

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 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. __ __ # of pills per day j. __ __ __ # of months taken
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HAND PARTICIPANT RESPONSE CARD PMU3 B3. Antidepressant Drugs Elavil (amitriptyline), Pamelor (nortriptyline), Norpramin (desipramine), or another antidepressant drug	1	2 (B4)	<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. __ __ # of pills per day j. __ __ __ # of months taken
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HAND PARTICIPANT RESPONSE CARD PMU4 B4. Anticonvulsant/Antiepileptic Drugs Neurontin (gabapentin), Lyrica (pregabalin), carbamazepine (Tegretol)	1	2 (B5)	<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. __ __ # of pills per day j. __ __ __ # of months taken
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HAND PARTICIPANT RESPONSE CARD PMU5 B5. Topical Anesthetics 5% Lidocaine patch, Capsaicin, Cortizone, Bengay, Aspercreme, Icy Hot, Orajel, etc.	1	2 (B6)	<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	i. __ __ # of times per day j. __ __ __ # of months taken
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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 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	i. __ __ # of pills per day j. __ __ __ # of months taken
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HAND PARTICIPANT RESPONSE CARD PMU7 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, MScotin, Oramorph SR, Paregoric, Pethidine, Roxanol, Roxanol-T, Stadol	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	i. __ __ # of pills per day j. __ __ __ # of months taken
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HAND PARTICIPANT RESPONSE CARD PMU9 B9. Sleeping Medications Ambien (zolpidem), Halcion (triazolam), Restoril (temazepam), etc.	1	2 (B10)	<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>1</td> <td>2</td> </tr> <tr> <td>b. Prescribed by a doctor</td> <td>1</td> <td>2</td> </tr> <tr> <td>c. Spouse or long-term partner.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>d. Family</td> <td>1</td> <td>2</td> </tr> <tr> <td>e. Friend</td> <td>1</td> <td>2</td> </tr> <tr> <td>f. Co-worker</td> <td>1</td> <td>2</td> </tr> <tr> <td>g. Internet</td> <td>1</td> <td>2</td> </tr> <tr> <td>h. Drug dealer or other stranger</td> <td>1</td> <td>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. __ __ # of pills per day j. __ __ __ # of months taken
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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 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>1</td> <td>2</td> </tr> <tr> <td>b. Prescribed by a doctor</td> <td>1</td> <td>2</td> </tr> <tr> <td>c. Spouse or long-term partner.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>d. Family</td> <td>1</td> <td>2</td> </tr> <tr> <td>e. Friend</td> <td>1</td> <td>2</td> </tr> <tr> <td>f. Co-worker</td> <td>1</td> <td>2</td> </tr> <tr> <td>g. Internet</td> <td>1</td> <td>2</td> </tr> <tr> <td>h. Drug dealer or other stranger</td> <td>1</td> <td>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. __ __ # of pills per day j. __ __ __ # of months taken
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