

Affix Label

Followup Questions for Antihypertensive Medications

If subject answered "Yes" to Question 4.00, ask the questions on this page.

A09MDNOW Are you taking (it/them) now?

- 1 No
- 2 Yes

A09MDNBR MEDICATION #

A09MDNM 4.00A What is the name of the medication? _____

CODES:

	A09MDCD2	A09MDCD3	A09MDCD4
A09MDCD1	1 <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	2 <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	3 <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
		4 <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	

A09MDLUS 4.00B When did you last use it?

- 1 within the last hour
- 2 than 1 hour ago; < 24 hours ago
- 3 24 hours ago; < 1 week ago
- 4 1 week ago; < 1 month ago
- 5 1 month ago

4.00C How long have you taken it? (ROUND DOWN TO NEAREST MONTH)

A09MDTYR

A09MDTMO

Years Months

Interviewer Id. _____

A09IVIDM

A09MDTYP

MED-HBP