

PRESCRIBED MEDICINES

1a. During the past 2 weeks, (the 2 weeks outlined in red on that calendar) did anyone in the family, (that is you, your ---, etc.) buy or obtain any (other) kind of medicine prescribed by a doctor? Y N (2)

b. What is the name of the medicine? Enter name of medicine in col. (b) of Table M and ask:
What condition is it for? Enter name of condition in col. (c) and reask 1a.

(Besides the prescriptions you have already told me about)

2a. During the past 2 weeks did anyone in the family get any (other) medicine from a pharmacist or drugstore that was prescribed by a telephone call from a doctor? Y N (3)

b. What is the name of the medicine? Enter name of medicine in col. (b) of Table M and ask:
What condition is it for? Enter name of condition in col. (c) and reask 2a.

(Besides the prescriptions you have already told me about)

3a. During the past 2 weeks did anyone in the family have any (other) prescriptions refilled? Y N (4)

b. What is the name of the medicine? Enter name of medicine in col. (b) of Table M and ask:
What condition is it for? Enter name of condition in col. (c) and reask 3a.

(Besides the prescriptions you have already told me about)

4a. During the past 2 weeks did anyone in the family obtain any (other) medicine directly from a doctor to take at home? Y N (Table M)

b. What is the name of the medicine? Enter name of medicine in col. (b) of Table M and ask:
What condition is it for? Enter name of condition in col. (c) and reask 4a.

TABLE M: Complete columns d-k as appropriate for each prescription listed. If none listed, go to next page.

Line	Ques. No.	Enter name of medicine.	Enter name of condition and reask part a of appropriate question.	Was the --- obtained last week or the week before?	How was this medicine obtained - through a written prescription, a refill, a call to the pharmacist from the doctor, given by the doctor to take at home, or was it obtained in some other way?
	(a)	(b)	(c)	(d)	(e)
A	1	<input type="checkbox"/> DK _____		1 <input type="checkbox"/> Last week	1 <input type="checkbox"/> Written prescription
	2			2 <input type="checkbox"/> Week before	2 <input type="checkbox"/> Refill
	3			3 <input type="checkbox"/> In past 2 weeks, DK which	3 <input type="checkbox"/> Call to the pharmacist
	4			4 <input type="checkbox"/> In interview week (NM)	4 <input type="checkbox"/> Given by Dr. to take at home
				5 <input type="checkbox"/> Before 2 weeks (NM)	5 <input type="checkbox"/> Dr. recommended (not prescribed)
					5 <input type="checkbox"/> Other - Specify _____
B	1	<input type="checkbox"/> DK _____		1 <input type="checkbox"/> Last week	1 <input type="checkbox"/> Written prescription
	2			2 <input type="checkbox"/> Week before	2 <input type="checkbox"/> Refill
	3			3 <input type="checkbox"/> In past 2 weeks, DK which	3 <input type="checkbox"/> Call to the pharmacist
	4			4 <input type="checkbox"/> In interview week (NM)	4 <input type="checkbox"/> Given by Dr. to take at home
				5 <input type="checkbox"/> Before 2 weeks (NM)	5 <input type="checkbox"/> Dr. recommended (not prescribed)
					5 <input type="checkbox"/> Other - Specify _____
C	1	<input type="checkbox"/> DK _____		1 <input type="checkbox"/> Last week	1 <input type="checkbox"/> Written prescription
	2			2 <input type="checkbox"/> Week before	2 <input type="checkbox"/> Refill
	3			3 <input type="checkbox"/> In past 2 weeks, DK which	3 <input type="checkbox"/> Call to the pharmacist
	4			4 <input type="checkbox"/> In interview week (NM)	4 <input type="checkbox"/> Given by Dr. to take at home
				5 <input type="checkbox"/> Before 2 weeks (NM)	5 <input type="checkbox"/> Dr. recommended (not prescribed)
					5 <input type="checkbox"/> Other - Specify _____
D	1	<input type="checkbox"/> DK _____		1 <input type="checkbox"/> Last week	1 <input type="checkbox"/> Written prescription
	2			2 <input type="checkbox"/> Week before	2 <input type="checkbox"/> Refill
	3			3 <input type="checkbox"/> In past 2 weeks, DK which	3 <input type="checkbox"/> Call to the pharmacist
	4			4 <input type="checkbox"/> In interview week (NM)	4 <input type="checkbox"/> Given by Dr. to take at home
				5 <input type="checkbox"/> Before 2 weeks (NM)	5 <input type="checkbox"/> Dr. recommended (not prescribed)
					5 <input type="checkbox"/> Other - Specify _____
E	1	<input type="checkbox"/> DK _____		1 <input type="checkbox"/> Last week	1 <input type="checkbox"/> Written prescription
	2			2 <input type="checkbox"/> Week before	2 <input type="checkbox"/> Refill
	3			3 <input type="checkbox"/> In past 2 weeks, DK which	3 <input type="checkbox"/> Call to the pharmacist
	4			4 <input type="checkbox"/> In interview week (NM)	4 <input type="checkbox"/> Given by Dr. to take at home
				5 <input type="checkbox"/> Before 2 weeks (NM)	5 <input type="checkbox"/> Dr. recommended (not prescribed)
					5 <input type="checkbox"/> Other - Specify _____