

PHARMACOEPIDEMOLOGY (PH)

*PH1. The next questions are about your use of medicines. First, how many different kinds of prescription medicine have you taken during the past seven days?

(IF NEC: A “prescription medicine” is one that you can only obtain from a doctor or by giving a doctor’s written approval or “prescription” to a pharmacist.)

PROBE INITIAL ZERO/ DK: Please include any prescription medicines, even if you took them only once.

_____ PRESCRIPTION MEDS

DON’T KNOW 998
 REFUSED 999

*PH2. How many different kinds of non-prescription medicine have you taken during the past seven days? Please include vitamins, supplements, and any other type of medicine you obtained without a prescription.

PROBE INITIAL ZERO/ DK: Please include any non-prescription medicines, even if you took them only once.

_____ NON-PRESCRIPTION MEDS

DON’T KNOW 998
 REFUSED 999

*PH2.1. (RB, PG 32) Please turn to Page 32 in the booklet. In the past 12 months, did you take any of the following types of prescription medications under the supervision of a doctor, for your emotions or nerves or your use of alcohol or drugs?

INTERVIEWER: READ EXAMPLES IN PARENTHESES ONLY IF R CANNOT READ

INTERVIEWER: (IF VOL) USE FOR PHYSICAL PROBLEM CODE 7

	YES (1)	NO (5)	(IF VOL) FOR PHYS (7)	DK (8)	RF (9)
*PH2.1a. Sleeping pills or other sedatives, (such as ambien or sonata)?	1	5	7	8	9
*PH2.1b. Anti-depressant medications, (such as prozac or zoloft)?	1	5	7	8	9
*PH2.1c. Tranquilizers, (such as xanax or ativan)?	1	5	7	8	9
*PH2.1d. Amphetamines or other stimulants, (such as ritalin or dextroamphetamine)?	1	5	7	8	9
*PH2.1e. Anti-psychotic medications, (such as haldol or risperdal)?	1	5	7	8	9

*PH2.2. INTERVIEWER CHECKPOINT: (SEE *PH2.1a – *PH2.1f)

AT LEAST ONE RESPONSE CODED ‘1’ OR ‘8’ 1 **GO TO *PH4 INTRO 1**
 ALL OTHERS 2

*PH2.3. Did you take any type of prescription medicine in the past 12 months for problems with your emotions, substance use, energy, concentration, sleep, or ability to cope with stress? Include medicines even if you took them only once.

- YES 1 **GO TO *PH4 INTRO 2**
 NO 5 **GO TO *PEA1, NEXT SECTION**
 DON'T KNOW 8 **GO TO *PEA1, NEXT SECTION**
 REFUSED 9 **GO TO *PEA1, NEXT SECTION**

<p>*PH4 INTRO 1. (RB, PG 32-33) Which of the medicines on this list did you take in the past 12 months for any of the following problems: problems with your emotions, nerves, mental health, substance use, energy, concentration, sleep, or ability to cope with stress? Include medicines even if you took them only once.</p> <p>PROBE: Any others?</p>	<p>*PH4 INTRO 2. (RB, PG 32-33) Which of the medicines on this list did you take for any of those problems in the past 12 months? Include medicines even if you took them only once.</p> <p>PROBE: Any others?</p>
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INTERVIEWER: IF NEC, ASK R TO CONSULT MEDICATION BOTTLES FOR NAMES. RECORD UP TO 20 MENTIONS. RECORD ID NUMBERS IF THE MEDICATIONS ARE LISTED ON THE NEXT PAGE. IF NOT LISTED, RECORD "998" AS THE ID NUMBER. TAKE CARE TO SPELL MED NAME CORRECTLY AND TO WRITE DISTINCTLY FOR MEDS NOT ON THE LIST.

	MEDICATION NAME	ID NUMBER
4a. (MED #1)		
4b. (MED #2)		
4c. (MED #3)		
4d. (MED #4)		
4e. (MED #5)		
4f. (MED #6)		
4g. (MED #7)		
4h. (MED #8)		
4i. (MED #9)		
4j. (MED #10)		
4k. (MED #11)		
4l. (MED #12)		
4m. (MED#13)		
4n. (MED#14)		
4o. (MED #15)		
4p. (MED #16)		
4q. (MED#17)		
4r. (MED #18)		
4s. (MED #19)		
4t. (MED#20)		

ID#	MEDICINE	ID#	MEDICINE	ID#	MEDICINE
1	Acetophenazine	48	Desipramine	95	Librax
2	Adapin	49	Desoxyn	96	Libritabs
3	Adderall	50	Desoxyn Gradumet	97	Librium
4	Alprazolam	51	Desyrel	98	Limbitrol
5	Amantadine	52	Dexedrine	99	Lithium
6	Ambien	53	Dextroamphetamine	100	Lithium Carbonate
7	Amitriptyline	54	Dextrostat	101	Lithium Citrate Syrup
8	Amobarbital	55	Dihydroergotamine Mesylate	102	Lithobid
9	Amoxapine	56	Diazepam	103	Lithonate
10	Amphetamines	57	Diphenhydramine	104	Lithotabs
11	Amytal	58	Disulfiram	105	Lorazepam
12	Anafranil	59	Divalproex	106	Loxapine
13	Antabuse	60	Doral	107	Loxitane
14	Antidepressant	61	Doriden	108	Ludiomil
15	Antipsychotic	62	Doxepin	109	Luminal
16	Aquachloral	63	Droperidol	110	Luvox
17	Artane	64	Duralith	111	Maprotiline
18	Asendin	65	Effexor	112	Marplan
19	Ativan	66	Elavil	113	Mellaril
20	Aventyl	67	Epitol	114	Meprobamate
21	Benadryl	68	Equanil	115	Mesoridazine
22	Benztropine	69	Eskalith	116	Methamphetamine
23	Bupropion	70	Eskalith Cr-450	117	Methotrimeprazine
24	Buspar	71	Estazolam	118	Methyl-Phenidate
25	Buspirone	72	Ethchlorvynol	119	Midazolam
26	Carbamazepine	73	Etrafon	120	Miltown
27	Carbatrol	74	Fluoxetine	121	Mirtazapine
28	Catapres	75	Fluphenazine	122	Mitran
29	Celexa	76	Flurazepam	123	Moban
30	Chloral Hydrate	77	Fluvoxamine	124	Moclobemide
31	Chlordiazepoxide	78	Gabapentin	125	Molindone
32	Chlorpromazine	79	Gen-Xene	126	Nardil
33	Citalopram	80	Glutethimide	127	Navane
34	Clomipramine	81	Halazepam	128	Nefazodone
35	Clonazepam	82	Halcion	129	Nembutal
36	Clonidine	83	Haldol	130	Neuramate
37	Clorazepate	84	Haldol Depot	131	Neurontin
38	Clorazil	85	Haloperidol	132	Norpramine
39	Clorprothixene	86	Hydroxyzine	133	Nortriptyline
40	Clozapine	87	Imipramine	134	Obetrol
41	Clozaril	88	Inapsine	135	Olanzapine
42	Cogentin	89	Inderal	136	Orap
43	Cylert	90	Isocarboxazid	137	Oxazepam
44	Dalmane	91	Janimine	138	Oxybutynin
45	Depacon	92	Klonopin	139	Pamelor
46	Depakene	93	Lamictal	140	Parnate
47	Depakote	94	Lamotrigine	141	Paroxetine

ID	MEDICINE	ID#	MEDICINE	ID#	MEDICINE
142	Paxil	167	Risperidone	192	Tranlycypromine
143	Paxipam	168	Ritalin	193	Trazodone
144	Pemoline	169	Secobarbital	194	Triavil
145	Permitil	170	Seconal	195	Triazolam
146	Perphenazine	171	Serax	196	Trifluoperazine
147	Phenelzine	172	Serentil	197	Triflupromazine
148	Phenergan	173	Seroquel	198	Trihexyphenidyl
149	Phenobarbital	174	Sertraline	199	Trilafon
150	Phenytoin	175	Serzone	200	Trimipramine
151	Pimozide	176	Sinequan	201	Valium
152	Placidyl	177	Sodium Pentobarbital	202	Valproate
153	Prazepam	178	Sodium Valproate	203	Valproic Acid
154	Prolixin	179	Sonata	204	Venlafaxine
155	Prolixin Depot	180	Stelazine	205	Versed
156	Propranolol	181	Surmontil	206	Vesprin
157	Propofol	182	Symmetrel	207	Vistaril
158	Prosom	183	Taractan	208	Vivactil
159	Protriptyline	184	Tegretol	209	Wellbutrin
160	Prozac	185	Temazepam	210	Xanax
161	Quazepam	186	Thioridazine	211	Zaleplon
162	Quetiapine	187	Thiothixene	212	Zoloft
163	Remeron	188	Thorazine	213	Zolpidem
164	Reserpine	189	Tindal	214	Zyban
165	Restoril	190	Tofranil	215	Zyprexa
166	Risperdal	191	Tranxene		

*PH5.1. About how many days out of the past 30 did you take (MED)?

_____ DAYS

DON'T KNOW 998
REFUSED 999

*PH5.2. About how many days out of 365 in the past 12 months did you take (MED)?

_____ DAYS

DON'T KNOW 998
REFUSED 999

*PH5.3. In the past 365 days, what's your best estimate of the month and day you took (MED) for the first time?

PROBE DON'T KNOWS FOR BEST ESTIMATE OF MONTH AND DAY

_____ MONTH _____ DAY _____ YEAR

TODAY 997
DON'T KNOW 998
REFUSED 999

*PH5.4. What's your best estimate of the month and day you took (MED) most recently?

PROBE DON'T KNOWS FOR BEST ESTIMATE OF MONTH AND DAY

_____ MONTH _____ DAY _____ YEAR

TODAY 997
DON'T KNOW 998
REFUSED 999

*PH5.5. How much (MED) did you usually take on the days you took it?

(PROBE: Was that a pill, injection, teaspoon, tablespoon, drops or doses by syringe?)

INTERVIEWER: CODE FRACTIONS AS DECIMALS:

1/4 = 0.25
1/3 = 0.33
1/2 = 0.50

_____ NUMBER

PILLS 1
INJECTIONS 2
TEASPOONS 3
TABLESPOONS 4
DROPS 5
DOSES BY SYRINGE 6

DON'T KNOW 998
REFUSED 999

<p>*PH14.1. (RB, PG 34) (Look at page 34 in your booklet.) You mentioned taking (MED). What problem(s) did you take the (MED) for?</p> <p>(IF NEC: How did you think it would help you?)</p> <p>INTERVIEWER: CIRCLE ALL THAT APPLY.</p> <p>PROBE UNTIL NO MORE MENTIONS: Any other problem you took the (MED) for?</p>	<p>I. <u>MOOD</u></p> <p>SADNESS/ DEPRESSION/ CRYING 1</p> <p>MANIC MOOD 17</p> <p>ANGER OR IRRITABILITY 18</p> <p>NERVES/ ANXIETY 2</p> <p>PANIC..... 3</p> <p>SUICIDAL THOUGHTS..... 4</p> <p>II. <u>PHYSICAL SYMPTOMS</u></p> <p>LOW ENERGY 5</p> <p>POOR APPETITE..... 6</p> <p>POOR SLEEP 7</p> <p>PHYSICAL PAIN..... 8</p> <p>III. <u>COGNITIVE SYMPTOMS</u></p> <p>POOR CONCENTRATION 9</p> <p>POOR MEMORY 10</p> <p>IV. <u>ROLE FUNCTIONING</u></p> <p>LITTLE OR NO SEXUAL FUNCTIONING 11</p> <p>MARITAL PROBLEMS..... 12</p> <p>NOT GETTING ALONG WITH OTHERS..... 13</p> <p>POOR WORK PERFORMANCE..... 14</p> <p>V. <u>OTHER</u></p> <p>ALCOHOL/ DRUG PROBLEMS 15</p> <p>OTHER (SPECIFY)..... 16</p> <hr/> <p>DON'T KNOW 98</p> <p>REFUSED 99</p>
<p>*PH14.2. Overall, how effective was (MED) in doing the things you expected it to do – very, somewhat, not very, or not at all effective?</p> <p>IF VOL “EFFECTIVE IN SOME WAYS AND NOT OTHERS,” PROBE: Taking everything into consideration, how would you rate its <u>overall</u> effectiveness? (Was it very, somewhat, not very, or not at all effective?)</p>	<p>VERY EFFECTIVE..... 1</p> <p>SOMEWHAT EFFECTIVE 2</p> <p>NOT VERY EFFECTIVE 3</p> <p>NOT AT ALL EFFECTIVE 4</p> <p>DON'T KNOW 8</p> <p>REFUSED 9</p>
<p>*PH15. (Did you take/ Are you taking) (MED) under the supervision of a health professional? Or, (did you take/ are you taking) it on your own without the supervision of a health professional?</p>	<p>WITH SUPERVISION 1</p> <p>ON OWN/WITHOUT SUPERVISION.... 2 GO TO *PH17</p> <p>DON'T KNOW..... 8 GO TO *PH17</p> <p>REFUSED..... 9 GO TO *PH17</p>

<p>*PH15.1. Who prescribed the (medication/ MED) – a psychiatrist, a general or family doctor, some other medical doctor, or some other health professional?</p>	<p>PSYCHIATRIST1 GENERAL OR FAMILY DOCTOR.....2 SOME OTHER DOCTOR.....3 SOME OTHER HEALTH PROFESSIONAL.....4 (IF VOL) NO ONE PRESCRIBED THE MEDICATION5 (IF VOL) OTHER (SPECIFY).....6</p> <hr/> <p>DON'T KNOW8 REFUSED9</p>
<p>*PH16. People do not always take their medicine as they are supposed to. Think of a typical month when you took (MED) in the past 12 months. How many days out of 30 did you typically either <u>forget</u> to take it or take <u>less</u> of it than you were supposed to take?</p>	<p>_____ (0-30) NUMBER OF DAYS</p> <p>NOT SUPPOSED TO TAKE REGULARLY 996 (IF VOL) NEVER TOOK FOR FULL MONTH..... 997 DON'T KNOW..... 998 REFUSED..... 999</p>
<p>*PH17. Are you still taking (MED)?</p> <p>YES..... 1 GO TO *PH14.1 FOR NEXT MED OR *PEA1 NO..... 5 DON'T KNOW.. 8 GO TO *PH14.1 FOR NEXT MED OR *PEA1 REFUSED..... 9 GO TO *PH14.1 FOR NEXT MED OR *PEA1</p>	
<p>*PH18. INTERVIEWER CHECKPOINT: (SEE *PH15)</p> <p>*PH15 EQUALS '1' 1 ALL OTHERS..... 2 GO TO *PH20</p>	
<p>*PH19. Did the health professional who supervised your use tell you to stop taking (MED)?</p>	<p>YES..... 1 GO TO *PH14.1 FOR NEXT MED OR *PEA1, NEXT SECTION</p> <p>NO 5 (IF VOL) I DECIDED AND PROFESSIONAL AGREED.. 7 GO TO *PH20 DON'T KNOW..... 8 REFUSED 9</p>
<p>*PH19a. Did the professional agree with your decision to stop?</p>	<p>YES..... 1 NO 5 (IF VOL) I NEVER WENT BACK TO THE PROFESSIONAL 7 DON'T KNOW..... 8 REFUSED 9</p>
<p>*PH20. Did you stop taking (MED) because you felt so much better that you no longer needed it? Or did you stop for some other reason?</p>	<p>FELT BETTER..... 1 GO TO *PH14.1 FOR NEXT MED OR*PEA1, NEXT SECTION</p> <p>OTHER REASON 2 DON'T KNOW..... 8 REFUSED..... 9</p>

<p>*PH20a. (RB, PG 35) (Looking at page 35 in your booklet,) which of these are reasons why you stopped taking (MED):</p> <p>PROBE UNTIL NO MORE MENTIONS: Any other reasons?</p> <p>INTERVIEWER: CIRCLE ALL THAT APPLY. READ LIST ALOUD IF R CANNOT READ.</p>	<p>THE MEDICINE WAS NOT HELPING..... 1 YOU THOUGHT THE PROBLEM WOULD GET BETTER WITHOUT MORE MEDICINE.....2 YOU COULDN'T AFFORD TO PAY FOR THE MEDICINE.....3 YOU WERE TOO EMBARRASSED TO CONTINUE TAKING THE MEDICINE...4 YOU WANTED TO SOLVE THE PROBLEM WITHOUT MEDICATIONS5 THE MEDICINE CAUSED SIDE-EFFECTS THAT MADE YOU STOP6 YOU WERE AFRAID THAT YOU WOULD GET DEPENDENT ON THE MEDICATION ..7 SOMEONE IN YOUR PERSONAL LIFE PRESSURED YOU TO STOP.....8 ANY OTHER REASON FOR STOPPING (SPECIFY)9</p> <hr/> <p>DON'T KNOW998 REFUSED999</p>
<p>*PH20a.1. INTERVIEWER CHECKPOINT: (SEE *PH20a)</p> <p>*PH20a EQUALS '6'1 ALL OTHERS.....2</p> <p>GO TO *PH14.1 FOR NEXT MED OR *PEA1, NEXT SECTION</p>	<p style="background-color: black; color: black;">[REDACTED]</p>
<p>*PH20b. What were the side effects that made you stop taking (MED)?</p> <p>PROBE: Any other side effects that made you stop taking (MED)?</p>	<p>SLEEP DISTURBANCES 1 VISION DISTURBANCES 2 NAUSEA.....3 VOMITING.....4 DRY MOUTH.....5 ANXIETY AND IRRITABILITY 6 AGITATION7 LOSS OF SEXUAL DRIVE 8 PROBLEMS IN SEXUAL PERFORMANCE..... 9 LOSS OF CONCENTRATION 10 NOT FEELING WELL 11 TREMORS 12 LOSS OF CONTROL OVER MYSELF 13 FATIGUE AND LOW ENERGY 14 ANY OTHER SIDE EFFECT FOR STOPPING (SPECIFY) 15</p> <hr/> <p>DON'T KNOW 98 REFUSED 99</p>

GO TO *PEA1, NEXT SECTION