|_|
ENTER UNIT

DAYS 1
WEEKS..... 2
MONTHS 3
YEARS..... 4

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.056 OR PRODUCT ENTERED IN DSQ.052.

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

REFUSED..... 7777
DON'T KNOW..... 9999

DSQ.123
Q/U/OS

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

CAPI INSTRUCTION:

SOFT EDIT: QUANTITY SHOULD BE LESS THAN 10.

HARD EDIT: NUMBER MUST BE IN 0.20 – 60.0 RANGE.

ERROR MESSAGE: "You said {you/he/she} took {QUANTITY TAKEN}. Is that correct?"

|_|_|_|
ENTER NUMBER

REFUSED.....777777 (DSQ.124)
DON'T KNOW.....999999 (DSQ.124)

|_|_|
ENTER UNIT/FORM

- TABLETS/CAPSULES/PILLS/CAPLETS/
SOFTGELS/GEL CAPS/VEGICAPS/
- CHEWABLE TABLETS 1 (07BOX NEW 4A)
- DROPPERS..... 2 (07BOX NEW 4A)
- DROPS..... 3 (07BOX NEW 4A)
- INJECTIONS/SHOTS 5 (07BOX NEW 4A)
- LOZENGES/COUGH DROPS 6 (07BOX NEW 4A)
- MILLILITERS 7 (07BOX NEW 4A)
- TABLESPOONS 11 (07BOX NEW 4A)
- TEASPOONS 12 (07BOX NEW 4A)
- WAFERS 13 (07BOX NEW 4A)
- CANS..... 15 (07BOX NEW 4A)
- GRAMS..... 16 (07BOX NEW 4A)
- DOTS..... 17 (07BOX NEW 4A)
- CUPS..... 18 (07BOX NEW 4A)
- SPRAYS/SQUIRTS 19 (07BOX NEW 4A)
- CHEWS/GUMMIES 20 (07BOX NEW 4A)
- SCOOPS 21 (07BOX NEW 4A)
- CAPFULS 23 (07BOX NEW 4A)
- OUNCES 27 (07BOX NEW 4A)
- PACKAGES/PACKETS 28 (CONTINUE)
- VIALS..... 29 (07BOX NEW 4A)
- GUMBALLS 30 (07BOX NEW 4A)
- OTHER FORM (SPECIFY)..... 91 (07BOX NEW 4A)
- REFUSED..... 77 (07BOX NEW 4A)
- DON'T KNOW..... 99 (07BOX NEW 4A)

CAPI INSTRUCTION:

- IF FORM CODE 1 THROUGH 8 IN DSQ.077, AUTOMATICALLY CODE THE UNIT CODE 1 AND SKIP TO 07BOX NEW 4A.
- IF FORM CODE 12 IN DSQ.077, AUTOMATICALLY CODE THE UNIT CODE 13 FOR DSQ.123U AND SKIP TO 07BOX NEW 4A.
- IF FORM CODE 13 IN DSQ.077, AUTOMATICALLY CODE THE UNIT CODE 20 FOR DSQ.123U AND SKIP TO 07BOX NEW 4A.
- IF FORM CODE 14 IN DSQ.077, AUTOMATICALLY CODE THE UNIT CODE 17 FOR DSQ.123U AND SKIP TO 07BOX NEW 4A.

- IF FORM CODE 16 IN DSQ.077, AUTOMATICALLY CODE THE UNIT CODE 6 FOR DSQ.123U AND SKIP TO 07BOX NEW 4A.
- IF FORM CODE 9 IN DSQ.077, DISPLAY THE UNIT CODES 1, 6, 7, 11, 12, 13, 15, 16, 17, 18, 20, 21, 23, 27, 28, 30, 91, 77, 99 FOR DSQ.123U.
- IF FORM CODE 10, 17 IN DSQ.077, DISPLAY THE UNIT CODES 2, 3, 5, 7, 11, 12, 15, 18, 19, 23, 27, 29, 91, 77, 99 FOR DSQ.123U.
- IF FORM CODE 11, 15 IN DSQ.077, DISPLAY THE UNIT CODES 11, 12, 15, 16, 18, 21, 23, 27, 28, 91, 77, 99 FOR DSQ.123U.
- IF FORM CODE 91, 77, 99 IN DSQ.077, DISPLAY ENTIRE PICK LIST FOR DSQ.123U.
- IF CONTAINER NOT SEEN (CODE 2 IN DSQ.071), DISPLAY ENTIRE PICK LIST FOR DSQ.123U.

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

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

07BOX NEW 4A

CHECK ITEM DSQ.105:
 IF PRODUCT NOT SEEN IN DSQ.071 (CODE 2) AND DSQ.123 = 7, 11, 12, 15, 16, 18, 21, 23 OR 27, CONTINUE.
 OTHERWISE, SKIP TO DSQ.124.

DSQ.110 Was that a liquid or powder?

LIQUID..... 1
 POWDER..... 2
 REFUSED..... 77
 DON'T KNOW..... 99

DSQ.124 HAND CARD DSQ2

Looking at this card, what is the reason {you take/SP takes} {PRODUCT NAME}?

(Did {you/SP NAME} decide to take it for reasons of your own or did a doctor or other health provider tell you to take it?)

DECIDED TO TAKE IT FOR REASONS
 OF MY OWN..... 1
 A DOCTOR OR OTHER HEALTH
 PROVIDER TOLD ME TO 2
 REFUSED..... 7 (DSQ.127)
 DON'T KNOW..... 9 (DSQ.127)

DSQ.136 {For what reason or reasons {do you/does SP} take {PRODUCT NAME}??}
 DSQ137OS {For what reason or reasons did the doctor or other health professional tell {you/SP} to take {PRODUCT}??}

HAND CARD DSQ3

CODE ALL THAT APPLY.

TO:	FOR:
BUILD MUSCLE..... 35	ANEMIA, SUCH AS LOW IRON..... 27
GAIN WEIGHT 36	BONE HEALTH, BUILD STRONG BONES, OSTEOPOROSIS..... 24
GET MORE ENERGY 25	EYE HEALTH 20
IMPROVE DIGESTION 31	GOOD BOWEL/COLON HEALTH..... 10
IMPROVE MY OVERALL HEALTH..... 14	HEALTHY JOINTS, ARTHRITIS 21
MAINTAIN HEALTH (TO STAY HEALTHY)..... 17	HEALTHY SKIN, HAIR, AND NAILS 22
MAINTAIN HEALTHY BLOOD SUGAR LEVEL, DIABETES 29	HEART HEALTH, CHOLESTEROL 19
PREVENT COLDS, BOOST IMMUNE SYSTEM..... 18	KIDNEY AND BLADDER HEALTH, URINARY TRACT HEALTH 30
PREVENT HEALTH PROBLEMS 13	LIVER HEALTH, DETOXIFICATION, CLEANSE SYSTEM 34
SUPPLEMENT MY DIET (BECAUSE I DON'T GET ENOUGH FROM FOOD) 16	MENOPAUSE, HOT FLASHES..... 28
	MENTAL HEALTH..... 12
	MUSCLE RELATED ISSUES, MUSCLE CRAMPS 32
	PREGNANCY/BREASTFEEDING 26
	PROSTATE HEALTH..... 11
	RELAXATION, DECREASE STRESS, IMPROVE SLEEP 33
	TEETH, PREVENT CAVITIES 15
	WEIGHT LOSS 23
	OTHER SPECIFY 91
	REFUSED..... 77
	DON'T KNOW..... 99

CAPI INSTRUCTION:

IF CODE 1 IN DSQ.124, DISPLAY For what reason or reasons {do you/does SP} take {PRODUCT NAME}??
 IF CODE 2 IN DSQ.124, DISPLAY For what reason or reasons did the doctor or other health professional tell {you/SP} to take {PRODUCT}??

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

YES..... 1
 NO 2

HELP SCREEN:

Dietary Supplements (Vitamins/Minerals): Dietary supplements are often labeled as "dietary supplements" and are used in addition to foods and beverages. Dietary supplements are not intended to replace food. Include vitamins, minerals, antacid/calcium supplement products, fiber supplements, amino acids, performance enhancers, herbs, herbal medicine products, and plant extracts used as dietary supplements. Include products that are taken orally or given by injection. Do not include beverages, such as tea, and skin creams. Meal replacement beverages, weight loss and performance booster drinks, and food bars are considered foods, not dietary supplements.

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), herbals 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.056 AND ENTERED AT DSQ.052. CALCULATE TOTAL NUMBER OF ALL VITAMINS AND MINERALS SELECTED AT DSQ.056 AND ENTERED AT DSQ.052. DISPLAY NUMBER ON SCREEN.

HELP SCREEN:

Dietary Supplements (Vitamins/Minerals): Dietary supplements are often labeled as "dietary supplements" and are used in addition to foods and beverages. Dietary supplements are not intended to replace food. Include vitamins, minerals, antacid/calcium supplement products, fiber supplements, amino acids, performance enhancers, herbs, herbal medicine products, and plant extracts used as dietary supplements. Include products that are taken orally or given by injection. Do not include beverages, such as tea, and skin creams. Meal replacement beverages, weight loss and performance booster drinks, and food bars are considered foods, not dietary supplements.

BOX 6

CHECK ITEM DSQ.133:

IF 'YES' (CODE 1) IN RXQ.021, CONTINUE.
OTHERWISE, GO TO NEW BOX 10AA.

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--7
DON'T KNOW..... 9--9

CAPI INSTRUCTION:
IF DON'T KNOW OR REFUSED, THEN GO TO BOX 10AA.
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.

HELP SCREEN:
Antacids: An agent that neutralizes acidity or reduces acid production, especially in the digestive system.

Past Month: The past 30 days. From yesterday, 30 days back.

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.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}?
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..... 777777 (RXQ.191)
DON'T KNOW..... 999999 (RXQ.191)

ENTER UNIT

DAYS 1
WEEKS..... 2
MONTHS 3
YEARS..... 4

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 RXQ.180 >= 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 RXQ.180 IS < 30 DAYS, DISPLAY ACTUAL NUMBER AND UNIT ENTERED IN DSQ.096 IN TEXT OF QUESTION.
- {PRODUCT NAME} = PRODUCT SELECTED AT DSQ.056 OR PRODUCT ENTERED IN DSQ.052.

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

REFUSED.....7777
DON'T KNOW.....9999

RXQ.195 Q/U/OS On those days that you used or took {PRODUCT NAME}, how much did {you/SP} usually take on a single day?

CAPI INSTRUCTION:
SOFT EDIT: QUANTITY SHOULD BE LESS THAN 10.
ERROR MESSAGE: "You said {you/he/she} took {QUANTITY TAKEN}. Is that correct?"

ENTER NUMBER

REFUSED.....777777 (RXQ.216)
DON'T KNOW.....999999 (RXQ.216)

ENTER UNIT/FORM

TABLETS/CAPSULES/PILLS/CAPLETS/
SOFTGELS/GEL CAPS/VEGICAPS/
CHEWABLE TABLETS 1 (07BOX NEW 8)
DROPPERS..... 2 (07BOX NEW 8)
DROPS 3 (07BOX NEW 8)
INJECTIONS/SHOTS 5 (07BOX NEW 8)
LOZENGES/COUGH DROPS 6 (07BOX NEW 8)
MILLILITERS 7 (07BOX NEW 8)
TABLESPOONS 11 (07BOX NEW 8)
TEASPOONS 12 (07BOX NEW 8)
WAFERS 13 (07BOX NEW 8)
CANS..... 15 (07BOX NEW 8)
GRAMS..... 16 (07BOX NEW 8)
DOTS..... 17 (07BOX NEW 8)
CUPS..... 18 (07BOX NEW 8)
SPRAYS/SQUIRTS 19 (07BOX NEW 8)
CHEWS/GUMMIES 20 (07BOX NEW 8)
SCOOPS 21 (07BOX NEW 8)
CAPFULS 23 (07BOX NEW 8)
OUNCES 27 (07BOX NEW 8)
PACKAGES/PACKETS 28 (CONTINUE)
VIALS..... 29 (07BOX NEW 8)
GUMBALLS 30 (07BOX NEW 8)
OTHER FORM (SPECIFY)..... 91 (07BOX NEW 8)
REFUSED..... 77 (07BOX NEW 8)
DON'T KNOW..... 99 (07BOX NEW 8)

RXQ.200 {Do you/Does SP} take an entire packet each time?

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

07BOX NEW 8

CHECK ITEM RXQ.205:

IF RXQ.195U IS 7, 11, 12, 15, 16, 18, 21, 23, OR 27, CONTINUE.
OTHERWISE, SKIP TO RXQ.215a.

DSQ.111 Was that a liquid or powder?

- LIQUID..... 1
- POWDER..... 2
- REFUSED..... 7
- DON'T KNOW..... 9

RXQ.215a Did you take {PRODUCT NAME} as an antacid, as a calcium supplement, or both?

- ANTACID..... 1
- CALCIUM SUPPLEMENT..... 2
- BOTH..... 3
- NEITHER..... 4
- REFUSED..... 7
- DON'T KNOW..... 9

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

OR ASK RESPONDENT:

[Are there any other nonprescription antacids that {you/SP} used in the past 30 days?]

- YES..... 1
- NO..... 2

HELP SCREEN:

Antacids: An agent that neutralizes acidity or reduces acid production, especially in the digestive system.

BOX 9

CHECK ITEM RXQ.219:

ASK RXQ.141 FOR NEXT ANTACID (CODE 1 IN RXQ.216). IF NO NEXT ANTACID,
(CODE 2 IN RXQ.216), CONTINUE WITH RXQ.221.

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.

HELP SCREEN:

Antacids: An agent that neutralizes acidity or reduces acid production, especially in the digestive system.

NEW BOX 10AA

CHECK ITEM RXQ.227:

IF 'YES' (CODE 1) TO RXQ.033, RXQ.100 OR RXQ.120, CONTINUE.
OTHERWISE, GO TO NEW BOX 17A.

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.

[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--7

DON'T KNOW..... 9--9

CAPI INSTRUCTION:

IF THE ONLY PRESCRIPTION MEDICATION IS DON'T KNOW OR REFUSED, GO TO NEW BOX 17A. 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.

RXQ.251 INTERVIEWER: ENTER 1 RESPONSE

CAPI INSTRUCTION:
DISPLAY PRODUCT NAME AS A LEFT HEADER.

- CONTAINER SEEN 1
- CONTAINER NOT SEEN 2
- ONLY PHARMACY PRINT OUT SEEN..... 3

RXQ.260 For how long {have/has} {you/SP} been using or taking {PRODUCT NAME}?
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.....7777777
- DON'T KNOW.....9999999

|_|
ENTER UNIT

- DAYS 1
- WEEKS..... 2
- MONTHS 3
- YEARS..... 4

BOX 13A

CHECK ITEM RXQ.262:
IF RXQ240s = '**' (DRUG NOT ON LIST) OR DRUG'S GENERIC ID DOES NOT EXIST IN THE DRUG REASON TABLE, GO TO RXQ.290.

RXQ.289 What is the **main** reason for which (you use/SP uses) {PRODUCT NAME}?
 INTERVIEWER: IF NECESSARY, READ REASONS FROM LIST. SELECT UP TO 3 REASONS.

- {REASON TEXT} 10 (RXQ.294)
- {REASON TEXT} 11 (RXQ.294)
- {REASON TEXT} 12 (RXQ.294)
- {REASON TEXT} 13 (RXQ.294)
- {REASON TEXT} 14 (RXQ.294)
- {REASON TEXT} 15 (RXQ.294)
- {REASON TEXT} 16 (RXQ.294)
- {REASON TEXT} 17 (RXQ.294)
- {REASON TEXT} 18 (RXQ.294)
- {REASON TEXT} 19 (RXQ.294)
- {REASON TEXT} 20 (RXQ.294)
- {REASON TEXT} 21 (RXQ.294)
- {REASON TEXT} 22 (RXQ.294)
- {REASON TEXT} 23 (RXQ.294)
- {REASON TEXT} 24 (RXQ.294)
- {REASON TEXT} 25 (RXQ.294)
- {REASON TEXT} 26 (RXQ.294)
- {REASON TEXT} 27 (RXQ.294)
- {REASON TEXT} 28 (RXQ.294)
- {REASON TEXT} 29 (RXQ.294)
- {REASON TEXT} 30 (RXQ.294)
- {REASON TEXT} 31 (RXQ.294)
- {REASON TEXT} 32 (RXQ.294)
- {REASON TEXT} 33 (RXQ.294)
- {REASON TEXT} 34 (RXQ.294)
- OTHER SPECIFY 97

- RF 777 (RXQ.294)
- DK 999 (RXQ.294)

CAPI INSTRUCTION: POPULATE THE {REASON TEXT} FIELDS FROM THE DRUG REASON TABLE. ALLOW UP TO 3 REASONS TO BE SELECTED AND POPULATED INTO RXQ298A, RXQ298B, AND RXQ298C.

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

- REFUSED 7---7
- DON'T KNOW 9---9

RXQ.294 CHECK CONTAINERS. ARE THERE ANY OTHER PRESCRIPTION MEDICATIONS?

OR ASK RESPONDENT:

[Are there any other prescription medications that {you/SP} used in the past 30 days?]

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

BOX 14

CHECK ITEM RXQ.299:

ASK RXQ.231 - RXQ.294 FOR NEXT MEDICATION (CODE 1 IN RXQ.294). IF NO NEXT MEDICATION (CODE 2 IN RXQ.294), CONTINUE WITH NEW BOX 15.

NEW BOX 15

CHECK ITEM RXQ.370:

IF DIQ.050 = 1 AND (ANY PRODUCT SELECTED FROM LOOKUP CLASS CODES NOT EQUAL TO 215), CONTINUE WITH RXQ.372. OTHERWISE, GO TO NEW BOX 15B.

RXQ.372 I have listed {TOTAL NUMBER} prescription medication(s) that {you have/SP has} taken in the **past 30 days**: {PRODUCT NAME(S)}. Which one is insulin?

CAPI INSTRUCTION:

DISPLAY NAMES OF ALL PRESCRIPTION MEDICATIONS SELECTED AT RXQ.240 AND ENTERED AT RXQ.231.

CODE ALL THAT APPLY.

SELECT MEDICATION FROM DISPLAY
OR SELECT OTHER-NEW MEDICATION

REFUSED..... 77
DON'T KNOW..... 99

NEW BOX 15A

CHECK ITEM RXQ.374:

IF NEW MEDICATION IS SELECTED, ENTER ON NEW GRID AND ASK RXQ.231 – RXQ.294 FOR THIS MEDICATION. OTHERWISE, CONTINUE.

NEW BOX 15B

CHECK ITEM RXQ.376:

IF DIQ.070 = 1 AND (ANY PRODUCT SELECTED FROM LOOKUP CLASS CODES NOT EQUAL TO 213, 214, 216, 271, 282, 309, 314, 371, OR 458), THEN CONTINUE WITH RXQ.378. OTHERWISE, GO TO NEW BOX 15D.

RXQ.378 I have listed {TOTAL NUMBER} prescription medication(s) that {you have/SP has} taken in the **past 30 days**: {PRODUCT NAME(S)}. Which one {are you/is he/is she} taking for diabetes or blood sugar?

CAPI INSTRUCTION:
DISPLAY NAMES OF ALL PRESCRIPTION MEDICATIONS SELECTED AT RXQ.240 AND ENTERED AT RXQ.231.

CODE ALL THAT APPLY.

SELECT MEDICATION FROM DISPLAY
OR SELECT OTHER-NEW MEDICATION

REFUSED..... 77
DON'T KNOW..... 99

NEW BOX 15C

CHECK ITEM RXQ.380:
IF NEW MEDICATION IS SELECTED, ENTER ON NEW GRID AND ASK RXQ.231 – RXQ.294 FOR THIS MEDICATION.
OTHERWISE, CONTINUE.

NEW BOX 15D

CHECK ITEM RXQ.382:
IF BPQ.050a = 1 AND (**ANY** PRODUCT SELECTED FROM LOOKUP CLASS CODES NOT EQUAL TO 41, 42, 44, 47, 48, 55, 56, 154, 155, 156, 340, OR 342 OR DRUG CODES NOT EQUAL TO d00132 OR d00135), THEN CONTINUE WITH RXQ.384.
OTHERWISE, GO TO NEW BOX 15F.

RXQ.384 I have listed {TOTAL NUMBER} prescription medication(s) that {you have/SP has} taken in the **past 30 days**: {PRODUCT NAME(S)}. Which one {are you/is he/is she} taking to lower {your/his/her} blood pressure?

CAPI INSTRUCTION:
DISPLAY NAMES OF ALL PRESCRIPTION MEDICATIONS SELECTED AT RXQ.240 AND ENTERED AT RXQ.231.

CODE ALL THAT APPLY.

SELECT MEDICATION FROM DISPLAY
OR SELECT OTHER-NEW MEDICATION

REFUSED..... 77
DON'T KNOW..... 99

NEW BOX 15E

CHECK ITEM RXQ.386:
IF NEW MEDICATION IS SELECTED, ENTER ON NEW GRID AND ASK RXQ.231 – RXQ.294 FOR THIS MEDICATION.
OTHERWISE, CONTINUE.

NEW BOX 15F

CHECK ITEM RXQ.388:

IF BPQ.100d = 1 AND (ANY PRODUCT SELECTED FROM LOOKUP CLASS CODES NOT EQUAL TO 19 OR DRUG CODE NOT EQUAL TO d00497), THEN CONTINUE WITH RXQ.390.

OTHERWISE, GO TO NEW BOX 15H.

RXQ.390 I have listed {TOTAL NUMBER} prescription medication(s) that {you have/SP has} taken in the **past 30 days:** {PRODUCT NAME(S)}. Which one {are you/is he/is she} taking to lower {your/his/her} cholesterol?

CAPI INSTRUCTION:

DISPLAY NAMES OF ALL PRESCRIPTION MEDICATIONS SELECTED AT RXQ.240 AND ENTERED AT RXQ.231.

CODE ALL THAT APPLY.

SELECT MEDICATION FROM DISPLAY
OR SELECT OTHER-NEW MEDICATION

REFUSED..... 77
DON'T KNOW..... 99

NEW BOX 15G

CHECK ITEM RXQ.392:

IF NEW MEDICATION IS SELECTED, ENTER ON NEW GRID AND ASK RXQ.231 – RXQ.294 FOR THIS MEDICATION.

OTHERWISE, CONTINUE.

NEW BOX 15H

CHECK ITEM RXQ.545:

IF RXQ.100=1/YES AND ANY PRODUCT SELECTED FROM LOOKUP CLASS CODES NOT TO 249, SKIP TO RXQ.570.

IF DLQ.150 = 1 AND (ANY PRODUCT SELECTED FROM LOOKUP CLASS CODES NOT EQUAL TO 249), THEN CONTINUE WITH RXQ.550.

OTHERWISE, GO TO NEW BOX 15J.

RXQ.550 Earlier in the interview you reported that {you have/he has/she has} taken medication for depression. Is this medication for depression a **prescription** medication?

YES..... 1
NO 2 (NEW BOX 15J)
REFUSED..... 7 (NEW BOX 15J)
DON'T KNOW..... 9 (NEW BOX 15J)

RXQ.560 Did {you/SP} take it in the last 30 days?

YES..... 1
NO 2 (NEW BOX 15J)
REFUSED..... 7 (NEW BOX 15J)
DON'T KNOW..... 9 (NEW BOX 15J)

RXQ.570 I have listed {TOTAL NUMBER} prescription medication(s) that {you have/SP has} taken in the **past 30 days**: {PRODUCT NAME(S)}. Which one {are you/is he/is she} taking for depression (feeling depressed)?

CAPI INSTRUCTION:
DISPLAY NAMES OF ALL PRESCRIPTION MEDICATIONS SELECTED AT RXQ.240 AND ENTERED AT RXQ.231.

CODE ALL THAT APPLY.

SELECT MEDICATION FROM DISPLAY
OR SELECT OTHER-NEW MEDICATION

REFUSED.....777
DON'T KNOW.....999

BOX 15I

CHECK ITEM RXQ.575:
IF NEW MEDICATION IS SELECTED, ENTER ON NEW GRID AND ASK RXQ.231 – RXQ.294 FOR THIS MEDICATION.
OTHERWISE, CONTINUE.

BOX 15J

CHECK ITEM RXQ.580:
IF RXQ.120 = 1/YES AND **ANY** PRODUCT SELECTED FROM LOOKUP DRUG CODE NOT EQUAL TO d00040, d00148, d00149, d00168, d00182, d00189, d00197, d00198, d00288 OR **ANY** REASON FROM LIST NOT EQUAL TO ANXIETY, SKIP TO RXQ.610.
IF DLQ.110 = 1 AND (**ANY** PRODUCT SELECTED FROM LOOKUP DRUG CODE NOT EQUAL TO d00040, d00148, d00149, d00168, d00182, d00189, d00197, d00198, d00288 OR **ANY** REASON FROM LIST NOT EQUAL TO ANXIETY), THEN CONTINUE WITH RXQ.590.
OTHERWISE, GO TO RXQ.295.

RXQ.590 Earlier in the interview you reported that {you have/he has/she has} taken medication for feeling worried, nervous or anxious. Is this medication for feeling worried, nervous or anxious a **prescription** medication?

YES..... 1
NO 2 (RXQ.295)
REFUSED..... 7 (RXQ.295)
DON'T KNOW..... 9 (RXQ.295)

RXQ.600 Did {you/SP} take it in the last 30 days?

YES..... 1
NO 2 (RXQ.295)
REFUSED..... 7 (RXQ.295)
DON'T KNOW..... 9 (RXQ.295)

RXQ.610 I have listed {TOTAL NUMBER} prescription medication(s) that {you have/SP has} taken in the **past 30 days**: {PRODUCT NAME(S)}. Which one {are you/is he/she} taking for feeling worried, nervous or anxious?

CAPI INSTRUCTION:

DISPLAY NAMES OF ALL PRESCRIPTION MEDICATIONS SELECTED AT RXQ.240 AND ENTERED AT RXQ.231.

CODE ALL THAT APPLY.

SELECT MEDICATION FROM DISPLAY
OR SELECT OTHER-NEW MEDICATION

REFUSED.....777
DON'T KNOW.....999

NEW BOX 15K

CHECK ITEM RXQ.615:
IF NEW MEDICATION IS SELECTED, ENTER ON NEW GRID AND ASK RXQ.231 –
RXQ.294 FOR THIS MEDICATION.
OTHERWISE, CONTINUE.

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 17A

CHECK ITEM RXQ.500:
IF SP >= 40 YEARS OLD OR MCQ.160C, MCQ.160D, MCQ.160E OR MCQ.160F =
1/YES, CONTINUE WITH RXQ.510.
OTHERWISE, GO TO BOX 18.

RXQ.510 Doctors and other health care providers sometimes recommend that {you take/SP takes} a low-dose aspirin each day to prevent heart attacks, strokes, or cancer. {Have you/Has SP} ever been told to do this?

YES..... 1
NO 2 (RXQ.520)
REFUSED..... 7 (RXQ.520)
DON'T KNOW..... 9 (RXQ.520)

INTERVIEWER INSTRUCTION:

IF THE RESPONDENT VOLUNTEERS THEY HAVE BEEN TOLD TO TAKE AN ASPIRIN EVERY OTHER DAY OR 'REGULARLY' FOR THESE REASONS, CODE "YES".

RXQ.515 {Are you/Is SP} now following this advice?

- YES..... 1 (RXQ.525)
- NO 2 (BOX 18)
- SOMETIMES 3 (RXQ.525)
- STOPPED ASPIRIN USE DUE TO SIDE EFFECTS..... 4 (BOX 18)
- REFUSED..... 7 (BOX 18)
- DON'T KNOW..... 9 (BOX 18)

HELP SCREEN:

Side Effect: is an unexpected health problem that is caused by a medicine. Some side effects of aspirin are stomach problems, easy bruising or bleeding, runny nose, wheezing and skin rashes.

RXQ.520 **On {your/SP's} own,** {are you/is SP} now taking a low-dose aspirin each day to prevent heart attacks, strokes, or cancer?

- YES..... 1
- NO 2 (BOX 18)
- REFUSED..... 7 (BOX 18)
- DON'T KNOW..... 9 (BOX 18)

INTERVIEWER INSTRUCTION:

IF THE RESPONDENT VOLUNTEERS THEY ARE TAKING AN ASPIRIN EVERY OTHER DAY OR 'REGULARLY' FOR THESE REASONS, CODE "YES".

RXQ.525 How often {do you/does SP} take an aspirin?
G/Q/U

- ONE EVERY DAY 1 (RXQ.530)
- ONE EVERY OTHER DAY 2 (RXQ.530)
- OTHER, ENTER NUMBER/UNIT 3
- REFUSED..... 7 (RXQ.530)
- DON'T KNOW..... 9 (RXQ.530)

ENTER NUMBER

- REFUSED.....777 (RXQ.530)
- DON'T KNOW.....999 (RXQ.530)

ENTER UNIT

- PER DAY 1
- PER WEEK..... 2
- REFUSED..... 7
- DON'T KNOW..... 9

CAPI INSTRUCTION: Soft edit: if >2 per day.

RXQ.530 What is the size or dose that {you take/SP takes}?

- 81 MG 1
- 325 MG 2
- 500 MG 3
- OTHER (SPECIFY)..... 4
- REFUSED..... 7
- DON'T KNOW 9

|_|_|_|_| MG
ENTER NUMBER

BOX 18

CHECK ITEM DSQ.332:
IF PROXY INTERVIEW IN RIQ, CONTINUE.
IF NOT PROXY INTERVIEW IN RIQ, 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.

HELP SCREEN FOR DSQ.012:

Dietary Supplements (Vitamins/Minerals): Dietary supplements are often labeled as "dietary supplements" and are used in addition to foods and beverages. Dietary supplements are not intended to replace food. Include vitamins, minerals, antacid/calcium supplement products, fiber supplements, amino acids, performance enhancers, herbs, herbal medicine products, and plant extracts used as dietary supplements. Include products that are taken orally or given by injection. Do not include beverages, such as tea, and skin creams. Meal replacement beverages, weight loss and performance booster drinks, and food bars are considered foods, not dietary supplements.

Health (Care) Professional: A person entitled by training and experience and possibly licensure to assist a doctor and who works with one or more medical doctors. Examples include: doctor's assistants, nurse practitioners, nurses, lab technicians, and technicians who administer shots (i.e., allergy shots). Also include paramedics, medics and physical therapists working with or in a doctor's office. Do not include: dentists, oral surgeons, chiropractors, chiropodists, podiatrists, naturopaths, Christian Science healers, opticians, optometrists, and psychologists or social workers.

Dentist: Medical professional whose primary occupation is caring for teeth, gums and jaws. Dental care includes general work such as fillings, cleaning, extractions, and also specialized work such as root canals, fittings for braces, etc.

Doctor: The term refers to both medical doctors (M.D.s) and osteopathic physicians (D.O.s). It includes general practitioners as well as specialists. It does not include persons who do not have an M.D. or D.O. degree, such as dentists, oral surgeons, chiropractors, podiatrists, Christian Science healers, opticians, optometrists, psychologists, etc.

Past Month: The past 30 days. From yesterday, 30 days back.

HELP SCREEN FOR RXQ.033:

Prescription Medication: Prescription medications are those ordered by a physician or other authorized medical professional through a written or verbal prescription for a pharmacist to fill. Prescription medications may also be given by a medical professional directly to a patient to take home, such as free samples.

Prescription medications do not include:

- Medication administered to the patient during the event in the office as part of the treatment (such as an antibiotic shot for an infection, a flu shot, or an oral medication) unless a separate bill for the medication is received;
- Diaphragms and IUD's (Intra-Uterine Devices); or
- Some state laws require prescriptions for over the counter medications. Sometimes physicians write prescriptions for over the counter medications, such as aspirin. Consider any medication a prescription medication if the respondent reports it as prescribed. If it is an over the counter medication, however, the prescription must be a written prescription to be filled by a pharmacist, not just a written or oral instruction. If in doubt, probe whether the patient got a written prescription to fill at a pharmacy.

Past Month: The past 30 days. From yesterday, 30 days back.

HELP SCREEN FOR DSQ.042:

Dietary Supplements (Vitamins/Minerals): Dietary supplements are often labeled as "dietary supplements" and are used in addition to foods and beverages. Dietary supplements are not intended to replace food. Include vitamins, minerals, antacid/calcium supplement products, fiber supplements, amino acids, performance enhancers, herbs, herbal medicine products, and plant extracts used as dietary supplements. Include products that are taken orally or given by injection. Do not include beverages, such as tea, and skin creams. Meal replacement beverages, weight loss and performance booster drinks, and food bars are considered foods, not dietary supplements.

Antacids: An agent that neutralizes acidity or reduces acid production, especially in the digestive system.

Prescription Medication: Prescription medications are those ordered by a physician or other authorized medical professional through a written or verbal prescription for a pharmacist to fill. Prescription medications may also be given by a medical professional directly to a patient to take home, such as free samples.

Prescription medications do not include:

- Medication administered to the patient during the event in the office as part of the treatment (such as an antibiotic shot for an infection, a flu shot, or an oral medication) unless a separate bill for the medication is received;
- Diaphragms and IUD's (Intra-Uterine Devices); or
- Some state laws require prescriptions for over the counter medications. Sometimes physicians write prescriptions for over the counter medications, such as aspirin. Consider any medication a prescription medication if the respondent reports it as prescribed. If it is an over the counter medication, however, the prescription must be a written prescription to be filled by a pharmacist, not just a written or oral instruction. If in doubt, probe whether the patient got a written prescription to fill at a pharmacy.

Past Month: The past 30 days. From yesterday, 30 days back.

HELP SCREEN FOR DSQ.052:

Dietary Supplements (Vitamins/Minerals): Dietary supplements are often labeled as "dietary supplements" and are used in addition to foods and beverages. Dietary supplements are not intended to replace food. Include vitamins, minerals, antacid/calcium supplement products, fiber supplements, amino acids, performance enhancers, herbs, herbal medicine products, and plant extracts used as dietary supplements. Include products that are taken orally or given by injection. Do not include beverages, such as tea, and skin creams. Meal replacement beverages, weight loss and performance booster drinks, and food bars are considered foods, not dietary supplements.

Health (Care) Professional: A person entitled by training and experience and possibly licensure to assist a doctor and who works with one or more medical doctors. Examples include: doctor's assistants, nurse practitioners, nurses, lab technicians, and technicians who administer shots (i.e., allergy shots). Also include paramedics, medics and physical therapists working with or in a doctor's office. Do not include: dentists, oral surgeons, chiropractors, chiropodists, podiatrists, naturopaths, Christian Science healers, opticians, optometrists, and psychologists or social workers.

Dentist: Medical professional whose primary occupation is caring for teeth, gums and jaws. Dental care includes general work such as fillings, cleaning, extractions, and also specialized work such as root canals, fittings for braces, etc.

Doctor: The term refers to both medical doctors (M.D.s) and osteopathic physicians (D.O.s). It includes general practitioners as well as specialists. It does not include persons who do not have an M.D. or D.O. degree, such as dentists, oral surgeons, chiropractors, podiatrists, Christian Science healers, opticians, optometrists, psychologists, etc.

Past Month: The past 30 days. From yesterday, 30 days back.

HELP SCREEN FOR RXQ.231:

Prescription Medication: Prescription medications are those ordered by a physician or other authorized medical professional through a written or verbal prescription for a pharmacist to fill. Prescription medications may also be given by a medical professional directly to a patient to take home, such as free samples.

Prescription medications do not include:

- Medication administered to the patient during the event in the office as part of the treatment (such as an antibiotic shot for an infection, a flu shot, or an oral medication) unless a separate bill for the medication is received;
- Diaphragms and IUD's (Intra-Uterine Devices); or

- Some state laws require prescriptions for over the counter medications. Sometimes physicians write prescriptions for over the counter medications, such as aspirin. Consider any medication a prescription medication if the respondent reports it as prescribed. If it is an over the counter medication, however, the prescription must be a written prescription to be filled by a pharmacist, not just a written or oral instruction. If in doubt, probe whether the patient got a written prescription to fill at a pharmacy.

Past Month: The past 30 days. From yesterday, 30 days back.

HELP SCREEN FOR RXQ.294/RXQ.295:

Prescription Medication: Prescription medications are those ordered by a physician or other authorized medical professional through a written or verbal prescription for a pharmacist to fill. Prescription medications may also be given by a medical professional directly to a patient to take home, such as free samples.

Prescription medications do not include:

- Medication administered to the patient during the event in the office as part of the treatment (such as an antibiotic shot for an infection, a flu shot, or an oral medication) unless a separate bill for the medication is received;
- Diaphragms and IUD's (Intra-Uterine Devices); or
- Some state laws require prescriptions for over the counter medications. Sometimes physicians write prescriptions for over the counter medications, such as aspirin. Consider any medication a prescription medication if the respondent reports it as prescribed. If it is an over the counter medication, however, the prescription must be a written prescription to be filled by a pharmacist, not just a written or oral instruction. If in doubt, probe whether the patient got a written prescription to fill at a pharmacy.