DSQ.012 The next questions are about {your/SP's} use of dietary supplements, 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

OMITTED

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 or minerals you may have already told me about.]

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, OR RXQ.032, CONTINUE.
OTHERWISE, GO TO BOX 18.
DSQ.042 May I please see the containers for all the {vitamins, minerals, 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, and other dietary supplements,} only if DSQ.012 = yes (1), {nonprescription antacids,} only if RXQ.021 = yes (1), {prescription medicines,} only if RXQ.032 = 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.047.
OTHERWISE, GO TO BOX 6.

DSQ.047 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?

YES ............................................................... 1
NO ................................................................. 2 (DSQ.052)
DON’T KNOW ............................................... 9 (DSQ.052)

SINGLE ELEMENTS
VITAMIN A .................................................... 10
VITAMIN B6 .................................................. 12
VITAMIN B12................................................. 13
VITAMIN C (WITH OR WITHOUT ROSE HIPS)  14
VITAMIN D .................................................... 15
VITAMIN E .................................................... 16
CALCIUM ...................................................... 18
CHROMIUM (CHROMIUM PICOLINATE).....  19
FOLATE (FOLIC ACID) .....................  19
IRON (FERROUS XXXATE)..................  20
MAGNESIUM ................................................ 27
POTASSIUM ................................................ 28
SELENIUM .................................................... 29
ZINC (ZINC GLUCONATE)..................  40

MULTI ELEMENTS
VITAMINS A & D ........................................... 50
CALCIUM & VITAMIN D..........................  51
CALCIUM & MAGNESIUM .....................  52
WHICH PRODUCT IS IT?
ENTER 1 PRODUCT CODE

VITAMIN A ....................................................  10
VITAMIN B6 ..................................................  12
VITAMIN B12.................................................  13
VITAMIN C (WITH OR WITHOUT ROSE HIPS)  14
VITAMIN D ....................................................  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
VITAMINS A & D ...........................................  50
CALCIUM & VITAMIN D .................................  51
CALCIUM & MAGNESIUM...............................  52
REFUSED .....................................................  77 (DSQ.052)
DON'T KNOW ...............................................  99 (DSQ.052)

CHECK ITEM DSQ.059:
GO TO DSQ.071.

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.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.

BOX 3

OMITTED
DSQ.076 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
- 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.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

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

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.</td>
</tr>
<tr>
<td>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
DSQ.088c 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}\} = \text{IF NUMBER AND UNIT ENTERED IN DSQ.096 \( \geq \) 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\} = \text{PRODUCT SELECTED AT DSQ.049 OR PRODUCT ENTERED IN DSQ.052.} \\

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

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

DSQ.122 On the days that {you/SP} took {PRODUCT NAME}, how much did {you/SP} usually take on a single day?

Q/U

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.127)
TABLESPOONS ........................................... 21 (DSQ.127)
TEASPOONS ............................................... 22 (DSQ.127)
WAFFERS ................................................... 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 10A.
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
DON’T KNOW ...............................................  9

CAPI INSTRUCTION:
IF DON’T KNOW OR REFUSED, THEN GO TO BOX 10A.
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.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.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>
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<tbody>
<tr>
<td>ENTER NUMBER (OF DAYS, WEEKS, MONTHS OR YEARS)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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>
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<tbody>
<tr>
<td>ENTER NUMBER OF DAYS FROM 1-30</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th>ENTER NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>REFUSED: ................................. 7777 (RXQ.216)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>DON’T KNOW: ................................. 9999 (RXQ.216)</td>
</tr>
</tbody>
</table>

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 |
| WAFERS ............................................... 53 |
| CANS .................................................. 54 |
| GRAMS ............................................... 55 |
| DOTS .................................................... 56 |
| CUPS ................................................... 57 |
| SPRAYS/SQUIRTS ..................................... 58 |
| CHEWS ................................................ 59 |
| OTHER FORM (SPECIFY) ......................... 60 |
| REFUSED: ................................. 77 |
| DON’T KNOW: ................................. 99 |

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
**BOX 9**

**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.

**BOX 15**
OMITTED

**BOX 16**
OMITTED

**BOX 16A**
OMITTED

**BOX 10A**

**CHECK ITEM DSQ.225:**
IF 'YES' (CODE 1) IN RXQ.032, CONTINUE. OTHERWISE, GO TO BOX 18.
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
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.

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.
BOX 10B

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.

BOX 11

OMITTED

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

BOX 13
OMITTED

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/SP} 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.

<table>
<thead>
<tr>
<th>BOX 18</th>
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<tbody>
<tr>
<td>CHECK ITEM DSQ.332:</td>
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<tr>
<td>IF PROXY INTERVIEW IN RPQ, CONTINUE.</td>
</tr>
<tr>
<td>IF NOT PROXY INTERVIEW IN RPQ, GO TO DSQ.335.</td>
</tr>
</tbody>
</table>

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

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

DSQ.335  PRESS F10 TO EXIT BLAISE.