

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

RXQ032pre Now I'd like to gather information about any medication you might be taking.

**INTERVIEWER: HIT ENTER TO CONTINUE**

RXQ032 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.

<1> YES

<2> NO

(Skip to RXQ296)

RXQ032 FMT\_YES\_NO.

<d> DON'T KNOW

<r> REFUSED

(Skip to RXQ296)

(Skip to RXQ296)

RXQ042 I'd like to see the CONTAINERS for **all** the prescription medicines that you used or took in the **past 30 days**.

**INTERVIEWER: ENTER THE NAME OF EACH DRUG FROM THE PRESCRIPTION BOTTLE UNTIL NO MORE PRESCRIPTION MEDICINES, THEN HIT X TO EXIT QUESTION**

<1> ENTER NAME(S)

<d> DON'T KNOW

<r> REFUSED

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@a\_\_\_\_\_

RXQ042@b\_\_\_\_\_

RXQ042@c\_\_\_\_\_

RXQ042@d\_\_\_\_\_

RXQ042@e\_\_\_\_\_

RXQ042@f\_\_\_\_\_

RXQ042@g\_\_\_\_\_

RXQ042@h\_\_\_\_\_

RXQ042@i\_\_\_\_\_

RXQ042@qq ARE THERE MORE PRESCRIPTION MEDICINES?

<1> YES

(go to RXQ042@j)

<2>

NO

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

**INTERVIEWER: ENTER THE NAME OF EACH DRUG FROM THE PRESCRIPTION BOTTLE UNTIL NO MORE PRESCRIPTION MEDICINES, THEN HIT X TO EXIT QUESTION**

RXQ042p2@j_____	RXQ042_J	\$FMT_CHAR.
RXQ042p2@k_____	RXQ042_K	\$FMT_CHAR.
RXQ042p2@l_____	RXQ042_L	\$FMT_CHAR.
RXQ042p2@m_____	RXQ042_M	\$FMT_CHAR.
RXQ042p2@n_____	RXQ042_N	\$FMT_CHAR.
RXQ042p2@o_____	RXQ042_O	\$FMT_CHAR.
RXQ042p2@p_____	RXQ042_P	\$FMT_CHAR.
RXQ042p2@q_____	RXQ042_Q	\$FMT_CHAR.
RXQ042p2@r_____	RXQ042_R	\$FMT_CHAR.
RXQ042p2@s_____	RXQ042_S	\$FMT_CHAR.
RXQ042p2@t_____	RXQ042_T	\$FMT_CHAR.

**RXQ231** Are there any **prescription medications** that you have used in the **past 30 days for which you no longer have a prescription bottle or container?**  
 Again, these are products prescribed by a health professional such as a doctor, a nurse practitioner or a dentist.

<1>	YES		<b>RXQ231</b>	<b>FMT_YES_NO.</b>
<2>	NO	<b>(Skip to RXQ294)</b>		
<d>	DON'T KNOW	<b>(Skip to RXQ294)</b>		
<r>	REFUSED	<b>(Skip to RXQ294)</b>		

**RXQ235** What is the name of each such drug?

**INTERVIEWER: ENTER THE NAME OF EACH DRUG UNTIL NO MORE DRUGS, THEN HIT X TO EXIT QUESTION**

<1> ENTER NAME(S)  
 <d> DON'T KNOW  
 <r> REFUSED

RXQ235@a \_\_\_\_\_

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

RXQ235@b \_\_\_\_\_

RXQ235@c \_\_\_\_\_

RXQ235@d \_\_\_\_\_

RXQ235@e \_\_\_\_\_

RXQ235@f \_\_\_\_\_

RXQ235@g \_\_\_\_\_

RXQ235@h \_\_\_\_\_

RXQ235@i \_\_\_\_\_

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@qq ARE THERE MORE PRESCRIPTION MEDICINES?

<1> YES (go to RXQ235@j) <2> NO

**INTERVIEWER: ENTER THE NAME OF EACH DRUG UNTIL NO MORE DRUGS, THEN HIT X TO EXIT QUESTION**

RXQ235p2@j \_\_\_\_\_

RXQ235p2@k \_\_\_\_\_

RXQ235p2@l \_\_\_\_\_

RXQ235p2@m \_\_\_\_\_

RXQ235p2@n \_\_\_\_\_

RXQ235p2@o \_\_\_\_\_

RXQ235p2@p \_\_\_\_\_

RXQ235p2@q \_\_\_\_\_

RXQ235p2@r \_\_\_\_\_

RXQ235p2@s \_\_\_\_\_

RXQ235p2@t \_\_\_\_\_

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.

RXQ294 Are there any other prescription medications that you used in the past 30 days?

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

<1> YES RXQ294 FMT\_YES\_NO.  
 <2> NO  
 <d> DON'T KNOW  
 <r> REFUSED

**[Loop back to RXQ235 as many times as needed.]**

RXQ295 I have listed {TOTAL NUMBER} prescription medication(s) that you have taken in the **past 30 days**.

**(INTERVIEWER: REVIEW TOTAL NUMBER OF PRESCRIBED MEDICATIONS AND THEIR NAMES WITH RESPONDENT)**

**(INTERVIEWER: USE PAGE UP/DOWN TO NAVIGATE THROUGH THE MEDICATIONS).**

Is this correct? RXQ295 FMT\_YES\_NO.

<1> YES  
 <2> NO (GO BACK TO ADD MEDICATION) **[goto RXQ042]**

RXQ296 In the last 30 days, have you taken any of the following types of over the counter, non-prescription drugs?

**(INTERVIEWER: ENTER ALL THAT APPLY. HAND CARD)**

<1> No	RXQ296_A FMT_RXQ296_.
<2> Low dose aspirin to protect heart	RXQ296_B FMT_RXQ296_.
<3> Drugs for pain/analgesics (including regular dose aspirin, Motrin, Tylenol, etc.)	RXQ296_C FMT_RXQ296_.
<4> Allergy medications	RXQ296_D FMT_RXQ296_.
<5> Drugs to help stop smoking, including nicotine gum	RXQ296_E FMT_RXQ296_.
<6> Drugs for intestinal problems	RXQ296_F FMT_RXQ296_.
<8> Drugs for cold and cough	RXQ296_G FMT_RXQ296_.
<10> Drugs to help you lose or gain weight	RXQ296_H FMT_RXQ296_.
<11> Vitamins or minerals (including calcium supplements)	RXQ296_I FMT_RXQ296_.
<12> Other (Specify)	RXQ296_OTHER \$FMT_CHAR.
<d> DON'T KNOW	
<r> REFUSED	

RXQ300pre The following questions are about your exposure to vitamin D from supplements.

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

**INTERVIEWER: HIT ENTER TO CONTINUE**

RXQ300 In the **past 30 days**, have you used any multivitamins, vitamin D supplements with or without calcium, or cod liver oil?

- |     |            |                            |               |                    |
|-----|------------|----------------------------|---------------|--------------------|
| <1> | YES        |                            | <b>RXQ300</b> | <b>FMT_YES_NO.</b> |
| <2> | NO         | <b>(END QUESTIONNAIRE)</b> |               |                    |
| <d> | DON'T KNOW | <b>(END QUESTIONNAIRE)</b> |               |                    |
| <r> | REFUSED    | <b>(END QUESTIONNAIRE)</b> |               |                    |

RXQ301 I'd like to see the CONTAINERS for any multivitamins, vitamin D supplements with or without calcium, or cod liver oil that you took in the **past 30 days**.

**INTERVIEWER: ENTER THE NAME OF EACH SUPPLEMENT FROM THE BOTTLE UNTIL NO MORE SUPPLEMENTS, THEN HIT X TO EXIT QUESTION**

- |     |               |  |                 |                    |
|-----|---------------|--|-----------------|--------------------|
| <1> | ENTER NAME(S) |  | <b>RXQ301_A</b> | <b>\$FMT_CHAR.</b> |
| <d> | DON'T KNOW    |  | <b>RXQ301_B</b> | <b>\$FMT_CHAR.</b> |
| <r> | REFUSED       |  | <b>RXQ301_C</b> | <b>\$FMT_CHAR.</b> |
|     |               |  | <b>RXQ301_D</b> | <b>\$FMT_CHAR.</b> |
|     |               |  | <b>RXQ301_E</b> | <b>\$FMT_CHAR.</b> |
|     |               |  | <b>RXQ301_F</b> | <b>\$FMT_CHAR.</b> |

RXQ301@a\_\_\_\_\_

RXQ301@b\_\_\_\_\_

RXQ301@c\_\_\_\_\_

RXQ301@d\_\_\_\_\_

RXQ301@e\_\_\_\_\_

RXQ301@f\_\_\_\_\_

RXQ302 Are there any multivitamin, **vitamin D supplements or bottles of cod liver oil** that you have used in the **past 30 days** for which you no longer have a **bottle or container**?

- |     |            |                            |               |                    |
|-----|------------|----------------------------|---------------|--------------------|
| <1> | YES        | <b>(GO TO RXQ 303)</b>     | <b>RXQ302</b> | <b>FMT_YES_NO.</b> |
| <2> | NO         | <b>(SKIP TO RXQ304pre)</b> |               |                    |
| <d> | DON'T KNOW | <b>(SKIP TO RXQ304pre)</b> |               |                    |
| <r> | REFUSED    | <b>(SKIP TO RXQ304pre)</b> |               |                    |

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

RXQ303 What is the name of each such supplement?

**INTERVIEWER: ENTER THE NAME OF EACH SUPPLEMENT UNTIL NO MORE SUPPLEMENTS, THEN HIT X TO EXIT QUESTION**

- <1> ENTER NAME(S)
- <d> DON'T KNOW
- <r> REFUSED

- RXQ303\_A \$FMT\_CHAR.
- RXQ303\_B \$FMT\_CHAR.
- RXQ303\_C \$FMT\_CHAR.
- RXQ303\_D \$FMT\_CHAR.
- RXQ303\_E \$FMT\_CHAR.
- RXQ303\_F \$FMT\_CHAR.

RXQ303@a \_\_\_\_\_

RXQ303@b \_\_\_\_\_

RXQ303@c \_\_\_\_\_

RXQ303@d \_\_\_\_\_

RXQ303@e \_\_\_\_\_

RXQ303@f \_\_\_\_\_

**[if RXQ301 @ ne <1> and RXQ303 ne <1> END SECTION]**

RXQ304pre For these questions, please only think about the last 30 days. Please answer each question as best you can, and estimate if you are not sure.

**INTERVIEWER: HIT ENTER TO CONTINUE**

RXQ304\_# In the last 30 days, on how many days per week have you taken [Fill drug name]?  
Would you say none or less than 1 day per week, 1 day per week, 2 days per week, 3 to 4 days per week, 5 to 6 days per week or every day?

**(INTERVIEWER: HAND CARD)**

- <0> NONE OR LESS THAN 1 DAY PER WEEK
- <1> 1 DAY PER WEEK
- <2> 2 DAYS PER WEEK
- <3> 3-4 DAYS PER WEEK
- <5> 5-6 DAYS PER WEEK
- <7> EVERY DAY
- <d> DON'T KNOW
- <r> REFUSED

- RXQ304\_A FMT\_RXQ304\_.
- RXQ304\_B FMT\_RXQ304\_.
- RXQ304\_C FMT\_RXQ304\_.
- RXQ304\_D FMT\_RXQ304\_.
- RXQ304\_E FMT\_RXQ304\_.
- RXQ304\_F FMT\_RXQ304\_.
- RXQ304\_G FMT\_RXQ304\_.
- RXQ304\_H FMT\_RXQ304\_.
- RXQ304\_I FMT\_RXQ304\_.
- RXQ304\_J FMT\_RXQ304\_.
- RXQ304\_K FMT\_RXQ304\_.
- RXQ304\_L FMT\_RXQ304\_.

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

**RXQ305\_# INTERVIEWER: ENTER THE SERVING SIZE (NUMBER OF PILLS OR CHEWS OR VOLUME OF LIQUID OR AMOUNT OF POWDER) ON THE SUPPLEMENT LABEL OF [fill drug name].**

<0.00 – 30.00> NUMBER (SERVING SIZE)

<d> DON'T KNOW  
<r> REFUSED

**THE UNIT FOR THE SERVING OF [fill drug name]:**

<1> PILLS OR CHEWS  
<2> VOLUME IN MLS OR CC  
<3> VOLUME IN OUNCES (OZ)  
<4> TEASPOON (TSP)  
<5> TABLESPOON (TBSP)  
<6> SCOOPS (POWDER)

<d> DON'T KNOW  
<r> REFUSED

RXQ305_A1	FMT_NUMERIC
RXQ305_B1	FMT_NUMERIC
RXQ305_C1	FMT_NUMERIC
RXQ305_D1	FMT_NUMERIC
RXQ305_E1	FMT_NUMERIC
RXQ305_F1	FMT_NUMERIC
RXQ305_G1	FMT_NUMERIC
RXQ305_H1	FMT_NUMERIC
RXQ305_I1	FMT_NUMERIC
RXQ305_J1	FMT_NUMERIC
RXQ305_K1	FMT_NUMERIC
RXQ305_L1	FMT_NUMERIC
RXQ305_A2	FMT_RXQ305_.
RXQ305_B2	FMT_RXQ305_.
RXQ305_C2	FMT_RXQ305_.
RXQ305_D2	FMT_RXQ305_.
RXQ305_E2	FMT_RXQ305_.
RXQ305_F2	FMT_RXQ305_.
RXQ305_G2	FMT_RXQ305_.
RXQ305_H2	FMT_RXQ305_.
RXQ305_I2	FMT_RXQ305_.
RXQ305_J2	FMT_RXQ305_.
RXQ305_K2	FMT_RXQ305_.
RXQ305_L2	FMT_RXQ305_.

**RXQ306\_# INTERVIEWER: ENTER THE IU OF VITAMIN D PER SERVING ON THE SUPPLEMENT LABEL OF [Fill drug name]**

**(IF NONE, ENTER 0):**

<0-50,000> IU

<d> DON'T KNOW  
<r> REFUSED

RXQ306_A	FMT_NUMERIC.
RXQ306_B	FMT_NUMERIC.
RXQ306_C	FMT_NUMERIC.
RXQ306_D	FMT_NUMERIC.
RXQ306_E	FMT_NUMERIC.
RXQ306_F	FMT_NUMERIC.
RXQ306_G	FMT_NUMERIC.
RXQ306_H	FMT_NUMERIC.
RXQ306_I	FMT_NUMERIC.
RXQ306_K	FMT_NUMERIC.
RXQ306_L	FMT_NUMERIC.

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

RXQ307      On the days you took the {fill drug name}, how many {fill unit} did you take?

<1-30.00>      {fill unit}

<d>      DON'T KNOW

<r>      REFUSED

**[REPEAT RXQ304 – RXQ307 for each drug listed at RXQ301  
AND RXQ303]**

RXQ307\_A FMT\_NUMERIC.  
 RXQ307\_B FMT\_NUMERIC.  
 RXQ307\_C FMT\_NUMERIC.  
 RXQ307\_D FMT\_NUMERIC.  
 RXQ307\_E FMT\_NUMERIC.  
 RXQ307\_F FMT\_NUMERIC.  
 RXQ307\_G FMT\_NUMERIC.  
 RXQ307\_H FMT\_NUMERIC.  
 RXQ307\_I FMT\_NUMERIC.  
 RXQ307\_K FMT\_NUMERIC.  
 RXQ307\_L FMT\_NUMERIC.