Over-the-Counter Medicines (OC) Section

OC01
====

{STR-DT} {END-DT}

SHOW CARD OC-1.

Looking at this card, has anyone in the family purchased any of these types of over-the-counter medications since (START DATE)?

YES .................................... 1
NO ..................................... 2 {BOX_01}
REF ................................... -7 {BOX_01}
DK .................................... -8 {BOX_01}

PRESS F1 FOR DESCRIPTION OF OTC CATEGORIES LISTED ON CARD.

OC02
====

{STR-DT} {END-DT}

SHOW CARD OC-1.

Which of the categories on this card best describe the types of over-the-counter medications anyone in the family has purchased since (START DATE)?

PROBE: Any others?

CODE ALL THAT APPLY.

DIGESTIVE SYSTEM PROBLEMS ............... 1
RESPIRATORY PROBLEMS .................... 2
PAIN PROBLEMS ............................ 3
SKIN PROBLEMS ............................ 4
EYE/EAR/MOUTH PROBLEMS ................. 5
FEMININE PROBLEMS ....................... 6
GENERAL WELL-BEING PROBLEMS .......... 7
REF ................................... -7 {BOX_01}
DK .................................... -8 {BOX_01}

[Code All That Apply]

PRESS F1 FOR DESCRIPTION OF OTC CATEGORIES LISTED ON CARD.
OC03
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{STR-DT}   {END-DT}

{OTC CATEGORIES: {DIGESTIVE SYSTEM PROBLEMS} {RESPIRATORY PROBLEMS}
{PAIN PROBLEMS} {SKIN PROBLEMS} {EYE/EAR/MOUTH PROBLEMS}
{FEMININE PROBLEMS}   {GENERAL WELL-BEING PROBLEMS}}

Thinking about all purchases of over-the-counter medications
{for (READ OTC CATEGORIES)}, please give me your best estimate of
how much the family has spent since (START DATE).

PROBE: Is that since (START DATE), per month, per week,
or what?

[Enter $ Amount] ......................
REF ..................................... -7 {OC04}
DK ..................................... -8 {OC04}

---------------------------------------------------------------------
| DISPLAY 'OTC CATEGORIES:...' AND 'FOR (READ OTC CATEGORIES)' ONLY IF OC02 ≠ '-7' (REFUSED) OR '-8' |
| (DON’T KNOW). IF OC02 = '-7' (REFUSED) OR '-8' (DON’T KNOW), USE A NULL DISPLAY. |
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| DISPLAY 'DIGESTIVE SYSTEM PROBLEMS' IF OC02 IS CODED 1. DISPLAY 'RESPIRATORY PROBLEMS' IF OC02 IS CODED 2. DISPLAY 'PAIN PROBLEMS' IF OC02 IS CODED 3. DISPLAY 'SKIN PROBLEMS' IF OC02 IS CODED 4. DISPLAY 'EYE/EAR/MOUTH PROBLEMS' IF OC02 IS CODED 5. DISPLAY 'FEMININE PROBLEMS' IF OC02 IS CODED 6. DISPLAY 'GENERAL WELL-BEING PROBLEMS' |
| IF OC02 IS CODED 7. |
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OC03OV1
========

ENTER UNIT:

SINCE (START DATE) .............. 1 {BOX_01}
PER MONTH .......................... 2 {BOX_01}
EVERY OTHER WEEK (2 TIMES PER MONTH) ... 3 {BOX_01}
PER WEEK .......................... 4 {BOX_01}
OTHER .......................... 91
REF .......................... -7 {BOX_01}
DK .......................... -8 {BOX_01}

[Code One]

OC03OV2
========

ENTER OTHER:

[Enter Other Specify] .................. {BOX_01}
REF .......................... -7 {BOX_01}
DK .......................... -8 {BOX_01}

OC04
=====

(STR-DT)   (END-DT)

[About how much has the family spent on all purchases of
over-the-counter medications since (START DATE)?]

Would you say $5 to $10, $10 to $25, or what?

OC04_01
========

ENTER DOLLAR AMOUNT OF LOWER RANGE:

[Enter $ Amount] ..................
REF .......................... -7 {BOX_01}
DK .......................... -8 {BOX_01}
ENTER DOLLAR AMOUNT OF UPPER RANGE:

[Enter $ Amount] ......................
REF ................................... -7
DK .................................... -8

| EDIT: LOWER RANGE OF ESTIMATE MUST BE LESS THAN OR EQUAL TO UPPER RANGE OF ESTIMATE. |

| GO TO NEXT QUESTIONNAIRE SECTION |

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