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DRAFT QUESTIONNAIRE

Our records show that you were hospitalized at Johns Hopkins Hospital in _____ (month and year) _____.

1. Before your hospitalization, have you ever had any of the chronic conditions listed on this card which have bothered you over a period of several months? (Show Card No. 1)

   Yes_____ No_____

   Which conditions are they?

   Conditions_____

   _____

   _____

2. Have you found it necessary to take medicines of any kind over long periods of time in the past?

   Yes_____ No_____

   What kind of medicines were these?

   Medications used_____

   _____

   _____

In this study we are mainly interested in certain groups of medicines. Some of these can be bought in the drugstore without a prescription; others require a prescription from your doctor or can be given to you at a clinic.

We are interested primarily in the period of your hospitalization and about 2 years before, and we would like your answers to the next questions to relate to that time. This is just to give us a time period to look at, and these questions don't necessarily have to do with any treatment or medication that you required as part of your hospitalization.