# PHARMACOEPIDEMIOLOGY (PH)

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

(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 <u>any</u> prescription medicines, even if you took them only once.

_____ PRESCRIPTION MEDS

DON'T KNOW .......................... 998
REFUSED ................................. 999

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

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

_____ NON-PRESCRIPTION MEDS

DON'T KNOW .......................... 998
REFUSED ................................. 999

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*PH2a.  INTERVIEWER CHECKPOINT: (SEE **PH2**)

**PH2** EQUALS '0', '998' OR '999' ...............................................................................1    **GO TO *PH2.1**
ALL OTHERS ...........................................................................................................2

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*PH2b.  Were any of the <u>non</u>-prescription medicines to help with mood, nerves and/or emotional problems?

YES…………………………..    1
NO……………………………    5        **GO TO *PH2.1**
DON'T KNOW………………    8        **GO TO *PH2.1**
REFUSED……………………    9        **GO TO *PH2.1**

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*PH2c.  Were you taking the <u>non</u>-prescription medicines for mood, nerves and/or emotional problems on your own or under the supervision of a doctor?

ON OWN…………………….……1
DOCTOR SUPERVISION………. 2
DON'T KNOW……………………8
REFUSED…………………………9

*PH2.1. (RB, PG 27) Please turn to Page 27 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 – *PH2.1e**)

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, nerves, 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 * PH4 INTRO 3**
DON'T KNOW .........................8　**GO TO * PH4 INTRO 3**
REFUSED .................................9　**GO TO * PH4 INTRO 3**

| **PH4 INTRO 1.** (RB, PG 28-29) 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.<br><br>PROBE: Any others? | **PH4 INTRO 2**. (RB, PG 28-29) 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.<br><br>PROBE: Any others? | **PH4 INTRO 3**. (RB, PG 28-29) Which of the medicines on this list did you take in the past 12 months? Include medicines even if you took them only once.<br><br>PROBE: Any others?<br><br>IF "NONE" CODE 997 |
|---|---|---|

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 | Tranylcypromine |
| 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 | | |

*PH2.3a.  INTERVIEWER CHECKPOINT:  (SEE **PH2.3**)

      **PH2.3** EQUALS '5', '8' , '9' ............................................ 1  **GO TO *PH5.5**
      ALL OTHERS ..................................................................... 2

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PROGRAMMER:  REPEAT **PH5.1** - **PH5.6** SERIES AS A SET FOR EACH MED UP TO 20.  THEN GO TO **PH6**

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

      _____ DAYS

      DON'T KNOW .......................... 998
      REFUSED ................................. 999

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*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

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*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

      TODAY.................................................. 997
      DON'T KNOW ...................................... 998
      REFUSED  ............................................ 999

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*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

      TODAY.................................................. 997
      DON'T KNOW ...................................... 998
      REFUSED  ............................................ 999

*PH5.5. How much (MED) did you usually take daily when 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

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*PH5.6. How many milligrams of medicine were in each (pill/ injection/ teaspoon/tablespoon/drop/dose by syringe)?

INTERVIEWER: IF NEC, ASK R TO CONSULT MEDICINE BOTTLE.

_____ MG

DON'T KNOW ....................... 998
REFUSED .............................. 999

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*PH5.7. INTERVIEWER CHECKPOINT: (SEE **PH2.3**)

**PH2.3** EQUALS '5', '8' , '9' ........................................... 1 **GO TO *DM1, NEXT SECTION**
ALL OTHERS ................................................................... 2

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*PH6. INTERVIEWER CHECKPOINT: (SEE **PH4**)

ONE TO THREE MEDICINES TAKEN ...........................1 **ASK *PH14.1 - *PH20b SERIES FOR EACH**

FOUR OR MORE MEDICINES TAKEN..........................2 **RANDOMLY SAMPLE THREE MEDICINES AND ASK *PH14.1 - *PH20b SERIES FOR EACH**

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| *PH14.1. (RB, PG 30) (Look at page 30 in your booklet.) You mentioned taking (MED). What problem(s) did you take the (MED) for?<br><br>(IF NEC: How did you think it would help you?)<br><br>INTERVIEWER: CIRCLE ALL THAT APPLY.<br><br>PROBE UNTIL NO MORE MENTIONS: Any other problem you took the (MED) for? | I. MOOD<br>  SADNESS/ DEPRESSION/ CRYING ................ 1<br>  MANIC MOOD ...................................................... 17<br>  ANGER OR IRRITABILITY ............................. 18<br>  NERVES/ ANXIETY ......................................... 2<br>  PANIC................................................................... 3<br>  SUICIDAL THOUGHTS..................................... 4<br><br>II. PHYSICAL SYMPTOMS<br>  LOW ENERGY ................................................. 5<br>  POOR APPETITE............................................... 6<br>  POOR SLEEP ..................................................... 7<br>  PHYSICAL PAIN............................................... 8<br><br>III. COGNITIVE SYMPTOMS<br>  POOR CONCENTRATION ............................... 9<br>  POOR MEMORY .............................................. 10<br><br>IV. ROLE FUNCTIONING<br>   LITTLE OR NO SEXUAL FUNCTIONING .... 11<br>   MARITAL PROBLEMS................................... 12<br>   NOT GETTING ALONG WITH OTHERS....... 13<br>   POOR WORK PERFORMANCE...................... 14<br><br>V. OTHER<br>   ALCOHOL/ DRUG PROBLEMS ..................... 15<br>   OTHER (SPECIFY).......................................... 16<br><br>_____<br><br>_____<br><br>   DON'T KNOW .................................................. 98<br>   REFUSED ......................................................... 99 |
| *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?<br><br>IF VOL "EFFECTIVE IN SOME WAYS AND NOT OTHERS," PROBE: Taking everything into consideration, how would you rate its overall effectiveness? (Was it very, somewhat, not very, or not at all effective?) | VERY EFFECTIVE…………………..1 **GO TO *PH14.4**<br>SOMEWHAT EFFECTIVE…………..2<br>NOT VERY EFFECTIVE…………….3<br>NOT AT ALL EFFECTIVE…………4<br>DON'T KNOW………………………8 **GO TO *PH14.4**<br>REFUSED……………………………9 **GO TO *PH14.4** |
| *PH14.3. Why was (MED) not as effective in doing what you expected it to do? | DON'T FEEL BETTER (FEEL THE SAME)………….1<br>MADE PROBLEM WORSE………………………..2<br>OTHER…………………………………………………3<br>DON'T KNOW……………………………………….8<br>REFUSED……………………………………………9 |
| *PH14.4. Since you started taking (MED), have you had any problems with it? | YES……………………………...  1<br>NO……………………………....  5 **GO TO *PH15**<br>DON'T KNOW………………..  8 **GO TO *PH15**<br>REFUSED……………………..  9 **GO TO *PH15** |
| *PH14.5. Were the problems so bad that you had to stop taking (MED)? | YES…………………………….  1<br>NO……………………………..  5<br>DON'T KNOW……………….  8<br>REFUSED…………………….  9 |

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|---|---|
| *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? | WITH SUPERVISION ............................ 1<br>ON OWN/WITHOUT SUPERVISION.... 2 **GO TO \*PH17**<br>DON'T KNOW....................................... 8 **GO TO \*PH17**<br>REFUSED............................................. 9 **GO TO \*PH17** |
| *PH15.1.  Who prescribed the (medication/ MED) – a psychiatrist, a general or family doctor, some other medical doctor or specialist, or some other health professional? | PSYCHIATRIST ....................................................1<br>GENERAL OR FAMILY DOCTOR....................2<br>SOME OTHER DOCTOR OR SPECIALIST ......3<br>SOME OTHER HEALTH PROFESSIONAL......4<br>(IF VOL) NO ONE PRESCRIBED<br> THE MEDICATION ..........................................5<br>(IF VOL) OTHER (SPECIFY) ...........................6<br><br>_____<br><br>DON'T KNOW ....................................8<br>REFUSED ..........................................9 |
| *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 either <u>forget</u> to take it or take <u>less</u> of it than you were supposed to take? | _____ (0-30)  NUMBER OF DAYS<br><br>NOT SUPPOSED TO TAKE REGULARLY ............ 996<br>(IF VOL) NEVER TOOK FOR FULL MONTH........ 997<br>DON'T KNOW....................................................... 998<br>REFUSED.............................................................. 999 |
| *PH17.   Are you still taking (MED)? | YES…………1 **GO TO \*PH14.1 FOR NEXT MED OR \*DM1, NEXT SECTION**<br>NO ………….5<br>DK…………..8 **GO TO \*PH14.1 FOR NEXT MED OR \*DM1, NEXT SECTION**<br>REFUSED…..9 **GO TO \*PH14.1 FOR NEXT MED OR \*DM1, NEXT SECTION** |
| *PH18.  INTERVIEWER CHECKPOINT:  (SEE **\*PH15**)<br><br>**\*PH15** EQUALS '1' ................................. 1<br>ALL OTHERS.......................................... 2 **GO TO \*PH20** | |
| *PH19. Did the health professional who supervised your use of medication tell you to stop taking (MED)? | YES....................................... 1  **GO TO \*PH14.1 FOR NEXT MED OR \*DM1, NEXT SECTION**<br><br>NO ........................................ 5<br>(IF VOL) I DECIDED AND<br>PROFESSIONAL AGREED.. 7  **GO TO \*PH20**<br>DON'T KNOW....................... 8<br>REFUSED ............................. 9 |
| *PH19a. Did the professional agree with your decision to stop? | YES....................................................................... 1<br>NO ........................................................................ 5<br>(IF VOL) I NEVER WENT BACK<br>TO THE PROFESSIONAL ...................................... 7<br>DON'T KNOW........................................................ 8<br>REFUSED .............................................................. 9 |
| *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? | FELT BETTER........................ 1 **GO TO \*PH14.1 FOR NEXT MED OR \*DM1, NEXT SECTION**<br><br>OTHER REASON .................. 2<br>DON'T KNOW....................... 8<br>REFUSED.............................. 9 |

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|---|---|
| *PH20a. (RB, PG 31) (Looking at page 31 in your booklet,) which of these are reasons why you stopped taking (MED):<br><br>PROBE UNTIL NO MORE MENTIONS: Any other reasons?<br><br>INTERVIEWER: CIRCLE ALL THAT APPLY. READ LIST ALOUD IF R CANNOT READ. | THE MEDICINE WAS NOT HELPING .......... 1<br>YOU THOUGHT THE PROBLEM WOULD GET BETTER WITHOUT MORE MEDICINE .......................................... 2<br>YOU COULDN'T AFFORD TO PAY FOR THE MEDICINE ...................................... 3<br>YOU WERE TOO EMBARRASSED TO CONTINUE TAKING THE MEDICINE ... 4<br>YOU WANTED TO SOLVE THE PROBLEM WITHOUT MEDICATIONS......... 5<br>THE MEDICINE CAUSED SIDE-EFFECTS THAT MADE YOU STOP................................ 6<br>YOU WERE AFRAID THAT YOU WOULD GET DEPENDENT ON THE MEDICATION.. 7<br>SOMEONE IN YOUR PERSONAL LIFE PRESSURED YOU TO STOP ......................... 8<br>NUMBER OF DOSES PER DAY WAS NOT CONVENIENT…………………………………9<br>MEDICINE INTERACTED WITH ANOTHER MEDICINE……………………………………10<br>WORSENED ANOTHER MEDICAL CONDITION (EX. DIABETES)..……………..11<br>ANY OTHER REASON FOR STOPPING (SPECIFY).................................... 12<br><br>_____<br><br>_____<br><br>DON'T KNOW................................................. 998<br>REFUSED........................................................ 999 |
| *PH20.1. When you stopped taking (MED), did you take another medicine in its place? | YES………………….…1<br>NO………………………5 **GO TO *PH20a.1**<br>DON'T KNOW…....…..8 **GO TO *PH20a.1**<br>REFUSED…………...…..9 **GO TO *PH20a.1** |
| *PH20.2. Did the new medicine work better than the other one? | YES, BETTER…………………………1<br>SAME……………………………………2<br>NO, WORSE…………………………….3<br>DON'T KNOW………………………..8<br>REFUSED…………………………..…..9 |

| | |
|---|---|
| *PH20a.1.  INTERVIEWER CHECKPOINT:  (SEE **PH20a**)<br><br>    **PH20a** EQUALS '6' ..........................1<br>    ALL OTHERS.....................................2  **GO TO *PH14.1<br>    FOR NEXT MED OR<br>    *DM1, NEXT<br>    SECTION** | |
| *PH20b.  What were the side effects that made you stop taking (MED)?<br><br>    PROBE:  Any other side effects that made you stop taking (MED)? | SLEEP DISTURBANCES ...................................... 1<br>VISION DISTURBANCES ................................... 2<br>NAUSEA.............................................................. 3<br>VOMITING.......................................................... 4<br>DRY MOUTH...................................................... 5<br>ANXIETY AND IRRITABILITY ......................... 6<br>AGITATION........................................................ 7<br>LOSS OF SEXUAL DRIVE ................................. 8<br>PROBLEMS IN SEXUAL PERFORMANCE........ 9<br>LOSS OF CONCENTRATION ............................. 10<br>NOT FEELING WELL ......................................... 11<br>TREMORS ........................................................... 12<br>LOSS OF CONTROL OVER MYSELF................. 13<br>FATIGUE AND LOW ENERGY ........................... 14<br>ANY OTHER SIDE EFFECT FOR<br>STOPPING (SPECIFY) ........................................ 15<br><br>_____<br><br>_____<br><br>DON'T KNOW ..................................................... 98<br>REFUSED ............................................................ 99 |

**GO TO *PH14.1 FOR NEXT MED OR *DM1, NEXT SECTION**