ICPSR 25504

# National Health and Nutrition Examination Survey (NHANES), 2005-2006

United States Department of Health and Human Services. Centers for Disease Control and Prevention. National Center for Health Statistics

NCHS Questionnaire: Prescription Medications

Inter-university Consortium for Political and Social Research P.O. Box 1248 Ann Arbor, Michigan 48106 www.icpsr.umich.edu

## **Terms of Use**

The terms of use for this study can be found at: http://www.icpsr.umich.edu/cocoon/ICPSR/TERMS/25504.xml

# **Information about Copyrighted Content**

Some instruments administered as part of this study may contain in whole or substantially in part contents from copyrighted instruments. Reproductions of the instruments are provided as documentation for the analysis of the data associated with this collection. Restrictions on "fair use" apply to all copyrighted content. More information about the reproduction of copyrighted works by educators and librarians is available from the United States Copyright Office.

# NOTICE WARNING CONCERNING COPYRIGHT RESTRICTIONS

The copyright law of the United States (Title 17, United States Code) governs the making of photocopies or other reproductions of copyrighted material. Under certain conditions specified in the law, libraries and archives are authorized to furnish a photocopy or other reproduction. One of these specified conditions is that the photocopy or reproduction is not to be "used for any purpose other than private study, scholarship, or research." If a user makes a request for, or later uses, a photocopy or reproduction for purposes in excess of "fair use," that user may be liable for copyright infringement.

# 2005-06 Questionnaire

# 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 medications during the <b>past 30 days</b> .	on antacids, an	ıc		
	{Have you/Has SP} used or taken any <b>vitamins, minerals or other dietary supplement days</b> ? Include prescription and non-prescription supplements.	ts in the past 3	C		
	This card lists some examples of different types of dietary supplements.				
	HAND CARD DSQ1				
	YES				
RXQ.021	{Have you/Has SP} used or taken any nonprescription antacids in the past 30 days?				
	YES				
	BOX 0	]			
	OMITTED				
RXQ.032	In the <b>past 30 days</b> , {have you/has SP} used or taken medication for which a <b>prescription</b> 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				
	BOX 1	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 HIP:	S)	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	
MULTI ELEMENTS		
VITAMINS A & D	50	
CALCIUM & VITAMIN D	51	
CALCIUM & MAGNESIUM	52	

#### DSQ.049 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)	
IRON (FERROUS XXXATE) 21	
MAGNESIUM 27	
POTASSIUM 28	
SELENIUM	
ZINC (ZINC GLUCONATE) 40	
VITAMINS A & D 50	
CALCIUM & VITAMIN D 51	
CALCIUM & MAGNESIUM 52	
REFUSED 77	(DSQ.052)
DON'T KNOW	(DSQ.052)

BOX .	1	E
-------	---	---

**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

#### 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 a/b/aO/bO

#### **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?

OS

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.

#### 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

DSQ.088c ENTER **STATE** NAME. **ENTER 2-LETTER** STATE ABBREVIATION. PRESS ENTER TO SELECT STATE FROM LIST. **ENTER STATE** REFUSED ..... 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? 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 ......777 DON'T KNOW .......999 **ENTER UNIT** DAYS.....

SP DSQ 8

 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 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.

 ENTER NUMBER OF DAYS FROM	1-30
REFUSED	777
DON'T KNOW	999

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         77777           DON'T KNOW         9999	

## ENTER UNIT/FORM

1	(DSQ.127)
2	(DSQ.127)
3	(DSQ.127)
16	(DSQ.127)
17	(DSQ.127)
18	(DSQ.127)
19	(DSQ.127)
20	(DSQ.125)
21	(DSQ.127)
22	(DSQ.127)
23	(DSQ.127)
24	(DSQ.127)
25	(DSQ.127)
26	(DSQ.127)
27	(DSQ.127)
28	(DSQ.127)
29	(DSQ.127)
40	(DSQ.127)
77	(DSQ.127)
99	(DSQ.127)
	2 3 16 17 18 19 20 21 22 23 24 25 26 27 28 29 40 77

DSQ.125	Did {you/SP} take an <b>entire</b> packet of {PRODUCT NAME} each time?
	YES
DSQ.127	ARE THERE ANY OTHER VITAMINS, MINERALS OR DIETARY SUPPLEMENTS?
	YES
	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 <b>past 30 days</b> : {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

#### 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.

BOX 7	
OMITTED	

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.

 ENTER NUMBER (OF DAYS, WEEKS, MONT	ΓHS OR YEARS)
REFUSED	
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.

On those days that you used or took {PRODUCT NAME}, how much did {you/SP} usually take on a single RXQ.214 Q/U day?

#### CAPI INSTRUCTION:

RXQ.216

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.

OPT	TONS MUST	RE IN ORDER	SPECIFIED -	APPROVED.	BY DRG (NCHS)

	 ENTER NUMBER		
	REFUSED DON'T KNOW		
	ENTER UNIT/FORM		
	TABLETS/CAPSULES/PILLS/CAPLETS		
	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		
	CHEWS		
	OTHER FORM (SPECIFY)		
	REFUSED		
	DON'T KNOW		
			21200
CHECK CONTAINERS. ARE	THERE ANY OTHER NONPRESCRIPTION A	₹N I A(	JIDS?
OR ASK RESPONDENT:			
[Are there any other nonpresc	ription antacids that {you/SP} used in the past	30 day	ys?]

SP\_DSQ 13

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.

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.

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

#### 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.

# 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 INTERVIEWER: ENTER 1 RESPONSE RXQ.250 CAPI INSTRUCTION: DISPLAY PRODUCT NAME AS A LEFT HEADER.

**BOX 10B** 

IF PRODUCT IS SELECTED FROM THE LOOKUP AND THE PRODUCT HAS AN

**CHECK ITEM RXQ.243:** 

'OTC' DESIGNATION, CONTINUE WITH RXQ.245.

RXQ.260	For how long {have/has} {you	u/SP} been using or taking {PRODUCT NAME}	?		
Q/U		D ALLOW FOR 4 NUMERIC ENTRIES AND I E LEFT OF THE DECIMAL AND UP TO 1 EI			
		 ENTER NUMBER (OF DAYS, WEEKS, MON	ITHS OR YEARS)		
		REFUSEDDON'T KNOW			
		ENTER UNIT			
		DAYS WEEKS MONTHS YEARS	2 3		
		BOX 13			
		OMITTED			
RXQ.290	What is the <b>main</b> reason for which {you use/SP uses} {PRODUCT NAME}?				
	ENTER TEXT				
		REFUSEDDON'T KNOW			

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

CHECK CONTAINERS. ARE THERE ANY OTHER PRESCRIPTION MEDICATIONS?

#### **BOX 14**

## CHECK ITEM RXQ.294A:

OR ASK RESPONDENT:

RXQ.294

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.

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

YES	1
NO	2

DSQ.335 PRESS F10 TO EXIT BLAISE.