

**AFFIX ID LABEL**

**CARDIA VI  
FOLLOW-UP QUESTIONS FOR MEDICATIONS**

\_\_\_ / \_\_\_ / \_\_\_ **F09EXDAT**  
exam date

**IF THE PARTICIPANT ANSWERED "YES" TO QUESTIONS 27, 28, 29, 30, 31, or 42 ON FORM 8, COMPLETE ONE COPY OF THIS FORM FOR EACH MEDICATION.**

1. Please indicate the item on Form 8 for which this is a follow-up: **F09MFUIT**

- 1 ☐ High blood pressure (Item 27)
- 2 ☐ Cholesterol (Item 28)
- 3 ☐ Asthma or any breathing problems (Item 29)
- 4 ☐ Depression (Item 30)
- 5 ☐ Any other medications (Item 31)
- 6 ☐ Hormones other than birth control (Item 42)

MEDICATION # **F09MDNUM**

2. What is the name of the medication? **F09MDNM**

\_\_\_\_\_

3. FOR FOLLOW-UP TO ITEM 31 ("OTHER"): Why do you take this medication? **F09RESO**

\_\_\_\_\_

**CODES:**

1     
**F09MDCD1**

2     
**F09MDCD2**

3     
**F09MDCD3**

4     
**F09MDCD4**

4. The name of this medication was obtained from the following source: **F09MDSOR**

- 1 ☐ Prescription label
- 2 ☐ Self-report

**F09IVID**

\_\_\_ \_\_\_ \_\_\_ Interviewer ID

**MED**