



WIHS ID #

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SPECIFY MEDICATION TYPE	YES	NO	How did you get the medications?	How much did you take?
<p><b>HAND PARTICIPANT RESPONSE CARD PMU2</b></p> <p><b>B2. Steroidal Anti-inflammatories</b> Prednisone, Prednisolone, Albuterol</p>	1	2 (B3)	<p style="text-align: right;"><u>Y</u> <u>N</u></p> <p>a. Prescribed by a doctor ..... 1 2</p> <p>b. Other ..... 1 2</p> <p>SPECIFY: _____ (probe for example: spouse or long term partner, family, friend, etc.)</p>	<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 Years.....4</p>
<p><b>HAND PARTICIPANT RESPONSE CARD PMU3</b></p> <p><b>B3. Antidepressant Drugs</b> Elavil (amitriptyline), Pamelor (nortriptyline), Norpramin (desipramine), or another antidepressant drug</p>	1	2 (B4)	<p style="text-align: right;"><u>Y</u> <u>N</u></p> <p>a. Prescribed by a doctor ..... 1 2</p> <p>b. Other ..... 1 2</p> <p>SPECIFY: _____ (probe for example: spouse or long term partner, family, friend, etc.)</p>	<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 Years.....4</p>
<p><b>HAND PARTICIPANT RESPONSE CARD PMU4</b></p> <p><b>B4. Anticonvulsant/Antiepileptic Drugs</b> Neurontin (gabapentin), Lyrica (pregabalin), carbamazepine (Tegretol)</p>	1	2 (B5)	<p style="text-align: right;"><u>Y</u> <u>N</u></p> <p>a. Prescribed by a doctor ..... 1 2</p> <p>b. Other ..... 1 2</p> <p>SPECIFY: _____ (probe for example: spouse or long term partner, family, friend, etc.)</p>	<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 Years.....4</p>

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<p><b>HAND PARTICIPANT RESPONSE CARD PMU5</b></p> <p><b>B5. Topical Anesthetics</b>                      5% Lidocaine patch, Capsaicin, Cortizone, Bengay, Aspercreme, Icy Hot, Orajel, etc.</p>	1	2 (B6)	<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. Other .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table> <p>SPECIFY: _____                      (probe for example: spouse or long term partner, family, friend, etc.)</p>		<u>Y</u>	<u>N</u>	a. Over the counter.....	1	2	b. Prescribed by a doctor .....	1	2	c. Other .....	1	2	<p>i.  __ __  # times/day</p> <p>j. For how long?</p> <p style="margin-left: 40px;"> _ _ _ </p> <p style="margin-left: 40px;">Days.....1</p> <p style="margin-left: 40px;">Weeks.....2</p> <p style="margin-left: 40px;">Months.....3</p> <p style="margin-left: 40px;">Years .....4</p>												
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<p><b>HAND PARTICIPANT RESPONSE CARD PMU6</b></p> <p><b>B6. Mild Opioid Drugs</b>                      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)</p>	1	2 (B7)	<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. Prescribed by a doctor .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b. Spouse or long-term partner .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c. Family .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>d. Friend .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>e. Co-worker.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>f. Internet .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>g. 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. Prescribed by a doctor .....	1	2	b. Spouse or long-term partner .....	1	2	c. Family .....	1	2	d. Friend .....	1	2	e. Co-worker.....	1	2	f. Internet .....	1	2	g. Drug dealer or other stranger .....	1	2	<p>i.  __ __  # times/day</p> <p>j. For how long?</p> <p style="margin-left: 40px;"> _ _ _ </p> <p style="margin-left: 40px;">Days.....1</p> <p style="margin-left: 40px;">Weeks.....2</p> <p style="margin-left: 40px;">Months.....3</p> <p style="margin-left: 40px;">Years .....4</p>
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<p><b>HAND PARTICIPANT RESPONSE CARD PMU7</b></p> <p><b>B7. Strong Opioid Drugs</b>                      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;"> <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. Prescribed by a doctor .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b. Spouse or long-term partner .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c. Family .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>d. Friend .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>e. Co-worker .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>f. Internet .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>g. 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. Prescribed by a doctor .....	1	2	b. Spouse or long-term partner .....	1	2	c. Family .....	1	2	d. Friend .....	1	2	e. Co-worker .....	1	2	f. Internet .....	1	2	g. Drug dealer or other stranger .....	1	2	<p>i.  __ __  # times/day</p> <p>j. For how long?                       __ __                       Days.....1                      Weeks.....2                      Months.....3                      Years .....4</p>
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<p><b>HAND PARTICIPANT RESPONSE CARD PMU8</b></p> <p><b>B8. Marijuana</b>                      Marijuana, Hash, Marinol (dronabinal)</p>	1	2 (B9)	<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. Prescribed by a doctor .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b. Spouse or long-term partner .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c. Family .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>d. Friend .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>e. Co-worker .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>f. Internet .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>g. 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. Prescribed by a doctor .....	1	2	b. Spouse or long-term partner .....	1	2	c. Family .....	1	2	d. Friend .....	1	2	e. Co-worker .....	1	2	f. Internet .....	1	2	g. Drug dealer or other stranger .....	1	2	<p>i.  __ __  # times/day</p> <p>j. For how long?                       __ __                       Days.....1                      Weeks.....2                      Months.....3                      Years .....4</p>
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<p><b>HAND PARTICIPANT RESPONSE CARD PMU9</b></p> <p><b>B9. Sleeping Medications</b>                      Ambien (zolpidem), Halcion (triazolam), Restoril (temazepam), etc.</p>	1	2 (B10)	<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. Prescribed by a doctor .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b. Spouse or long-term partner .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c. Family .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>d. Friend .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>e. Co-worker .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>f. Internet .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>g. 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. Prescribed by a doctor .....	1	2	b. Spouse or long-term partner .....	1	2	c. Family .....	1	2	d. Friend .....	1	2	e. Co-worker .....	1	2	f. Internet .....	1	2	g. Drug dealer or other stranger .....	1	2	<p>i.  __ __  # times/day</p> <p>j. For how long?                       __ __                       Days.....1                      Weeks.....2                      Months.....3                      Years .....4</p>
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<b>HAND PARTICIPANT RESPONSE CARD PMU10</b>  <b>B10. Sedative or Anxiety Medication</b> 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. Prescribed by a doctor .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b. Spouse or long-term partner .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c. Family .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>d. Friend .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>e. Co-worker .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>f. Internet .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>g. 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. Prescribed by a doctor .....	1	2	b. Spouse or long-term partner .....	1	2	c. Family .....	1	2	d. Friend .....	1	2	e. Co-worker .....	1	2	f. Internet .....	1	2	g. 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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<b>HAND PARTICIPANT RESPONSE CARD PMU11</b>  <b>B11. Muscle Relaxant Medication</b> Flexeril (cyclobenzaprine), Skelaxin (metaxalone), Baclofen	1	2 (B12)	<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. Prescribed by a doctor .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b. Other .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td colspan="3">SPECIFY: _____</td> </tr> <tr> <td colspan="3">(probe for example: spouse or long term partner, family, friend, etc.)</td> </tr> </table>		<u>Y</u>	<u>N</u>	a. Prescribed by a doctor .....	1	2	b. Other .....	1	2	SPECIFY: _____			(probe for example: spouse or long term partner, family, friend, etc.)			i.  __ __  # times/day  j. For how long?  __ __  Days.....1 Weeks.....2 Months.....3 Years .....4									
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<b>HAND PARTICIPANT RESPONSE CARD PMU12</b>  <b>B12. Migraine Medication</b> 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. Prescribed by a doctor .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b. Other .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td colspan="3">SPECIFY: _____</td> </tr> <tr> <td colspan="3">(probe for example: spouse or long term partner, family, friend, etc.)</td> </tr> </table>		<u>Y</u>	<u>N</u>	a. Prescribed by a doctor .....	1	2	b. Other .....	1	2	SPECIFY: _____			(probe for example: spouse or long term partner, family, friend, etc.)			i.  __ __  # times/day  j. For how long?  __ __  Days.....1 Weeks.....2 Months.....3 Years .....4									
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