

PRESCRIPTION MEDICATIONS AND SELECT OTC DRUGS (RXQ)

Now I'd like to gather information about any medication you might be taking.

RXQ.032. In the **past 30 days**, have you used a **prescription medicine**? Include only those products prescribed by a health professional such as a doctor, a nurse practitioner or a dentist.

Yes	1	RXQ032	FMT_YES_NO
No	2 (Skip to RXQ.296)		
Refused	77 (Skip to RXQ.296)		
Don't Know	99 (Skip to RXQ.296)		

*I'd like see the CONTAINERS for **all** the prescription medicines that you used or took in the **past 30 days**.*

RXQ.042a-t. **[The interviewer enters the name of EACH drug from the prescription bottles.]**

042 A to 042 T _____

	Enter name of each medication
Refused	77
Don't Know	99

RXQ042_A	FMT_CHAR
RXQ042_B	FMT_CHAR
RXQ042_C	FMT_CHAR
RXQ042_D	FMT_CHAR
RXQ042_E	FMT_CHAR
RXQ042_F	FMT_CHAR
RXQ042_G	FMT_CHAR
RXQ042_H	FMT_CHAR
RXQ042_I	FMT_CHAR
RXQ042_J	FMT_CHAR
RXQ042_K	FMT_CHAR
RXQ042_L	FMT_CHAR
RXQ042_M	FMT_CHAR
RXQ042_N	FMT_CHAR
RXQ042_O	FMT_CHAR
RXQ042_P	FMT_CHAR
RXQ042_Q	FMT_CHAR
RXQ042_R	FMT_CHAR
RXQ042_S	FMT_CHAR
RXQ042_T	FMT_CHAR

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RXQ.231. Are there any **prescription medications** that you have used in the **past 30 days for which you no longer have a bottle or container**? Again, these are products prescribed by a health professional such as a doctor, a nurse practitioner or a dentist.

Yes	1	RXQ231	FMT_YES_NO
No	2	(Skip to RXQ.294a)	
Refused	77	(Skip to RXQ.294a)	
Don't Know	99	(Skip to RXQ.294a)	

RXQ.235a-t. What is the name of each such drug?

235 A to 235 T _____
 Enter name of each medication

Refused	77
Don't Know	99

RXQ235_A FMT_CHAR
RXQ235_B FMT_CHAR
RXQ235_C FMT_CHAR
RXQ235_D FMT_CHAR
RXQ235_E FMT_CHAR
RXQ235_F FMT_CHAR
RXQ235_G FMT_CHAR
RXQ235_H FMT_CHAR
RXQ235_I FMT_CHAR
RXQ235_J FMT_CHAR
RXQ235_K FMT_CHAR
RXQ235_L FMT_CHAR
RXQ235_M FMT_CHAR
RXQ235_N FMT_CHAR
RXQ235_O FMT_CHAR
RXQ235_P FMT_CHAR
RXQ235_Q FMT_CHAR
RXQ235_R FMT_CHAR
RXQ235_S FMT_CHAR
RXQ235_T FMT_CHAR

RXQ.294a. Are there any other prescription medications that you used in the past 30 days?

Yes	1	RXQ294	FMT_YES_NO
No	2		
Refused	77		
Don't Know	99		

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[Loop back to RXQ.235 as many times as needed.]

RXQ.295. I have listed {TOTAL NUMBER} prescription medication(s) that you have taken in the **past 30 days**. **[REVIEW TOTAL NUMBER OF PRESCRIBED MEDICATIONS AND THEIR NAMES WITH SP.]**

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RXQ.296. In the last 30 days, have you taken any of the following types of over the counter, non prescription drugs? **[HAND CARD. Enter all that apply]**

- No 1
- Low dose aspirin to protect heart 2
- Drugs for pain/analgesics (including regular dose aspirin, Motrin, Tylenol, etc.) 3
- Allergy medications 4
- Drugs to help stop smoking, including nicotine gum 5
- Drugs for intestinal problems 6
- Drugs for cold and cough 8
- Drugs to help you lose or gain weight 10
- Vitamins or minerals (including calcium supplements) 11
- Other (Specify: _____) 12
- Refused 77
- Don't Know 99

FIRST RESPONSE	RXQ296_A	FMT_RXQ296_
2ND RESPONSE	RXQ296_B	FMT_RXQ296_
3RD RESPONSE	RXQ296_C	FMT_RXQ296_
4TH RESPONSE	RXQ296_D	FMT_RXQ296_
5TH RESPONSE	RXQ296_E	FMT_RXQ296_
6TH RESPONSE	RXQ296_F	FMT_RXQ296_
7TH RESPONSE	RXQ296_G	FMT_RXQ296_
8TH RESPONSE	RXQ296_H	FMT_RXQ296_
9TH RESPONSE	RXQ296_I	FMT_RXQ296_
OTHER RESPONSE	RXQ296_OTHER	FMT_CHAR