

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)**
- <d> DON'T KNOW **(Skip to RXQ296)**
- <r> REFUSED **(Skip to RXQ296)**

RXQ032
FMT_YES_NO.

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_____	RXQ042_A	\$FMT_CHAR.
RXQ042@b_____	RXQ042_B	\$FMT_CHAR.
RXQ042@c_____	RXQ042_C	\$FMT_CHAR.
RXQ042@d_____	RXQ042_D	\$FMT_CHAR.
RXQ042@e_____	RXQ042_E	\$FMT_CHAR.
RXQ042@f_____	RXQ042_F	\$FMT_CHAR.
	RXQ042_G	\$FMT_CHAR.
	RXQ042_H	\$FMT_CHAR.
	RXQ042_I	\$FMT_CHAR.

RXQ042@g_____

RXQ042@h_____

RXQ042@i_____

RXQ042@qq ARE THERE MORE PRESCRIPTION MEDICINES?

- <1> YES **(go to RXQ042@j)**
- <2> NO

RXQ042_QQ FMT_YES_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.
	RXQ042_L	\$FMT_CHAR.
RXQ042p2@l_____	RXQ042_M	\$FMT_CHAR.
	RXQ042_N	\$FMT_CHAR.
RXQ042p2@m_____	RXQ042_O	\$FMT_CHAR.
	RXQ042_P	\$FMT_CHAR.
RXQ042p2@n_____	RXQ042_Q	\$FMT_CHAR.
	RXQ042_R	\$FMT_CHAR.
RXQ042p2@o_____	RXQ042_S	\$FMT_CHAR.
	RXQ042_T	\$FMT_CHAR.
RXQ042p2@p_____		
RXQ042p2@q_____		
RXQ042p2@r_____		
RXQ042p2@s_____		
RXQ042p2@t_____		

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

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_____	RXQ235_A	\$FMT_CHAR.
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PRESCRIPTION MEDICATIONS AND SELECT OTC DRUGS (RXQ)

RXQ235@b _____	RXQ235_B	\$FMT_CHAR.
RXQ235@c _____	RXQ235_C	\$FMT_CHAR.
RXQ235@d _____	RXQ235_D	\$FMT_CHAR.
RXQ235@e _____	RXQ235_E	\$FMT_CHAR.
RXQ235@f _____	RXQ235_F	\$FMT_CHAR.
	RXQ235_G	\$FMT_CHAR.
	RXQ235_H	\$FMT_CHAR.
	RXQ235_I	\$FMT_CHAR.

RXQ235@g _____

RXQ235@h _____

RXQ235@i _____

RXQ235@qq ARE THERE MORE PRESCRIPTION MEDICINES?

<1> YES (go to RXQ235@j) <2> NO RXQ235_QQ FMT_YES_NO.

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

RXQ235p2@j _____	RXQ235_J	\$FMT_CHAR.
RXQ235p2@k _____	RXQ235_K	\$FMT_CHAR.
RXQ235p2@l _____	RXQ235_L	\$FMT_CHAR.
RXQ235p2@m _____	RXQ235_M	\$FMT_CHAR.
RXQ235p2@n _____	RXQ235_N	\$FMT_CHAR.
RXQ235p2@o _____	RXQ235_O	\$FMT_CHAR.
RXQ235p2@p _____	RXQ235_P	\$FMT_CHAR.
	RXQ235_Q	\$FMT_CHAR.
	RXQ235_R	\$FMT_CHAR.
	RXQ235_S	\$FMT_CHAR.
	RXQ235_T	\$FMT_CHAR.

RXQ235p2@q _____

RXQ235p2@r _____

RXQ235p2@s _____

RXQ235p2@t _____

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

PRESCRIPTION MEDICATIONS AND SELECT OTC DRUGS (RXQ)

- <1> YES
 <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?

- <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
 <2> Low dose aspirin to protect heart
 <3> Drugs for pain/analgesics (including regular dose aspirin, Motrin, Tylenol, etc.)
 <4> Allergy medications
 <5> Drugs to help stop smoking, including nicotine gum
 <6> Drugs for intestinal problems
 <8> Drugs for cold and cough
 <10> Drugs to help you lose or gain weight
 <11> Vitamins or minerals (including calcium supplements)
 <12> Other (Specify)

 <d> DON'T KNOW
 <r> REFUSED

RXQ296_A	FMT_RXQ296_.
RXQ296_B	FMT_RXQ296_.
RXQ296_C	FMT_RXQ296_.
RXQ296_D	FMT_RXQ296_.
RXQ296_E	FMT_RXQ296_.
RXQ296_F	FMT_RXQ296_.
RXQ296_G	FMT_RXQ296_.
RXQ296_H	FMT_RXQ296_.
RXQ296_I	FMT_RXQ296_.
RXQ296_OTHER	\$FMT_CHAR.

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

INTERVIEWER: HIT ENTER TO CONTINUE

PRESCRIPTION MEDICATIONS AND SELECT OTC DRUGS (RXQ)

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

RXQ300 FMT_YES_NO.

- <1> YES
 <2> NO (SKIP TO RXQ310)
 <d> DON'T KNOW (SKIP TO RXQ310)
 <r> REFUSED (SKIP TO RXQ310)

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)
 <d> DON'T KNOW
 <r> REFUSED

RXQ301@a _____	RXQ301_A \$FMT_CHAR.
RXQ301@b _____	RXQ301_B \$FMT_CHAR.
RXQ301@c _____	RXQ301_C \$FMT_CHAR.
RXQ301@d _____	RXQ301_D \$FMT_CHAR.
	RXQ301_E \$FMT_CHAR.
	RXQ301_F \$FMT_CHAR.

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?

RXQ302 FMT_YES_NO.

- <1> YES (GO TO RXQ 303)
 <2> NO (SKIP TO RXQ304pre)
 <d> DON'T KNOW (SKIP TO RXQ304pre)
 <r> REFUSED (SKIP TO RXQ304pre)

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

PRESCRIPTION MEDICATIONS AND SELECT OTC DRUGS (RXQ)

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

RXQ303@a _____	RXQ303_A \$FMT_CHAR.
RXQ303@b _____	RXQ303_B \$FMT_CHAR.
RXQ303@c _____	RXQ303_C \$FMT_CHAR.
RXQ303@d _____	RXQ303_D \$FMT_CHAR.
	RXQ303_E \$FMT_CHAR.
	RXQ303_F \$FMT_CHAR.
RXQ303@e _____	
RXQ303@f _____	

[if RXQ301 @ ne <1> and RXQ303 ne <1> GO TO RXQ310]

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]. DO NOT ENTER THE SERVINGS PER CONTAINER.**

<0.00 – 30.00> NUMBER (SERVING SIZE)

<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.

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_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_J 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

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_J FMT_NUMERIC.
 RXQ307_K FMT_NUMERIC.
 RXQ307_L FMT_NUMERIC.

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

RXQ310 Are you currently using probiotic supplements? Specifically, we are referring to pills containing healthy bacteria.

<1> YES

<2> NO

RXQ310 FMT_YES_NO.

<d> DON'T KNOW

<r> REFUSED

RXQ315 In the past 12 months, have you taken a proton pump inhibitor? Proton pump inhibitors are drugs that suppress the production of acid in your stomach.

(INTERVIEWER HAND CARD)

Some examples of trade (generic) names are: Aciphex (rabeprazole), Protonix (pantoprazole), Nexium (esomeprazole), Prevacid (lansoprazole), Kapidex (dexlansoprazole), Zegerid (omeprazole/sodium bicarbonate), Prilosec R (omeprazole), Dexilant R (dexlansoprazole).

<1> YES

<2> NO

RXQ315 FMT_YES_NO.

<d> DON'T KNOW

<r> REFUSED

RXQ320 In the past 12 months, have you taken an antibiotic (a drug used to treat an infection)?

<1> YES

<2> NO **(END OF QUESTIONNAIRE)**

RXQ320 FMT_YES_NO.

PRESCRIPTION MEDICATIONS AND SELECT OTC DRUGS (RXQ)

<d> DON'T KNOW (END OF QUESTIONNAIRE)
<r> REFUSED (END OF QUESTIONNAIRE)

RXQ325 What is the name of each antibiotic you took in the past 12 months?

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

RXQ325@a _____	RXQ325_A \$FMT_CHAR.
	RXQ325_B \$FMT_CHAR.
RXQ325@b _____	RXQ325_C \$FMT_CHAR.
	RXQ325_D \$FMT_CHAR.
RXQ325@c _____	RXQ325_E \$FMT_CHAR.
	RXQ325_F \$FMT_CHAR.
RXQ325@d _____	RXQ325_G \$FMT_CHAR.
	RXQ325_H \$FMT_CHAR.
RXQ325@e _____	RXQ325_I \$FMT_CHAR.
RXQ325@f _____	
RXQ325@g _____	
RXQ325@h _____	
RXQ325@i _____	

RXQ330 How many different times in the past 12 months did you take each of the antibiotics you listed?

INTERVIEWER: ENTER THE TIMES EACH DRUG WAS TAKEN UNTIL NO MORE DRUGS, THEN HIT X TO EXIT QUESTION

<1-12> NUMBER OF TIMES TAKEN
<d> DON'T KNOW
<r> REFUSED

RXQ330@a _____	RXQ330_A FMT_NUMERIC.
	RXQ325_B FMT_NUMERIC.
RXQ330@b _____	RXQ325_C FMT_NUMERIC.
	RXQ325_D FMT_NUMERIC.
RXQ330@c _____	RXQ325_E FMT_NUMERIC.
	RXQ325_F FMT_NUMERIC.
	RXQ325_G FMT_NUMERIC.
	RXQ325_H FMT_NUMERIC.
	RXQ325_I FMT_NUMERIC.

PRESCRIPTION MEDICATIONS AND SELECT OTC DRUGS (RXQ)

RXQ330@d _____

RXQ330@e _____

RXQ330@f _____

RXQ330@g _____

RXQ330@h _____

RXQ330@i _____

[REPEAT RXQ330 for each drug listed at RXQ325]