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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 _____

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

Yes _____ No _____

TABLE 5

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