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(e) Do you recall the name of the pharmacy where you bought this medicine?

Yes _____ No _____

(f) Do you recall the name of the doctor (or clinic) that prescribed this medicine?

Yes _____ No _____

(g) Did you stop taking this medicine for any reason?

Yes _____ No _____ (skip to Q-10).

(h) Was another medicine substituted for the discontinued one?

Yes _____ No _____

TABLE 4

Name of pharmacy (e)	Doctor or clinic prescribing (f)	Reason for stopping (g)	Medication substituted (h)