

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

- *PH3.1. (RB, PG 30-31) The next question is about prescription medicines that you might have used 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. The medications most commonly used for these problems are listed on pages 30 and 31 in your booklet. Did you use any of these medications for any of the problems I just mentioned at any time in the past 12 months?

PROBE INITIAL NO/DK: Include medicines even if you took them only once.

YES 1
NO 5 **GO TO *SR1, NEXT SECTION**
DON’T KNOW 8 **GO TO *SR1, NEXT SECTION**
REFUSED 9 **GO TO *SR1, NEXT SECTION**

*PH4. What were the names of these medicines? PROBE: Any other?

INTERVIEWER: IF NEC, ASK R TO CONSULT MEDICATION BOTTLES FOR NAMES. RECORD UP TO 10 MEDS. RECORD ID NUMBERS IF THE MEDS 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. AFTER RECORDING UP TO 10 MEDS, ASK THE FOLLOW-UP QUESTIONS *PH12 - *PH12b FOR EVERY MED MENTIONED.

	MEDICATION NAME	ID NUMBER	*PH12. About how many days out of 365 in the past 12 months did you take (MED)?
4a. (MED #1)			<p>_____ DAY(S)</p> <p>DON'T KNOW 998</p> <p>REFUSED 999</p>
4b. (MED #2)			<p>_____ DAY(S)</p> <p>DON'T KNOW 998</p> <p>REFUSED 999</p>
4c. (MED #3)			<p>_____ DAY(S)</p> <p>DON'T KNOW 998</p> <p>REFUSED 999</p>
4d. (MED #4)			<p>_____ DAY(S)</p> <p>DON'T KNOW 998</p> <p>REFUSED 999</p>
4e. (MED #5)			<p>_____ DAY(S)</p> <p>DON'T KNOW 998</p> <p>REFUSED 999</p>
4f. (MED #6)			<p>_____ DAY(S)</p> <p>DON'T KNOW 998</p> <p>REFUSED 999</p>
4g. (MED #7)			<p>_____ DAY(S)</p> <p>DON'T KNOW 998</p> <p>REFUSED 999</p>
4h. (MED #8)			<p>_____ DAY(S)</p> <p>DON'T KNOW 998</p> <p>REFUSED 999</p>
4i. (MED #9)			<p>_____ DAY(S)</p> <p>DON'T KNOW 998</p> <p>REFUSED 999</p>
4j. (MED #10)			<p>_____ DAY(S)</p> <p>DON'T KNOW 998</p> <p>REFUSED 999</p>

<p>*PH12a. In the past 365 days, what's your best estimate of the month and day you took (MED) for the first time?</p> <p>PROBE DON'T KNOWS FOR BEST ESTIMATE OF MONTH AND DAY</p>	<p>*PH12b. What's your best estimate of the month and day you took (MED) most recently?</p> <p>PROBE DON'T KNOWS FOR BEST ESTIMATE OF MONTH AND DAY</p>
<p>_____ MONTH _____ DAY _____ YEAR</p> <p>TODAY 997</p> <p>DON'T KNOW 998</p> <p>REFUSED 999</p>	<p>_____ MONTH _____ DAY _____ YEAR GO TO NEXT MED OR *PH13</p> <p>TODAY 997 GO TO NEXT MED OR *PH13</p> <p>DON'T KNOW 998 GO TO NEXT MED OR *PH13</p> <p>REFUSED 999 GO TO NEXT MED OR *PH13</p>
<p>_____ MONTH _____ DAY _____ YEAR</p> <p>TODAY 997</p> <p>DON'T KNOW 998</p> <p>REFUSED 999</p>	<p>_____ MONTH _____ DAY _____ YEAR GO TO NEXT MED OR *PH13</p> <p>TODAY 997 GO TO NEXT MED OR *PH13</p> <p>DON'T KNOW 998 GO TO NEXT MED OR *PH13</p> <p>REFUSED 999 GO TO NEXT MED OR *PH13</p>
<p>_____ MONTH _____ DAY _____ YEAR</p> <p>TODAY 997</p> <p>DON'T KNOW 998</p> <p>REFUSED 999</p>	<p>_____ MONTH _____ DAY _____ YEAR GO TO NEXT MED OR *PH13</p> <p>TODAY 997 GO TO NEXT MED OR *PH13</p> <p>DON'T KNOW 998 GO TO NEXT MED OR *PH13</p> <p>REFUSED 999 GO TO NEXT MED OR *PH13</p>
<p>_____ MONTH _____ DAY _____ YEAR</p> <p>TODAY 997</p> <p>DON'T KNOW 998</p> <p>REFUSED 999</p>	<p>_____ MONTH _____ DAY _____ YEAR GO TO NEXT MED OR *PH4.2</p> <p>TODAY 997 GO TO NEXT MED OR *PH4.2</p> <p>DON'T KNOW 998 GO TO NEXT MED OR *PH4.2</p> <p>REFUSED 999 GO TO NEXT MED OR *PH4.2</p>
<p>_____ MONTH _____ DAY _____ YEAR</p> <p>TODAY 997</p> <p>DON'T KNOW 998</p> <p>REFUSED 999</p>	<p>_____ MONTH _____ DAY _____ YEAR GO TO NEXT MED OR *PH4.2</p> <p>TODAY 997 GO TO NEXT MED OR *PH4.2</p> <p>DON'T KNOW 998 GO TO NEXT MED OR *PH4.2</p> <p>REFUSED 999 GO TO NEXT MED OR *PH4.2</p>
<p>_____ MONTH _____ DAY _____ YEAR</p> <p>TODAY 997</p> <p>DON'T KNOW 998</p> <p>REFUSED 999</p>	<p>_____ MONTH _____ DAY _____ YEAR GO TO NEXT MED OR *PH4.2</p> <p>TODAY 997 GO TO NEXT MED OR *PH4.2</p> <p>DON'T KNOW 998 GO TO NEXT MED OR *PH4.2</p> <p>REFUSED 999 GO TO NEXT MED OR *PH4.2</p>
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<p>_____ MONTH _____ DAY _____ YEAR</p> <p>TODAY 997</p> <p>DON'T KNOW 998</p> <p>REFUSED 999</p>	<p>_____ MONTH _____ DAY _____ YEAR GO TO NEXT MED OR *PH4.2</p> <p>TODAY 997 GO TO NEXT MED OR *PH4.2</p> <p>DON'T KNOW 998 GO TO NEXT MED OR *PH4.2</p> <p>REFUSED 999 GO TO NEXT MED OR *PH4.2</p>

GENERIC DRUG NAMES

ID#	MEDICINE	ID#	MEDICINE	ID#	MEDICINE	ID#	MEDICINE
1	ACETOPHENAZINE	20	DEXTROAMPHETA- MINE SULFATE	39	MAPROTILINE	58	QUAZEPAM
2	ALPRAZOLAM			40	MEPROBAMATE	59	QUETIAPINE
3	AMITRIPTYLINE	21	DIAZEPAM	41	MESORIDAZINE	60	RISPERIDONE
4	AMOXAPINE	22	DOXEPIN	42	METHAMPHETAMINE	61	SERTRALINE
5	AMPHETAMINE MIXTURES	23	DROPERIDOL	43	METHYL-PHENIDATE	62	TEMAZEPAM
		24	ESTAZOLAM	44	MIRTAZAPINE	63	THIORIDAZINE
6	AMPHETAMINE SULFATE	25	ETHCHLORVYNOL	45	MOLINDONE	64	THIOTHIXENE
		26	FLUOXEXTINE	46	NEFAZODONE	65	TRANLYCYPROMINE
7	BUPROPION	27	FLUPHENAZINE	47	NORTRIPTYLINE	66	TRAZODONE
8	BUSPIRONE	28	FLURAZEPAM	48	OLANZAPINE	67	TRIAZOLAM
9	CARBAMAZEPINE	29	FLUVOXAMINE	49	OXAZEPAM	68	TRIFLUOPERAZINE
10	CHLORAL HYDRATE	30	GABAPENTIN	50	PAROXETINE	69	TRIFLUPROMAZINE
11	CHLORDIAZEPOXIDE	31	HALAZEPAM	51	PEMOLINE	70	TRIMIPRAMINE
12	CHLORPROMAZINE	32	HALOPERIDOL	52	PERPHENAZINE	71	VALPROIC ACID
13	CITALOPRAM	33	IMIPRAMINE	53	PHENELZINE	72	VENLAFAXINE
14	CLOMIPRAMINE	34	ISOCARBOXAZID	54	PIMOZIDE	73	ZALEPLON
15	CLONAZEPAM	35	LAMOTRIGINE	55	PRAZEPAM	74	ZOLPIDEM
16	CLORAZEPATE	36	LITHIUM	56	PROPOFOL		
17	CLORPROTHIXENE	37	LORAZEPAM	57	PROTRIPTYLINE		
18	CLOZAPINE	38	LOXAPINE				
19	DESIPRAMINE						

TRADE DRUG NAMES

ID#	MEDICINE	ID#	MEDICINE	ID#	MEDICINE	ID#	MEDICINE
75	ADAPIN	99	EFFEXOR	123	MELLARIL	147	SERENTIL
76	ADDERALL	100	ELAVIL	124	MILTOWN	148	SEROQUEL
77	AMBIEN	101	EPITOL	125	MITRAN	149	SERZONE
78	ANAFRANIL	102	EQUANIL	126	MOBAN	150	SINEQUAN
79	AQUACHLORAL	103	ESKALITH	127	NARDIL	151	SONATA
80	ASENDIN	104	ETRAFON	128	NAVANE	152	STELAZINE
81	ATIVAN	105	GEN - XENE	129	NEURAMATE	153	SURMONTIL
82	AVENTYL HYDROCHLORIDE	106	HALCION	130	NEURONTIN	154	TARACTAN
		107	HALDOL	131	NORPRAMIN	155	TEGRETOL
83	BUSPAR	108	INAPSINE	132	ORAP	156	THORAZINE
84	CARBATROL	109	JANIMINE	133	PAMELOR	157	TINDAL
85	CELEXA	110	KLONOPIN	134	PARNATE	158	TOFRANIL
86	CENTRAX	111	LAMICTAL	135	PAXIL	159	TRANXENE
87	CLOZARIL	112	LIBRITABS	136	PAXIPAM	160	TRIAVIL
88	CYLERT	113	LIBRIUM	137	PERMITIL	161	TRILAFON
89	DALMANE	114	LIMBITROL	138	PLACIDYL	162	VALIUM
90	DEPACON	115	LITHANE	139	PROLIXIN	163	VESPRIN
91	DEPAKENE	116	LITHOBID	140	PROSOM	164	VIVACTIL
92	DEPAKOTE	117	LITHONATE	141	PROZAC	165	WELLBUTRIN
93	DESOXYN	118	LITHOTABS	142	REMERON	166	XANAX
94	DESYREL	119	LOXITANE	143	RESTORIL	167	ZOLOFT
95	DEXEDRINE	120	LUDIOMIL	144	RISPERDAL	168	ZYBAN
96	DEXTROSTAT	121	LUVOX	145	RITALIN	169	ZYPREXA
97	DIPRIVAN	122	MARPLAN	146	SERAX	997	OTHER
98	DORAL						

***PH4.2. INTERVIEWER CHECKPOINT: (SEE REFERENCE CARD, PHARMACOEPIDEIMIOLOGY SECTION)**

STEP 1. IN THE SEQUENTIAL NUMBER COLUMN, STARTING WITH ONE, NUMBER SEQUENTIALLY EACH ENDORSED MEDICINE (1, 2, 3, 4,...). CIRCLE THE TOTAL NUMBER OF MEDICINES REPORTED IN THE LEFT-HAND COLUMN BELOW

STEP 2. IN COLUMNS 0-9 IN THE GRID, FIND THE COLUMN HEADING THAT MATCHES THE LAST DIGIT OF RANDOM ID. MOVE DOWN THIS COLUMN UNTIL YOU ARE AT THE ROW WITH THE TOTAL NUMBER OF MEDICINES CIRCLED. CIRCLE THE NUMBER IN THIS COLUMN.

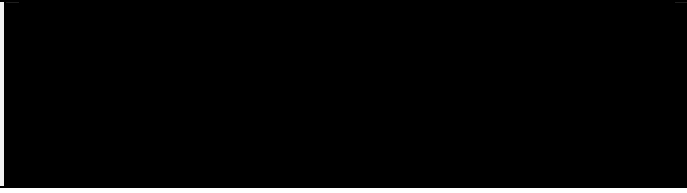
THIS WILL BE MED #1. GO TO *PH SECTION ON REFERENCE CARD (SIDE TWO) AND RECORD THE NAME OF THE MEDICINE.

RANDOMLY ASSIGNED MEDICINE										
TOTAL NUMBER OF MEDICINES REPORTED	RANDOM ID NUMBER ENDS IN THE NUMBER									
	0	1	2	3	4	5	6	7	8	9
0	GO TO *SR1, NEXT SECTION									
4	2	3	4	1	2	3	4	1	2	3
5	3	4	5	1	2	3	4	5	1	2
6	3	4	5	6	1	2	3	4	5	6
7	1	2	3	4	5	6	7	1	2	3
8	4	5	6	7	8	1	2	3	4	5
9	6	7	8	9	1	2	3	4	5	6
10	7	8	9	10	1	2	3	4	5	6

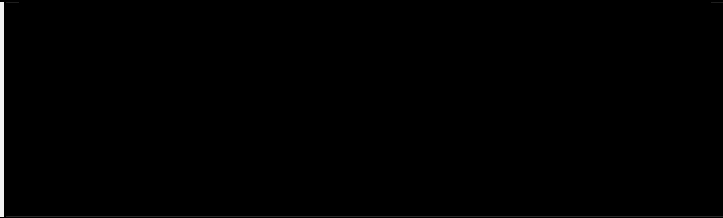
STEP 3. MED #2 AND MED #3 WILL BE THE NEXT CONSECUTIVE MEDICINES MENTIONED FROM THE ONE PICKED AT RANDOM. (EX. IF R LISTS SEVEN MEDICINES IN TOTAL AND INTERVIEWER RANDOMLY PICKS THE SIXTH MEDICINE MENTIONED, THEN THE SIXTH MEDICINE MENTIONED BECOMES MED #1, THE SEVENTH MEDICINE MENTIONED BECOMES MED #2, AND THE FIRST MEDICINE MENTIONED BECOMES MED #3.)

GO TO *PH SECTION ON REFERENCE CARD (SIDE TWO) AND RECORD THE NAME OF THE MEDICINES.

<p>*PH13. Now I'm going to ask you more specific questions about your use of (MED#1). How much (MED#1) did you usually take on the days you took it?</p> <p>NAME OF MED#1 _____</p> <p>CODE FRACTIONS AS DECIMALS: 1/4 = 0.25 1/3 = 0.33 1/2 = 0.50</p> <p>(PROBE: Was that a pill, injection, teaspoon, tablespoon, drops or doses by syringe?)</p>	<p>_____ NUMBER</p> <p>PILLS 1 INJECTIONS 2 TEASPOONS 3 TABLESPOONS 4 DROPS 5 DOSES BY SYRINGE 6</p> <p>DON'T KNOW 998 REFUSED 999</p>
<p>*PH14. How many milligrams of medicine were in each (pill/ injection/ teaspoon/tablespoon/drop/dose of syringe)?</p> <p>INTERVIEWER: IF NEC, ASK R TO CONSULT MEDICINE BOTTLE.</p>	<p>_____ MG</p> <p>DON'T KNOW 9998 REFUSED 9999</p>
<p>*PH15. Did you take (MED #1) under the supervision of a health professional? Or, did you take it on your own without the supervision of a health professional?</p>	<p>WITH SUPERVISION 1 ON OWN/ WITHOUT SUPERVISION ... 2 GO TO *PH17 DON'T KNOW 8 GO TO *PH17 REFUSED 9 GO TO *PH17</p>
<p>*PH16. People do not always take their medicine as they are supposed to. Think of a typical month when you took (MED #1) 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 or have you stopped taking (MED #1)?</p>	<p>STILL TAKING 1 GO TO *PH20b STOPPED 2 DON'T KNOW 8 REFUSED 9</p>
<p>*PH18. INTERVIEWER CHECKPOINT: (SEE *PH15)</p> <p>*PH15 CODED '1' 1 ALL OTHERS 2 GO TO *PH20</p>	<p style="background-color: black; color: black;">[REDACTED]</p>
<p>*PH19. Did the health professional who supervised your use tell you to stop taking it?</p>	<p>YES 1 GO TO *PH20b 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 it 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 *PH20b OTHER REASON2 DON'T KNOW8 REFUSED9</p>
<p>*PH20a. (RB, PG 32) (Looking at page 32 in your booklet,) which of these are reasons why you stopped:</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 MEDICATIONS 5 THE MEDICINE CAUSED SIDE-EFFECTS THAT MADE YOU STOP 6 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/> <hr/> <p>DON'T KNOW 998 REFUSED 999</p>
<p>*PH20b. INTERVIEWER CHECKPOINT: (SEE *PH4)</p> <p>MED #2 IS RECORDED1 ALL OTHERS2 GO TO *SR1, NEXT SECTION</p>	

<p>*PH23. Now I'm going to ask you more specific questions about your use of (MED#2). How much (MED#2) did you usually take on the days you took it?</p> <p>NAME OF MED#2 _____</p> <p>CODE FRACTIONS AS DECIMALS: 1/4 = 0.25 1/3 = 0.33 1/2 = 0.50</p> <p>(PROBE: Was that a pill, injection, teaspoon, tablespoon, drops or doses by syringe?)</p>	<p>_____ NUMBER</p> <p>PILLS 1 INJECTIONS 2 TEASPOONS 3 TABLESPOONS 4 DROPS 5 DOSES BY SYRINGE 6</p> <p>DON'T KNOW 998 REFUSED 999</p>
<p>*PH24. How many milligrams of medicine were in each (pill/ injection/ teaspoon/tablespoon/drop/dose of syringe)?</p> <p>INTERVIEWER: IF NEC, ASK R TO CONSULT MEDICINE BOTTLE.</p>	<p>_____ MG</p> <p>DON'T KNOW 9998 REFUSED 9999</p>
<p>*PH25. Did you take (MED #2) under the supervision of a health professional? Or, did you take it on your own without the supervision of a health professional?</p>	<p>WITH SUPERVISION 1 ON OWN/ WITHOUT SUPERVISION ... 2 GO TO *PH27 DON'T KNOW 8 GO TO *PH27 REFUSED 9 GO TO *PH27</p>
<p>*PH26. People do not always take their medicine as they are supposed to. Think of a typical month when you took (MED #2) 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>*PH27. Are you still taking or have you stopped taking (MED #2)?</p>	<p>STILL TAKING 1 GO TO *PH30b STOPPED 2 DON'T KNOW 8 REFUSED 9</p>
<p>*PH28. INTERVIEWER CHECKPOINT: (SEE *PH25)</p> <p>*PH25 CODED '1' 1 ALL OTHERS 2 GO TO *PH30</p>	<p style="background-color: black; color: black;">[REDACTED]</p>
<p>*PH29. Did the health professional who supervised your use tell you to stop taking it?</p>	<p>YES 1 GO TO *PH30b NO 5 (IF VOL) I DECIDED AND PROFESSIONAL AGREED 7 GO TO *PH30 DON'T KNOW 8 REFUSED 9</p>
<p>*PH29a. 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>*PH30. Did you stop taking it 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 *PH30b OTHER REASON 2 DON'T KNOW 8 REFUSED 9</p>
<p>*PH30a. (RB, PG 32) (Looking at page 32 in your booklet,) which of these are reasons why you stopped:</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 MEDICATIONS 5 THE MEDICINE CAUSED SIDE-EFFECTS THAT MADE YOU STOP 6 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/> <hr/> <p>DON'T KNOW 998 REFUSED 999</p>
<p>*PH30b. INTERVIEWER CHECKPOINT: (SEE *PH4)</p> <p>MED #3 IS RECORDED 1 ALL OTHERS 2 GO TO *SR1, NEXT SECTION</p>	

<p>*PH33. Now I'm going to ask you more specific questions about your use of (MED#3). How much (MED#3) did you usually take on the days you took it?</p> <p>NAME OF MED#3 _____</p> <p>CODE FRACTIONS AS DECIMALS: 1/4 = 0.25 1/3 = 0.33 1/2 = 0.50</p> <p>(PROBE: Was that a pill, injection, teaspoon, tablespoon, drops or doses by syringe?)</p>	<p>_____ NUMBER</p> <p>PILLS 1 INJECTIONS..... 2 TEASPOONS 3 TABLESPOONS 4 DROPS 5 DOSES BY SYRINGE..... 6</p> <p>DON'T KNOW 998 REFUSED 999</p>
<p>*PH34. How many milligrams of medicine were in each (pill/ injection/ teaspoon/tablespoon/drop/dose by syringe)?</p> <p>INTERVIEWER: IF NEC, ASK R TO CONSULT MEDICINE BOTTLE.</p>	<p>_____ MG</p> <p>DON'T KNOW 9998 REFUSED 9999</p>
<p>*PH35. Did you take (MED #3) under the supervision of a health professional? Or, did you take it on your own without the supervision of a health professional?</p>	<p>WITH SUPERVISION 1 ON OWN/ WITHOUT SUPERVISION... 2 GO TO *PH37 DON'T KNOW..... 8 GO TO *PH37 REFUSED..... 9 GO TO *PH37</p>
<p>*PH36. People do not always take their medicine as they are supposed to. Think of a typical month when you took (MED #3) 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>*PH37. Are you still taking or have you stopped taking (MED #3)?</p>	<p>STILL TAKING 1 GO TO *SR1, NEXT SECTION STOPPED 2 DON'T KNOW..... 8 REFUSED..... 9</p>
<p>*PH38. INTERVIEWER CHECKPOINT: (SEE *PH35)</p> <p>*PH35 CODED '1' 1 ALL OTHERS..... 2 GO TO *PH40</p>	
<p>*PH39. Did the health professional who supervised your use tell you to stop taking it?</p>	<p>YES 1 GO TO *SR1, NEXT SECTION NO..... 5 (IF VOL) I DECIDED AND PROFESSIONAL AGREED 7 GO TO *PH40 DON'T KNOW..... 8 REFUSED..... 9</p>
<p>*PH39a. 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>*PH40. Did you stop taking it because you felt so much better that you no longer needed it? Or did you stop for some other reason?</p>	<p>FELT BETTER1 GO TO *SR1, NEXT SECTION</p> <p>OTHER REASON2</p> <p>DON'T KNOW8</p> <p>REFUSED9</p>
<p>*PH40a. (RB, PG 32) (Looking at page 32 in your booklet,) which of these are reasons why you stopped:</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 HELPING1</p> <p>YOU THOUGHT THE PROBLEM WOULD GET BETTER WITHOUT MORE MEDICINE2</p> <p>YOU COULDN'T AFFORD TO PAY FOR THE MEDICINE3</p> <p>YOU WERE TOO EMBARRASSED TO CONTINUE TAKING THE MEDICINE4</p> <p>YOU WANTED TO SOLVE THE PROBLEM WITHOUT MEDICATIONS5</p> <p>THE MEDICINE CAUSED SIDE-EFFECTS THAT MADE YOU STOP6</p> <p>YOU WERE AFRAID THAT YOU WOULD GET DEPENDENT ON THE MEDICATION ..7</p> <p>SOMEONE IN YOUR PERSONAL LIFE PRESSURED YOU TO STOP8</p> <p>ANY OTHER REASON FOR STOPPING (SPECIFY)9</p> <hr/> <hr/> <p>DON'T KNOW998</p> <p>REFUSED999</p> <p>GO TO *SR1, NEXT SECTION</p>

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