



WIHS ID #

**INSTRUCTIONS: ASK RESPONDENT TO LOOK AT HER PRESCRIPTION BOTTLE(S), THEN ASK:**

b. What is the name of the (first, second, etc.) medication?

**WRITE THE NAME OF THE MEDICATION IN COLUMN b OF TABLE.**

c. What dose do you take? **PROBE:** This would be the number of milligrams or micrograms you take each time you take the medication.

**RECORD DOSE IN COLUMN c OF TABLE, for example, |3|0|0| mg, or |1|2|5| mcg.**

d. How many times per day do you take this dose of medication?

**RECORD RESPONSE IN COLUMN d OF TABLE.**

e. What is the date you started taking this medication? Please try to remember as best you can.

**START DATE MAY BE PRIOR TO LAST STUDY VISIT AS LONG AS MEDICATION HAS BEEN TAKEN AT LEAST ONCE SINCE THE LAST STUDY VISIT. RECORD DATE IN COLUMN e OF TABLE. IF PARTICIPANT CANNOT REMEMBER THE EXACT MONTH AND DAY, RECORD THE NEAREST MONTH AND ASSIGN "15" FOR THE DAY.**

f. Are you still taking this medication?

**INDICATE "YES" OR "NO" IN COLUMN f OF TABLE. IF PARTICIPANT IS STILL TAKING MEDICATION, SKIP TO PROMPT BELOW. DO NOT COMPLETE COLUMN g.**

g. When did you stop taking this medication?

**RECORD DATE IN COLUMN g OF TABLE. IF PARTICIPANT CANNOT REMEMBER THE EXACT MONTH AND DAY, RECORD THE NEAREST MONTH AND ASSIGN "15" FOR THE DAY.**

**PROMPT: IF PARTICIPANT HAS TAKEN MORE THAN ONE MEDICATION SINCE HER LAST STUDY VISIT, REPEAT QUESTIONS b THROUGH g FOR EACH MEDICATION TAKEN.**

**START F25bs1**

	b. Name	c. Dose	d. Frequency	e. Start Date	f. Still Taking		g. Stop Date																														
					YES	NO																															
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**END F25bs1**

h. ENTER THE TOTAL NUMBER OF MEDICATIONS  
THE PARTICIPANT REPORTED TAKING IN QUESTION B1b: |\_|\_|

**PROMPT: IF PARTICIPANT HAS BEEN TAKING MEDICATION FOR LESS THAN 1 YEAR, ASK QUESTION i. IF SHE HAS TAKEN ANY MEDICATION FOR ONE YEAR OR MORE, SKIP TO QUESTION j.**

i. Since you began taking this medication/these medications, how many times have you met with any type of doctor regarding the medication? You might have met with the doctor to get a prescription refill, check a dose, or discuss the effects or side effects of the medication.

|\_|\_|\_|\_| (B2)  
# TIMES

**PROMPT: IF PARTICIPANT HAS BEEN TAKING ANY MEDICATION FOR ONE YEAR OR MORE, ASK QUESTION j.**

j. In the past 12 months, how many times have you met with any type of doctor regarding the medication? You might have met with the doctor to get a prescription refill, check a dose, or discuss the effects or side effects of the medication.

|\_|\_|\_|\_|  
# TIMES

B2. Since your (MONTH) study visit, have you had a session of psychological counseling or therapy for your depression (not just to talk about medications) that lasted 30 minutes or more with any type of mental health professional, such as a psychiatrist, psychologist, social worker, counselor, mental health nurse, or other mental health professional? These sessions could be the same as the ones in which you discussed medications, but must have included 30 minutes of therapy or counseling as well.

YES .....1  
NO .....2 (B3)

a. When did these sessions start? Please try to remember as best you can.

**START DATE MAY BE PRIOR TO LAST STUDY VISIT AS LONG AS AT LEAST ONE SESSION HAS OCCURRED SINCE THE LAST STUDY VISIT. IF PARTICIPANT CANNOT REMEMBER THE EXACT MONTH AND DAY, RECORD THE NEAREST MONTH AND ASSIGN "15" FOR THE DAY.**

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**PROMPT: IF PARTICIPANT HAS BEEN ATTENDING COUNSELING OR THERAPY FOR LESS THAN 1 YEAR, ASK QUESTION b. IF SHE HAS ATTENDED FOR ONE YEAR OR MORE, SKIP TO QUESTION c.**

b. How many sessions have you had between then and now?

|\_|\_|\_|\_| (d)  
# SESSIONS

**PROMPT: IF PARTICIPANT HAS BEEN ATTENDING COUNSELING OR THERAPY FOR ONE YEAR OR MORE, ASK QUESTION c.**

c. In the past 12 months, how many sessions have you had?

|\_|\_|\_|\_|  
# SESSIONS

d. Are you still having these sessions?

YES .....1  
NO .....2

B3. TIME MODULE ENDED

|\_|\_| : |\_|\_| AM.....1  
PM .....2