

WIHS ID #

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SPECIFY MEDICATION TYPE	YES	NO	How did you get the medications?	How much did you take?																											
HAND PARTICIPANT RESPONSE CARD PMU2 B2. Steroidal Anti-inflammatories Prednisone, Prednisolone, Albuterol	1	2 (B3)	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 5%; text-align: center;"><u>Y</u></th> <th style="width: 5%; text-align: center;"><u>N</u></th> </tr> </thead> <tbody> <tr><td>a. Over the counter.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>b. Prescribed by a doctor</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>c. Spouse or long-term partner.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>d. Family</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>e. Friend</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>f. Co-worker</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>g. Internet</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>h. Drug dealer or other stranger</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> </tbody> </table>		<u>Y</u>	<u>N</u>	a. Over the counter.....	1	2	b. Prescribed by a doctor	1	2	c. Spouse or long-term partner.....	1	2	d. Family	1	2	e. Friend	1	2	f. Co-worker	1	2	g. Internet	1	2	h. Drug dealer or other stranger	1	2	i. __ __ # times/day j. For how long? _ _ _ Days.....1 Weeks.....2 Months.....3 Years.....4
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HAND PARTICIPANT RESPONSE CARD PMU4 B4. Anticonvulsant/Antiepileptic Drugs Neurontin (gabapentin), Lyrica (pregabalin), carbamazepine (Tegretol)	1	2 (B5)	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 5%; text-align: center;"><u>Y</u></th> <th style="width: 5%; text-align: center;"><u>N</u></th> </tr> </thead> <tbody> <tr><td>a. Over the counter.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>b. Prescribed by a doctor</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>c. Spouse or long-term partner.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>d. Family</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>e. Friend</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>f. Co-worker</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>g. Internet</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>h. Drug dealer or other stranger</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> </tbody> </table>		<u>Y</u>	<u>N</u>	a. Over the counter.....	1	2	b. Prescribed by a doctor	1	2	c. Spouse or long-term partner.....	1	2	d. Family	1	2	e. Friend	1	2	f. Co-worker	1	2	g. Internet	1	2	h. Drug dealer or other stranger	1	2	i. __ __ # times/day j. For how long? _ _ _ Days.....1 Weeks.....2 Months.....3 Years.....4
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HAND PARTICIPANT RESPONSE CARD PMU6 B6. Mild Opioid Drugs Butalbital, Codeine, Combunox, Darvocet, Darvon, E-Lor, Endocet, Endodan, Fioricet, Fiorinal, Hydrocet, Hydrocodone, Hydrogesic, Lorcet, Lortab, Norco, Oxycodone, OxyContin, Oxydose, OxyIR, Percocet, Percodan, Propocet, Propoxyphene, Roxicet, Roxicodone, Roxiprin, Tramadol, Tylox, Ultracet, Ultram, Vicodin, Vicoprophen, Wygesic, Zydone, Tylenol with Codeine (e.g., Tylenol #3)	1	2 (B7)	<table border="0"> <tr> <td></td> <td style="text-align: center;"><u>Y</u></td> <td style="text-align: center;"><u>N</u></td> </tr> <tr> <td>a. Over the counter.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b. Prescribed by a doctor</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c. Spouse or long-term partner.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>d. Family</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>e. Friend</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>f. Co-worker.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>g. Internet</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>h. Drug dealer or other stranger</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		<u>Y</u>	<u>N</u>	a. Over the counter.....	1	2	b. Prescribed by a doctor	1	2	c. Spouse or long-term partner.....	1	2	d. Family	1	2	e. Friend	1	2	f. Co-worker.....	1	2	g. Internet	1	2	h. Drug dealer or other stranger	1	2	i. __ __ # times/day j. For how long? __ __ Days.....1 Weeks.....2 Months.....3 Years4
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<p>HAND PARTICIPANT RESPONSE CARD PMU7</p> <p>B7. Strong Opioid Drugs Actiq, Avinza, Butorphanol, Deodorized Tincture of Opium (DTO), Demerol, Demerol Hydrochloride, Dilaudid, Dolophine, Duragesic, Fentanyl, Fentora, Hydromorphone, IsonipECAINE, Kadian, Levorphanol, Meperidine, Levo-Dromoran, Methadone, Methdose, Morphine, MSContin, Oramorph SR, Paregoric, Pethidine, Roxanol, Roxanol-T, Stadol</p>	1	2 (B8)	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;"><u>Y</u></th> <th style="text-align: center;"><u>N</u></th> </tr> </thead> <tbody> <tr><td>a. Over the counter.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>b. Prescribed by a doctor</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>c. Spouse or long-term partner.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>d. Family</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>e. Friend</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>f. Co-worker</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>g. Internet</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>h. Drug dealer or other stranger</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> </tbody> </table>		<u>Y</u>	<u>N</u>	a. Over the counter.....	1	2	b. Prescribed by a doctor	1	2	c. Spouse or long-term partner.....	1	2	d. Family	1	2	e. Friend	1	2	f. Co-worker	1	2	g. Internet	1	2	h. Drug dealer or other stranger	1	2	<p>i. __ __ # times/day</p> <p>j. For how long?</p> <p style="text-align: center;"> _ _ _ </p> <p style="text-align: right;">Days.....1 Weeks.....2 Months.....3 Years4</p>
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<p>HAND PARTICIPANT RESPONSE CARD PMU9</p> <p>B9. Sleeping Medications Ambien (zolpidem), Halcion (triazolam), Restoril (temazepam), etc.</p>	1	2 (B10)	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;"><u>Y</u></th> <th style="text-align: center;"><u>N</u></th> </tr> </thead> <tbody> <tr><td>a. Over the counter.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>b. Prescribed by a doctor</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>c. Spouse or long-term partner.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>d. Family</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>e. Friend</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>f. Co-worker</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>g. Internet</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>h. Drug dealer or other stranger</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> </tbody> </table>		<u>Y</u>	<u>N</u>	a. Over the counter.....	1	2	b. Prescribed by a doctor	1	2	c. Spouse or long-term partner.....	1	2	d. Family	1	2	e. Friend	1	2	f. Co-worker	1	2	g. Internet	1	2	h. Drug dealer or other stranger	1	2	<p>i. __ __ # times/day</p> <p>j. For how long?</p> <p style="text-align: center;"> _ _ _ </p> <p style="text-align: right;">Days.....1 Weeks.....2 Months.....3 Years4</p>
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HAND PARTICIPANT RESPONSE CARD PMU10 B10. Sedative or Anxiety Medication Ativan (lorazepam), Xanax (alprazolam), Valium (diazepam), Klonopin (clonazepam), etc.	1	2 (B11)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;"><u>Y</u></td> <td style="text-align: center;"><u>N</u></td> </tr> <tr> <td>a. Over the counter.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b. Prescribed by a doctor</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c. Spouse or long-term partner.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>d. Family</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>e. Friend</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>f. Co-worker.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>g. Internet</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>h. Drug dealer or other stranger</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		<u>Y</u>	<u>N</u>	a. Over the counter.....	1	2	b. Prescribed by a doctor	1	2	c. Spouse or long-term partner.....	1	2	d. Family	1	2	e. Friend	1	2	f. Co-worker.....	1	2	g. Internet	1	2	h. Drug dealer or other stranger	1	2	i. __ __ # times/day j. For how long? __ __ Days.....1 Weeks.....2 Months.....3 Years4
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HAND PARTICIPANT RESPONSE CARD PMU12 B12. Migraine Medication Imitrex (sumatriptan), Maxalt (rizatriptan)	1	2 (B13)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;"><u>Y</u></td> <td style="text-align: center;"><u>N</u></td> </tr> <tr> <td>a. Over the counter.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b. Prescribed by a doctor</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c. Spouse or long-term partner.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>d. Family</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>e. Friend</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>f. Co-worker.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>g. Internet</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>h. Drug dealer or other stranger</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		<u>Y</u>	<u>N</u>	a. Over the counter.....	1	2	b. Prescribed by a doctor	1	2	c. Spouse or long-term partner.....	1	2	d. Family	1	2	e. Friend	1	2	f. Co-worker.....	1	2	g. Internet	1	2	h. Drug dealer or other stranger	1	2	i. __ __ # times/day j. For how long? __ __ Days.....1 Weeks.....2 Months.....3 Years4
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