

Affix Label

Followup Questions for Hormones Other Than Birth Control Pills

If subject answered "Yes" to Question 4.03, ask the questions on this page.

A09MDNOW Are you taking (it/them) now?

1 No

2 Yes

A09MDNBR MEDICATION #

A09MDNM 4.03A What is the name of the medication? _____

CODES:

		A09MDCD2	A09MDCD3	A09MDCD4
A09MDCD1	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>

A09MDLUS 4.03B 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

A09MDTYR 4.03C How long have you taken it? (ROUND DOWN TO NEAREST MONTH)

A09MDTMO

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Years		Months	

A09MDRSN 4.05D Why do you take this medication? _____

Interviewer Id. _____

A09IVIDM

A09MDTYP

MED-HORM