

Affix Label

**Followup Questions for Medications for Asthma or Other Breathing Problems**

If subject answered "Yes" to Question 4.04, ask the questions on this page.

A09MDNOW Are you taking (it/them) now?

- 1  No
- 2  Yes

A09MDNBR MEDICATION #

A09MDNM 4.04A 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 4.04B 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

4.04C How long have you taken it? (ROUND DOWN TO NEAREST MONTH)

A09MDTYR  
A09MDTMO

Years		Months	

A09MDRSN 4.04D Why do you take this medication? \_\_\_\_\_

A09IVIDM Interviewer Id. \_\_\_\_\_