

CARDIA ID Label

Form 9-MED-ASTH
Page 1 of 1

CARDIA V
FOLLOW-UP QUESTIONS FOR ASTHMA OR OTHER BREATHING PROBLEMS

__ / __ / __
exam date

IF THE SUBJECT ANSWERED "YES" TO QUESTION 26 ON FORM 8, COMPLETE THIS FORM.

☐ MEDICATION #
E09ASNUM

26a. What is the name of the medication?

E09ASNM _____

CODES :

1 ☐ ☐

E09ASCD1

2 ☐ ☐

E09ASCD2

3 ☐ ☐

E09ASCD3

4 ☐ ☐

E09ASCD4

26b. The name of this medication was obtained from the following source:

E09ASSOR

1 ☐ Prescription label

2 ☐ Self-report

E09IVID INTERVIEWER ID

MED-ASTH