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.
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?

<table>
<thead>
<tr>
<th>SINGLE ELEMENTS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>VITAMIN A</td>
<td>10</td>
</tr>
<tr>
<td>VITAMIN B6</td>
<td>12</td>
</tr>
<tr>
<td>VITAMIN B12</td>
<td>13</td>
</tr>
<tr>
<td>VITAMIN C (WITH OR WITHOUT ROSE HIPS)</td>
<td>14</td>
</tr>
<tr>
<td>VITAMIN D</td>
<td>15</td>
</tr>
<tr>
<td>VITAMIN E</td>
<td>16</td>
</tr>
<tr>
<td>CALCIUM</td>
<td>18</td>
</tr>
<tr>
<td>CHROMIUM (CHROMIUM PICOLINATE)</td>
<td>19</td>
</tr>
<tr>
<td>FOLATE (FOLIC ACID)</td>
<td>20</td>
</tr>
<tr>
<td>IRON (FERROUS XXXATE)</td>
<td>21</td>
</tr>
<tr>
<td>MAGNESIUM</td>
<td>27</td>
</tr>
<tr>
<td>POTASSIUM</td>
<td>28</td>
</tr>
<tr>
<td>SELENIUM</td>
<td>29</td>
</tr>
<tr>
<td>ZINC (ZINC GLUCONATE)</td>
<td>30</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MULTI ELEMENTS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>VITAMINS A &amp; D</td>
<td>50</td>
</tr>
<tr>
<td>CALCIUM &amp; VITAMIN D</td>
<td>51</td>
</tr>
<tr>
<td>CALCIUM &amp; MAGNESIUM</td>
<td>52</td>
</tr>
</tbody>
</table>
**DSQ.049** WHICH PRODUCT IS IT?
ENTER 1 PRODUCT CODE

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>VITAMIN A</td>
<td>10</td>
</tr>
<tr>
<td>VITAMIN B6</td>
<td>12</td>
</tr>
<tr>
<td>VITAMIN B12</td>
<td>13</td>
</tr>
<tr>
<td>VITAMIN C (WITH OR WITHOUT ROSE HIPS)</td>
<td>14</td>
</tr>
<tr>
<td>VITAMIN D</td>
<td>15</td>
</tr>
<tr>
<td>VITAMIN E</td>
<td>16</td>
</tr>
<tr>
<td>CALCIUM</td>
<td>18</td>
</tr>
<tr>
<td>CHROMIUM (CHROMIUM PICOLINATE)</td>
<td>19</td>
</tr>
<tr>
<td>FOLATE (FOLIC ACID)</td>
<td>20</td>
</tr>
<tr>
<td>IRON (FERROUS XXXATE)</td>
<td>21</td>
</tr>
<tr>
<td>MAGNESIUM</td>
<td>27</td>
</tr>
<tr>
<td>POTASSIUM</td>
<td>28</td>
</tr>
<tr>
<td>SelenIUM</td>
<td>29</td>
</tr>
<tr>
<td>ZINC (ZINC GLUCONATE)</td>
<td>30</td>
</tr>
<tr>
<td>VITAMINS A &amp; D</td>
<td>50</td>
</tr>
<tr>
<td>CALCIUM &amp; VITAMIN D</td>
<td>51</td>
</tr>
<tr>
<td>CALCIUM &amp; MAGNESIUM</td>
<td>52</td>
</tr>
<tr>
<td>REFUSED</td>
<td>77</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>99</td>
</tr>
</tbody>
</table>

**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**

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>REFUSED</td>
<td>7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>9</td>
</tr>
</tbody>
</table>

**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?**

<table>
<thead>
<tr>
<th>Form</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capsules</td>
<td>1</td>
</tr>
<tr>
<td>Tablets</td>
<td>2</td>
</tr>
<tr>
<td>Pills</td>
<td>3</td>
</tr>
<tr>
<td>Caplets</td>
<td>4</td>
</tr>
<tr>
<td>Soft Gels</td>
<td>5</td>
</tr>
<tr>
<td>Gel Caps</td>
<td>6</td>
</tr>
<tr>
<td>Vegicaps</td>
<td>7</td>
</tr>
<tr>
<td>Package/Packets</td>
<td>8</td>
</tr>
<tr>
<td>Liquid</td>
<td>9</td>
</tr>
<tr>
<td>Powder</td>
<td>10</td>
</tr>
<tr>
<td>Wafers</td>
<td>11</td>
</tr>
<tr>
<td>Chews</td>
<td>12</td>
</tr>
<tr>
<td>Dots</td>
<td>13</td>
</tr>
<tr>
<td>Granules</td>
<td>14</td>
</tr>
<tr>
<td>Lozenges</td>
<td>15</td>
</tr>
<tr>
<td>Gel</td>
<td>16</td>
</tr>
<tr>
<td>Other Form (Specify)</td>
<td>17</td>
</tr>
<tr>
<td>Refused</td>
<td>77</td>
</tr>
<tr>
<td>Don't Know</td>
<td>99</td>
</tr>
</tbody>
</table>

**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**

<table>
<thead>
<tr>
<th>Refused</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refused</td>
<td>7</td>
</tr>
<tr>
<td>Don't Know</td>
<td>9</td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>BOX 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHECK ITEM DSQ.085:</td>
</tr>
<tr>
<td>IF MANUFACTURER SELECTED FROM LOOKUP, GO TO DSQ.096. OTHERWISE, CONTINUE.</td>
</tr>
</tbody>
</table>

DSQ.088b  ENTER CITY NAME.

ENTER AS MUCH INFORMATION AS POSSIBLE.

___________________________________
ENTER CITY

REFUSED ..................................................... 7
DON'T KNOW ............................................... 9
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:

- \(30 \text{ DAYS/NUMBER AND UNIT}\) = IF NUMBER AND UNIT ENTERED IN DSQ.096 \(\geq 30 \text{ 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.}

- \(\text{PRODUCT NAME}\) = PRODUCT SELECTED AT DSQ.049 OR PRODUCT ENTERED IN DSQ.052.

ENTER NUMBER OF DAYS FROM 1-30

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

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ENTER NUMBER</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.
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.

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 DATABASE 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.

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>
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.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>
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)

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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
WAFFERS .......................................... 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
CHECK ITEM RXQ.219:
ASK RXQ.216 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.

CHECK ITEM DSQ.297A:
IF SP >= 20 YEARS OLD, CONTINUE WITH RXQ.301.
OTHERWISE, GO TO BOX 10A.

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?

CODE ALL THAT APPLY
HAND CARD DSQ2

CAPI INSTRUCTION:
DISPLAY PRODUCT LIST OF PAIN RELIEVING PRODUCTS.

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASPIRIN</td>
<td>1</td>
</tr>
<tr>
<td>TYLENOL</td>
<td>2</td>
</tr>
<tr>
<td>IBUPROFEN</td>
<td>3</td>
</tr>
<tr>
<td>ALEVE, NAPROSYN (NAPROXEN)</td>
<td>4</td>
</tr>
<tr>
<td>CELEBREX (CELECOXIB)</td>
<td>5</td>
</tr>
<tr>
<td>CLINORIL (SULINDAC)</td>
<td>6</td>
</tr>
<tr>
<td>EXCEDRIN</td>
<td>7</td>
</tr>
<tr>
<td>FELDENE (PIROXICAM)</td>
<td>8</td>
</tr>
<tr>
<td>INDOCIN (INDOMETHACIN)</td>
<td>9</td>
</tr>
<tr>
<td>RELAFEN (NABUMETONE)</td>
<td>10</td>
</tr>
<tr>
<td>TOLECTIN (TOLMETIN SODIUM)</td>
<td>11</td>
</tr>
<tr>
<td>VANQUISH</td>
<td>12</td>
</tr>
<tr>
<td>VOLTARIN, ARTHROTEC (DICLOFENAC)</td>
<td>13</td>
</tr>
<tr>
<td>VIOXX (ROFECOXIB)</td>
<td>14</td>
</tr>
</tbody>
</table>

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.
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.

INTERVIEWER: ENTER 1 RESPONSE

CAPI INSTRUCTION:
DISPLAY PRODUCT NAME AS LEFT HEADER

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

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.
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.