

**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	<b>RXQ032</b>	<b>FMT_YES_NO</b>
No	2 (Skip to RXQ.296)		
Refused	r (Skip to RXQ.296)		
Don't Know	d (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. **[Interviewer: Enter the name of EACH drug from prescription bottle until no more prescription medicines.]**

**042 A to 042 T** \_\_\_\_\_

	Enter name of each medication
Refused	r
Don't Know	d

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

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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 r **(Skip to RXQ.294a)**
- Don't Know d **(Skip to RXQ.294a)**

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

**Interviewer: Enter the name of each drug until no more drugs**

**235 A to 235 T** \_\_\_\_\_

- Refused r
- Don't Know d

- 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

**PRESCRIPTION MEDICATIONS AND SELECT OTC DRUGS (RXQ)**

Refused	r
Don't Know	d

**[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 r
- Don't Know d

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