

CARDIA ID Label

CARDIA II

FOLLOW-UP QUESTIONS FOR MEDICATIONS FOR ASTHMA OR OTHER BREATHING PROBLEMS

___ / ___ / ___
exam date

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

MEDICATION # B09ASNUM

4.04A What is the name of the medication ?

_____ B09ASNM _____

B09ASCD1 CODES : B09ASCD2 B09ASCD3 B09ASCD4
1 2 3 4

Are you taking it now ? B09ASNOW

- 1 No
- 2 Yes

4.04B When did you last use it ? B09ASLUS

- 1 Within the last hour
- 2 > than or = to 1 hour ago; < 24 hours ago
- 3 > than or = to 24 hours ago; < 1 week ago
- 4 > than or = to 1 week ago; < 1 month ago
- 5 > than or = to 1 month ago

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

B09ASTYR B09ASTMO
_____/_____
Years Months

____ B09IVID INTERVIEWER ID