

EDITORIAL NOTE: These medications are specifically for digestive problems.

## STUDY OF DIGESTIVE HEALTH

### SECTION E. MEDICATION HISTORY

The next section of questions asks about a variety of prescription and over-the-counter medications (you/your \_\_\_\_\_) may have taken. We are interested only if (you/s/he) took these drugs before a year ago. Please try to think only about this time when answering these questions.

E1. Here is a list of some prescription medications taken for ulcers, heartburn, and other stomach problems. Please look over the list. Before a year ago, did (you/your \_\_\_\_\_) ever take any of them at least once a week for one month or longer?

#### SHOW CARD E1

YES ..... 1  
NO ..... 2 (E7)  
DK ..... 8 (E7)

**DO NOT READ LIST UNLESS NECESSARY. FOR EACH MEDICATION REPORTED, CIRCLE THE CORRESPONDING CODE BELOW.**

E2. Which of these medications (have you/has your \_\_\_\_\_/had your \_\_\_\_\_) taken at least once a week for one month or longer?

#### SHOW CARD E1

<u>BRAND NAMES</u>	<u>GENERIC NAMES</u>
Axid (AK-sid) .....01	nizatidine (ni-ZA-ti-deen)..... 09
Carafate (CARE-a-fate).02	sucralfate (SOO-cral-fate)..... 10
Cytotec (SI-tow-tec).....03	misoprostol (mi-zo-PRO-stall).... 11
Losec (LO-sec).....04	omeprazole (oh-ME-pra-zall) ..... 12
Prilosec (PRI-lo-sec) .....05	famotidine (fam-AH-ti-deen) ..... 13
Pepcid (PEP-sid) .....06	cimetidine (si-MED-deen) ..... 14
Tagamet (TAG-a-met)...07	ranitidine (ran-IH-ti-deen)..... 15
Zantac (ZAN-tac).....08	

**WRITE THE NUMBER AND NAME OF EACH MEDICATION RESPONDENT REPORTED IN E2, THEN ASK E3-E6 FOR EACH OF THESE MEDICATIONS.**

E2. MEDICATION CODE NUMBER	E2. MEDICATION NAME	E3. When did (you/your___) start taking (MEDICATION) ?	E4. When did (you/your___) stop taking (MEDICATION) ?	E5. Before a year ago, for how many months or years, in total, did (you/s/he) take (MEDICATION)?	E6. How often did (you/s/he) usually take (MEDICATION) ?
a.		       AGE OR YEAR  DK .....98	       AGE OR YEAR  CURRENTLY...95 DK ..... 98	MONTHS..1 # OF YEARS..2  DK ..... 98	DAY .....1 TIMES WEEK ...2 PER MONTH.3  DK ..... 98
b.		       AGE OR YEAR  DK .....98	       AGE OR YEAR  CURRENTLY...95 DK ..... 98	MONTHS..1 # OF YEARS..2  DK ..... 98	DAY .....1 TIMES WEEK ...2 PER MONTH.3  DK ..... 98
c.		       AGE OR YEAR  DK .....98	       AGE OR YEAR  CURRENTLY...95 DK ..... 98	MONTHS..1 # OF YEARS..2  DK ..... 98	DAY .....1 TIMES WEEK ...2 PER MONTH.3  DK ..... 98
d.		       AGE OR YEAR  DK .....98	       AGE OR YEAR  CURRENTLY...95 DK ..... 98	MONTHS..1 # OF YEARS..2  DK ..... 98	DAY .....1 TIMES WEEK ...2 PER MONTH.3  DK ..... 98
e.		       AGE OR YEAR  DK .....98	       AGE OR YEAR  CURRENTLY...95 DK ..... 98	MONTHS..1 # OF YEARS..2  DK ..... 98	DAY .....1 TIMES WEEK ...2 PER MONTH.3  DK ..... 98
f.		       AGE OR YEAR  DK .....98	       AGE OR YEAR  CURRENTLY...95 DK ..... 98	MONTHS..1 # OF YEARS..2  DK ..... 98	DAY .....1 TIMES WEEK ...2 PER MONTH.3  DK ..... 98
g.		       AGE OR YEAR  DK .....98	       AGE OR YEAR  CURRENTLY...95 DK ..... 98	MONTHS..1 # OF YEARS..2  DK ..... 98	DAY .....1 TIMES WEEK ...2 PER MONTH.3  DK ..... 98



# OF YEARS ..... 2  
 DK ..... 98

E12. How often did (you/your \_\_\_\_\_) usually take (this medication/any of these medications)?

_ _	PER	DAY	..... 1
TIMES		WEEK	..... 2
		MONTH	..... 3
		DK	..... 98

E13. Here is a group of some over-the-counter medications taken for ulcers, heartburn, and other reasons. Thinking of these drugs as a group, before a year ago, did (you/your \_\_\_\_\_) take any of them at least once a week, for six months or longer?

**SHOW CARD E3**

YES ..... 1  
 NO ..... 2 (E18)  
 DK ..... 8 (E18)

**SHOW CARD E3**

<u>BRAND NAMES</u>	
Any type or strength of:	
Digel ..... 01	Mylanta..... 06
Gaviscon ..... 02	Riopan..... 07
Gelusil ..... 03	Rolaids ..... 08
Maalox..... 04	Tums ..... 09
Milk of Magnesia ..... 05	Any <u>other</u> over-the-counter antacid ..... 99

E14. When did (you/s/he) start taking any of these medications?

_ _		_ _ _ _
AGE	OR	YEAR
DK		..... 98

E15. When did (you/s/he) stop taking any of these medications?

_ _		_ _ _ _
AGE	OR	YEAR
CURRENTLY		..... 95
DK		..... 98

E16. Before a year ago, for how many months or years, in total, did (you/s/he) take any of these medications?

_ _	MONTHS	..... 1
# OF	YEARS	..... 2
DK		..... 98

E17. How often did (you/your \_\_\_\_\_) usually take any of these medications?

_ _	PER	DAY	..... 1
TIMES		WEEK	..... 2
		MONTH	..... 3
		DK	..... 98

E18. Before a year ago, did (you/your \_\_\_\_\_) ever take Pepto-Bismol at least once a week for six months or longer?

YES ..... 1  
NO ..... 2 (E23)  
DK ..... 8 (E23)

E19. When did (you/s/he) start taking Pepto-Bismol?

|\_|\_| AGE OR |\_|\_|\_|\_| YEAR  
DK ..... 98

E20. When did (you/s/he) stop taking Pepto-Bismol?

|\_|\_| AGE OR |\_|\_|\_|\_| YEAR  
CURRENTLY ..... 95  
DK ..... 98

E21. Before a year ago, for how many months or years, in total, did (you/s/he) take Pepto-Bismol?

|\_|\_| MONTHS ..... 1  
# OF YEARS ..... 2  
DK ..... 98

E22. How often did (you/your \_\_\_\_\_) usually take Pepto-Bismol?

|\_|\_| PER DAY ..... 1  
TIMES WEEK ..... 2  
MONTH ..... 3  
DK ..... 98

E23. Here is a group of some prescription medications taken for high blood pressure or heart problems. Thinking of these drugs as a group, before a year ago, did (you/your \_\_\_\_\_) take any of them at least once a week, for six months or longer?

**SHOW CARD E4**

YES ..... 1  
NO ..... 2 (E29)  
DK ..... 8 (E29)

E24. Which of these medications did (you/your \_\_\_\_\_) take?

**DO NOT READ LIST UNLESS NECESSARY. FOR EACH MEDICATION REPORTED, CIRCLE THE CORRESPONDING CODE BELOW.**

**SHOW CARD E4**

<u>BRAND NAMES</u>	
Adalat (A-da-lat) .....	01
Procardia (pro-CAR-dee-a) .....	02
Calan (KAY-lan) .....	03
Isoptin (i-SOP-tin) .....	04
Verelan (VER-e-lan) .....	05
Cardene (CAR-deen) .....	06
Cardizem (CAR-di-zem) .....	07
Dynacirc (DYE-na-sirk) .....	08
Nimotop (NIM-o-top) .....	09
Norvasc (NOR-vask) .....	10
Plendil (PLEN-dill) .....	11
Vasacor (VASK-or) .....	12

<u>GENERIC NAMES</u>	
nifedipine (ni-FE-di-peen) .....	13
verapamil (ver-A-pam-ill) .....	14
nicardipine (ni-CAR-di-peen) .....	15
diltiazem (dil-TE-a-zem) .....	16
isradipine (is-RA-di-peen) .....	17
nimodipine (nim-O-di-peen) .....	18
amlodipine (am-LO-di-peen) .....	19
Felodipine (fell-O-di-peen) .....	20
bepridil (BE-pri-dill) .....	21

E25. When did (you/s/he) start taking (this medication/any of these medications)?

_ _		_ _ _ _
AGE	OR	YEAR
DK .....		98

E26. When did (you/s/he) stop taking (this medication/any of these medications)?

_ _		_ _ _ _
AGE	OR	YEAR
CURRENTLY .....		95
DK .....		98

E27. Before a year ago, for how many months or years, in total, did (you/s/he) take (this medication/any of these medications)?

_ _		MONTHS .....	1
# OF		YEARS .....	2
DK .....			98

E28. How often did (you/your \_\_\_\_\_) usually take (this medication/any of these medications)?

_ _		PER DAY .....	1
TIMES		WEEK .....	2
		MONTH .....	3
DK .....			98

E29. Here is a second group of prescription medications taken for heart problems. Thinking of these drugs as a group, before a year ago, did (you/your \_\_\_\_\_) take any of them at least once a week, for six months or longer?

**SHOW CARD E5**

YES ..... 1  
 NO ..... 2 (E35)  
 DK ..... 8 (E35)

E30. Which of these medications did (you/your \_\_\_\_\_) take?

**DO NOT READ LIST UNLESS NECESSARY. FOR EACH MEDICATION REPORTED, CIRCLE THE CORRESPONDING CODE BELOW.**

**SHOW CARD E5**

BRAND NAMES	
Isordil (I-sor-dill) .....	01
Sorbitrate (SOR-bi-trate) .....	02
Nitro-Bid (NI-tro-bid) .....	03
Nitrospan (NI-tro-span) .....	04
Nitrostat (NI-tro-stat) .....	05
Nitrodisc (NI-tro-disk) .....	06
Nitro-Dur (NI-tro-dur) .....	07
Transderm-Nitro (TRANS-derm-NI-tro) ..	08

GENERIC NAMES	
isosorbide dinitrate (i-so-SOR-bide di-NYE-trate) .....	09
nitroglycerin tablets/capsules (ni-tro-GLIH-ser-in) .....	10
nitroglycerin patch (ni-tro-GLIH-ser-in) .....	11

E31. When did (you/s/he) start taking (this medication/any of these medications)?

_ _	OR	_ _ _ _
AGE		YEAR
DK ..... 98		

E32. When did (you/s/he) stop taking (this medication/any of these medications)?

_ _	OR	_ _ _ _
AGE		YEAR
CURRENTLY ..... 95		
DK ..... 98		

E33. Before a year ago, for how many months or years, in total, did (you/s/he) take (this medication/any of these medications)?

_ _	MONTHS	..... 1
# OF	YEARS	..... 2
DK ..... 98		

E34. How often did (you/your \_\_\_\_\_) usually take (this medication/any of these medications)?

    |\_|\_|  
    TIMES           PER   DAY ..... 1  
                                  WEEK ..... 2  
                                  MONTH ..... 3  
    DK ..... 98

E35. Before a year ago, did (you/your \_\_\_\_\_) ever take Norpace at least once a week for six months or longer?

    YES ..... 1  
    NO ..... 2           (E40)  
    DK ..... 8           (E40)

E36. When did (you/s/he) start taking Norpace?

    |\_|\_|                            |\_|\_|\_|\_|  
    AGE                            OR           YEAR  
    DK ..... 98

E37. When did (you/s/he) stop taking Norpace?

    |\_|\_|                            |\_|\_|\_|\_|  
    AGE                            OR           YEAR  
    CURRENTLY ..... 95  
    DK ..... 98

E38. Before a year ago, for how many months or years, in total, did (you/s/he) take Norpace?

    |\_|\_|                            MONTHS ..... 1  
    # OF                            YEARS ..... 2  
    DK ..... 98

E39. How often did (you/your \_\_\_\_\_) usually take Norpace?

    |\_|\_|           PER   DAY ..... 1  
    TIMES           WEEK ..... 2  
                                  MONTH ..... 3  
    DK ..... 98

E40. Here is another group of prescription medications taken for high blood pressure or heart problems. Thinking of these drugs as a group, before a year ago, did (you/your \_\_\_\_\_) take any of them at least once a week, for six months or longer?

**SHOW CARD E6**

    YES ..... 1  
    NO ..... 2           (E46)  
    DK ..... 8           (E46)

E41. Which of these medications did (you/your \_\_\_\_\_) take?

**DO NOT READ LIST UNLESS NECESSARY. FOR EACH MEDICATION REPORTED, CIRCLE THE CORRESPONDING CODE BELOW.**

**SHOW CARD E6**

<u>BRAND NAMES</u>	
Kaon (KAY-on) .....	01
K-Dur (KAY-dur) .....	02
K-Tab (KAY-tab) .....	03
Micro-K (MI-cro-kay) .....	04
Slow-K (SLOW-kay) .....	05

<u>GENERIC NAMES</u>	
potassium chloride (po-TASS-e-um-KLOR-ide) .....	06

E42. When did (you/s/he) start taking (this medication/any of these medications)?

AGE			OR	YEAR			
DK ..... 98							

E43. When did (you/s/he) stop taking (this medication/any of these medications)?

AGE			OR	YEAR			
CURRENTLY ..... 95							
DK ..... 98							

E44. Before a year ago, for how many months or years, in total, did (you/s/he) take (this medication/any of these medications)?

# OF			MONTHS	..... 1			
			YEARS	..... 2			
DK ..... 98							

E45. How often did (you/your \_\_\_\_\_) usually take (this medication/any of these medications)?

TIMES			PER	DAY	..... 1		
				WEEK	..... 2		
				MONTH	..... 3		
DK ..... 98							

E46. Here is a group of some prescription medications taken for pain or inflammation. Thinking of these drugs as a group, before a year ago, did (you/your \_\_\_\_\_) take any of them at least once a week, for six months or longer?

**SHOW CARD E7**

YES .....	1	
NO .....	2	(E52)
DK .....	8	(E52)

E47. Which of these medications did (you/your \_\_\_\_\_) take?

**DO NOT READ LIST UNLESS NECESSARY. FOR EACH MEDICATION REPORTED, CIRCLE THE CORRESPONDING CODE BELOW.**

**SHOW CARD E7**

<u>BRAND NAMES</u>	
Anaprox (AN-a-prox) .....	01
Naprosyn (NAP-row-sin) .....	02
Ansaid (AN-sed) .....	03
Butazolidin (bew-ta-ZOL-ih-din) .....	04
Clinoril (CLIN-o-rill) .....	05
Daypro (DAY-pro) .....	06
Dolobid (dol-O-bid) .....	07
Feldene (FELL-deen) .....	08
Indocin (IN-do-sin) .....	09
Lodine (LOW-deen) .....	10
Meclomen (MECK-low-men) .....	11
Nalfon (NAL-fon) .....	12
Orudis (or-OO-diss) .....	13
Relafen (re-LAF-fin) .....	14
Tolectin (to-LECK-tin) .....	15
Voltaren (vol-TARE-en) .....	16

<u>GENERIC NAMES</u>	
naproxen (na-PROCKS-in) .....	17
flurbiprofen (flur-bi-PRO-fen) .....	18
phenylbutazone (fee-nill-BYEW-ta-zone) .....	19
sulindac (SOO-lin-dack) .....	20
oxaprozin (ocks-a-PRO-zin) .....	21
diflunisal (di-FLOON-i-zall) .....	22
piroxicam (pi-ROCKS-i-cam) .....	23
indomethacin (in-do-METH-a-sin) .....	24
etodolac (e-TOW-doe-lack) .....	25
meclofenamate (meck-lo-FEN-a-mate) .....	26
fenoprofen (fee-no-PRO-fen) .....	27
ketoprofen (kee-to-PRO-fen) .....	28
nabumetone (nah-BYEW-ma-tone) .....	29
tolmetin (TOLL-met-in) .....	30
diclofenac (di-CLO-fen-ack) .....	31

E48. When did (you/s/he) start taking (this medication/any of these medications)?

_ _	OR	_ _ _ _
AGE		YEAR
DK .....		98

E49. When did (you/s/he) stop taking (this medication/any of these medications)?

_ _	OR	_ _ _ _
AGE		YEAR
CURRENTLY .....		95
DK .....		98

E50. Before a year ago, for how many months or years, in total, did (you/s/he) take (this medication/any of these medications)?

_ _	MONTHS .....	1
# OF	YEARS .....	2
DK .....		98

E51. How often did (you/your \_\_\_\_\_) usually take (this medication/any of these medications)?

    |\_|\_|            PER    DAY ..... 1  
    TIMES                WEEK ..... 2  
                              MONTH ..... 3  
                              DK ..... 98

E52. Here is a group of some over-the-counter medications that contain aspirin and are taken for pain or inflammation. Thinking of these drugs as a group, before a year ago, did (you/your \_\_\_\_\_) take any of them at least once a week, for six months or longer?

**SHOW CARD E8**

YES ..... 1  
NO ..... 2            (E57)  
DK ..... 8            (E57)

**SHOW CARD E8**

<b><u>BRAND NAMES</u></b>	
Any type or strength of aspirin-containing medications, such as:	
Anacin ..... 01	Bufferin..... 04
Aspirin ..... 02	Excedrin ..... 05
Ascriptin..... 03	Any <u>other</u> kind of aspirin-containing product not listed here ..... 99
<b>Please do not include drugs containing only acetaminophen, such as Tylenol, Excedrin PM, Aspirin-Free Anacin, etc.</b>	

E53. When did (you/s/he) start taking (this medication/any of these medications)?

    |\_|\_|            OR            |\_|\_|\_|\_|  
    AGE                            YEAR  
    DK ..... 98

E54. When did (you/s/he) stop taking (this medication/any of these medications)?

    |\_|\_|            OR            |\_|\_|\_|\_|  
    AGE                            YEAR  
    CURRENTLY ..... 95  
    DK ..... 98

E55. Before a year ago, for how many months or years, in total, did (you/s/he) take (this medication/any of these medications)?

    |\_|\_|            MONTHS ..... 1  
    # OF                            YEARS ..... 2  
    DK ..... 98

E56. How often did (you/your \_\_\_\_\_) usually take (this medication/any of these medications)?

    |\_|\_|            PER    DAY ..... 1  
    TIMES                WEEK ..... 2  
                              MONTH ..... 3  
                              DK ..... 98

E57. Here is a group of over-the-counter medications that contain ibuprofen and are taken for pain or inflammation. Thinking of these drugs as a group, before a year ago, did (you/your \_\_\_\_\_) take any of them at least once a week, for six months or longer?



**SHOW CARD E10**

<u>BRAND NAMES</u>	
Asendin (a-SEN-din) .....	01
Aventyl (a-VEN-till) .....	02
Pamelor (PAM-a-lor) .....	03
Elavil (ELL-a-vill) .....	04
Endep (EN-dep) .....	05
Ludiomil (LOO-dee-o-mill) .....	06
Sinequan (SIN-e-quan) .....	07
Surmontil (sur-MON-till) .....	08
Tofranil (TOF-ran-ill) .....	09
Vivactil (vi-VACK-till) .....	10

<u>GENERIC NAMES</u>	
amoxipine (am-OCKS-i-peen) .....	11
nortriptyline (nor-TRIP-ti-leen) .....	12
amitriptyline (am-ih-TRIP-ti-leen) .....	13
maprotiline (ma-PRO-te-leen) .....	14
doxepin (DOCKS-i-pin) .....	15
trimipramine (trim-IP-ra-meen) .....	16
imipramine (im-IP-ra-meen) .....	17
protriptyline (pro-TRIP-ti-leen) .....	18

E64. When did (you/s/he) start taking (this medication/any of these medications)?

_ _	OR	_ _ _ _
AGE		YEAR
DK ..... 98		

E65. When did (you/s/he) stop taking (this medication/any of these medications)?

_ _	OR	_ _ _ _
AGE		YEAR
CURRENTLY ..... 95		
DK ..... 98		

E66. Before a year ago, for how many months or years, in total, did (you/s/he) take (this medication/any of these medications)?

_ _	MONTHS ..... 1
# OF	YEARS ..... 2
DK ..... 98	

E67. How often did (you/your \_\_\_\_\_) usually take (this medication/any of these medications)?

_ _	PER DAY ..... 1
TIMES	WEEK ..... 2
	MONTH ..... 3
DK ..... 98	

E68. Here is a group of some prescription medications taken for asthma. Thinking of these drugs as a group, before a year ago, did (you/your \_\_\_\_\_) take any of them at least once a week, for six months or longer?

**SHOW CARD E11**

YES .....	1	
NO .....	2	(E74)
DK .....	8	(E74)

E69. Which of these medications did (you/your \_\_\_\_\_) take?

**DO NOT READ LIST UNLESS NECESSARY. FOR EACH MEDICATION REPORTED, CIRCLE THE CORRESPONDING CODE BELOW.**

**SHOW CARD E11**

<b>BRAND NAMES</b>	
Alupent (AL-yew-pent) .....	01
Metaprel (MET-a-prel) .....	02
Brethaire (BRETH-aire) .....	03
Brethine (BRETH-een) .....	04
Bricanyl (BRI-can-ill) .....	05
Bronkometer (BRON-koe-mee-ter) .....	06
Bronkosol (BRON-koe-sol).....	07
Isuprel (EYE-soo-prel) .....	08
Maxair (MAX-air) .....	09
Proventil (pro-VEN-til) .....	10
Ventolin (VENT-o-lin) .....	11
Tornalate (TOR-na-late) .....	12

<b>GENERIC NAMES</b>	
metaproterenol (met-a-PRO-ter-en-ol) .....	13
terbutaline (ter-BYEW-ta-leen) .....	14
isoetharine (i-so-ETH-a-reen) .....	15
isoproterenol (i-so-PRO-ter-en-ol) .....	16
pirbuterol (per-BYEW-ter-ol) .....	17
albuterol (al-BYEW-ter-ol) .....	18.....
bitolterol (bi-TOL-ter-ol) .....	19

E70. When did (you/s/he) start taking (this medication/any of these medications)?

_ _	OR	_ _ _ _
AGE		YEAR
DK .....		98

E71. When did (you/s/he) stop taking (this medication/any of these medications)?

_ _	OR	_ _ _ _
AGE		YEAR
CURRENTLY .....		95
DK .....		98

E72. Before a year ago, for how many months or years, in total, did (you/s/he) take (this medication/any of these medications)?

_ _	MONTHS .....	1
# OF	YEARS .....	2
DK .....		98

E73. How often did (you/your \_\_\_\_\_) usually take (this medication/any of these medications)?

_ _	PER DAY .....	1
TIMES	WEEK .....	2
	MONTH .....	3
DK .....		98

E74. Here is another group of some prescription medications taken for asthma. Thinking of these drugs as a group, before a year ago, did (you/your \_\_\_\_\_) take any of them at least once a week, for six months or longer?

**SHOW CARD E12**

YES .....	1	
NO .....	2	(E80)
DK .....	8	(E80)

E75. Which of these medications did (you/your \_\_\_\_\_) take?

**DO NOT READ LIST UNLESS NECESSARY. FOR EACH MEDICATION REPORTED, CIRCLE THE CORRESPONDING CODE BELOW.**

**SHOW CARD E12**

<b>BRAND NAMES</b>	
Aerolate (AIR-o-late) .....	01
Asbron (AS-bron) .....	02
Constant-T (CON-stant-T) .....	03
Marax (MAR-acks) .....	04
Quadrinal (QUA-drin-all) .....	05
Quibron (QUI-bron) .....	06
Theodur (THEE-o-dur) .....	07
Aminophyllin (a-meen-O-fill-in) .....	08
Atrovent (A-tro-vent) .....	09
Choledyl (CO-le-dill) .....	10
Dilor (DI-lore) .....	11
Lufyllin (loo-FILL-in) .....	12
Respbid (RES-bid) .....	13
Slo-Bid (SLOW-bid) .....	14
T-PHYL (TEE-fill) .....	15
Tedral (TE-drall) .....	16

Theo-24 (THEE-o-24) .....	17
Theobid (THEE-o-bid) .....	18
Theolair (THEE-o-lare) .....	19
Theo-Organdin (THEE-o-or-GAN-din) .....	20
Uniphyll (EW-ni-fill) .....	21
<b><u>GENERIC NAMES</u></b>	
theophylline (thee-O-fi-lin) .....	22
aminophylline (a-min-O-fi-lin) .....	23
ipratropium bromide (i-pra-TROP-e-um-BRO-mide) .....	24
oxtriphylline (ocks-TRI-fi-leen) .....	25
dyphylline (DI-fi-leen) .....	26
anhydrous theophylline (an-HI-drus-thee-O-fi-lin) .....	27

E76. When did (you/s/he) start taking (this medication/any of these medications)?

AGE	OR	YEAR			
DK .....		98			

E77. When did (you/s/he) stop taking (this medication/any of these medications)?

AGE	OR	YEAR			
CURRENTLY .....		95			
DK .....		98			

E78. Before a year ago, for how many months or years, in total, did (you/s/he) take (this medication/any of these medications)?

		MONTHS .....	1
# OF		YEARS .....	2
DK .....			98

E79. How often did (you/your \_\_\_\_\_) usually take (this medication/any of these medications)?

		PER DAY .....	1
TIMES		WEEK .....	2
		MONTH .....	3

DK ..... 98

E80. Here is a group of some over-the-counter medications taken for asthma. Thinking of these medications as a group, before a year ago, did (you/your \_\_\_\_\_) take any of them at least once a week, for six months or longer?

**SHOW CARD E13**

YES ..... 1  
NO ..... 2 (E86)  
DK ..... 8 (E86)

E81. Which of these medications did (you/your \_\_\_\_\_) take?

**DO NOT READ LIST UNLESS NECESSARY. FOR EACH MEDICATION REPORTED, CIRCLE THE CORRESPONDING CODE BELOW.**

**SHOW CARD E13**

<u>BRAND NAMES</u>	
Asthmahaler Mist (AS-ma-hale-er-MIST).....	01
Asthmanefrin (as-ma-NEF-rin).....	02
Bronkaid Mist (BRONK-ade-MIST).....	03
Bronkaid Tablets (BRONK-ade-TAB-lets).....	04
Bronkolixir (bronk-o-LIX-er).....	05
Bronkotabs (BRONK-o-tabs).....	06
Primatene Mist (PRY-ma-teen-MIST).....	07
Primatene Tablets (PRY-ma-teen-TAB-lets).	08



E87. Which of these medications did (you/your \_\_\_\_\_) take?

**DO NOT READ LIST UNLESS NECESSARY. FOR EACH MEDICATION REPORTED, CIRCLE THE CORRESPONDING CODE BELOW.**

**SHOW CARD E14**

<u>BRAND NAMES</u>	
Actidil (ACK-ti-dill) .....	01
Atarax (AT-ar-acks) .....	02
Vistaril (VIH-sta-rill) .....	03
Benadryl (BEN-a-drill) .....	04
Chlor-Trimeton (clor-TRI-me-ton) .....	05
Teldrin (TELL-drin) .....	06
Dimetane (DI-me-tane) .....	07
Phenergan (FEN-er-gan) .....	08
Ploaramine (PLOR-a-meen) .....	09
Tavist (TA-vist) .....	10
Temaryl (TEM-a-rill) .....	11

<u>GENERIC NAMES</u>	
triprolidine (tri-PRO-li-deen) .....	12
hydroxyzine (hi-DROCKS-i-zeen) .....	13
diphenhydramine (di-fen-HI-dra-meen) .....	14
chlorpheniramine (clor-fen-EER-a-meen) .....	15
brompheniramine (brom-fen-EER-a-meen) .....	16
promethazine (pro-METH-a-zeen) .....	17
dexchlorpheniramine (decks-clor-fen-EER-a-meen) .....	18
clemastine (CLEM-a-steen) .....	19
trimeprazine (tri-MEP-ra-zeen) .....	20

E88. When did (you/s/he) start taking (this medication/any of these medications)?

_ _	OR	_ _ _ _
AGE		YEAR
DK ..... 98		

E89. When did (you/s/he) stop taking (this medication/any of these medications)?

_ _	OR	_ _ _ _
AGE		YEAR
CURRENTLY ..... 95		
DK ..... 98		

E90. Before a year ago, for how many months or years, in total, did (you/s/he) take (this medication/any of these medications)?

_ _	MONTHS .....	1
# OF	YEARS .....	2
DK ..... 98		

E91. How often did (you/your \_\_\_\_\_) usually take (this medication/any of these medications)?

_ _	PER	DAY .....	1
TIMES		WEEK .....	2
		MONTH .....	3
DK ..... 98			