

**Section MD: Other Medications**

[You have reported taking [MEDS FROM SECTIONS HR AND MC] currently or in the past 12 months.]

**<BEGIN REPEATING RECORDS: OTHER CURRENT MEDS>**

MD1. Do you currently take any [other] prescription or non-prescription medications **at least once a week**? Please do not include vitamins or herbal supplements.

YES ..... 1  
 NO ..... [MD8] ..... 2  
 REF ..... [MD8] ..... 7  
 DK ..... [MD8] ..... 8

MD2. What is the name of the [next] [other] medication you currently take **at least once a week**? [IF R OFFERS > 1 MEDICATION: Please tell me about each medication one at a time.]

\_\_\_\_\_ MEDICATION NAME

MD3. For what condition are you taking this medication?

\_\_\_\_\_ CONDITION

MD4. At what age did you first take [MEDICATION NAME]? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

\_\_\_\_\_ AGE

MD5. How many days per week do you take this medication?

\_\_\_\_\_ #DAYS/WK

MD6. On the days you take this medication, how many times per day do you take it?

\_\_\_\_\_ #TIMES/DAY

MD7. How many years and/or months in total have you been taking this medication?

\_\_\_\_\_ #YEARS #MONTHS

**<GO TO QUESTION MD1>**

**<END REPEATING RECORDS: OTHER CURRENT MEDS>**

**<FIRST FILL ONLY IF MC2 = YES (R HAS MEDS BOOKLET IN FRONT OF HER); SECOND FILL ONLY IF MC2 = NO (R DOES NOT HAVE MEDS BOOKLET IN FRONT OF HER)>**

[Please look at List K on page 14 of your medications booklet.] These next questions are about pain and inflammation medications. Some of these are available only by prescription, and others are available over the counter [including common medications such as aspirin, ibuprofen, and acetaminophen]. They may be used for pain relief after surgeries or dental procedures, or for headaches, cramps, back pain, arthritis, or injuries like sprains, fractures, or pulled muscles. They may also be used as a preventive measure to reduce the risk of heart disease, stroke, or some types of cancers, such as breast cancer and colon cancer.

**<BEGIN REPEATING RECORDS: ANTI-INFLAMMATORY MEDS>**

MD8. Have you ever taken [any other] pain or inflammation medications at least three times per week for three months in a row or longer? Do not include topical products

YES ..... 1  
 NO ..... [MD17] ..... 2  
 REF ..... [MD17] ..... 7  
 DK ..... [MD17] ..... 8

**<SECOND FILL ONLY IF MC2 = YES>**

MD9. What is the [code number or] name of the [first/next] pain or inflammation medication [from Medication List K] you have taken at least three times per week for three months in a row or longer? [IF R OFFERS > 1 MED: Please tell me about each medication one at a time.]

\_\_\_\_\_ MEDICATION NAME

**<ASK MD10 ONLY IF MED NAME FROM MD9 MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR, SECTION MC, OR SECTION MD>**

MD10. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC/MD]? [IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".] YES .....[MD8] .....1  
NO .....2

MD11. At what age did you first take [MEDICATION NAME] regularly, that is, at least three times per week for three months in a row or longer? [IF LESS THAN ONE YEAR OLD, ENTER "00".]   AGE

MD12. Have you taken this medication regularly in the past 12 months? YES .....1  
NO .....2

MD13. How many years and/or months in total did you take [MEDICATION NAME] regularly?   #YEARS #MONTHS

MD14. How many days per week did you usually take this medication?   #DAYS/WK

MD15. On the days you took this medication, how many times per day did you usually take it?   #TIMES/DAY

MD16. For what condition or conditions have you taken this medication on a regular basis? \_\_\_\_\_ CONDITION  
**<GO TO MD8>**

**<END REPEATING RECORDS: ANTI-INFLAMMATORY MEDS>**

[Please look at List L on page 15 of your medications booklet.] These next questions are about antibiotics. These medications are used for treating infections such as ear infections, urinary tract infections, or bronchitis; they are also used for chronic conditions such as acne. They may also be used with a medical device, or even to prevent heart disease.

**<BEGIN REPEATING RECORDS: ANTIBIOTICS>**

MD17. Have you ever taken [any other] antibiotics at least three times per week for three months in a row or longer? YES .....1  
Please be sure to think about your entire life, including NO .....[NEXT SECTION] .....2  
your childhood. Do not include topical products. REF .....[NEXT SECTION] .....7  
DK .....[NEXT SECTION] .....8

**<SECOND FILL ONLY IF MC2 = YES>**

MD18. What is the [code number or] name of the [first/next] antibiotic [from Medication List L] you have taken at least three times per week for three months in a row or longer? [IF R OFFERS > 1 MED: Please tell me about each medication one at a time.] \_\_\_\_\_ MEDICATION NAME

**<ASK MD19 ONLY IF MED NAME FROM MD18 MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR, SECTION MC, OR SECTION MD>**

MD19. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC/MD]? YES.....[MD17] .....1  
[IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".] NO.....2

MD20. At what age did you first take [MEDICATION NAME] regularly, that is, at least three times per week for three months in a row or longer?   AGE

MD21. Have you taken this medication regularly in the past 12 months? YES .....1  
NO.....2

MD22. How many years and/or months in total did you take [MEDICATION NAME] regularly?   #YEARS #MONTHS

MD23. How many days per week did you usually take this medication?   #DAYS/WK

MD24. On the days you took this medication, how many times per day did you usually take it?   #TIMES/DAY

MD25. For what condition or conditions have you taken this medication on a regular basis? \_\_\_\_\_ CONDITION  
<GO TO MD17>

**<END REPEATING RECORDS: ANTIBIOTICS>**