Previously you stated you had taken prescription weight loss pills in the past 2 years. Now we would like to ask you about the prescription and over the counter pills you used and your experience with them. Please remember we do not want you to include water pills or thyroid medications. We are only interested in pills whose primary purpose is weight loss.

First we would like to ask you about the prescription pills you have used for weight loss.
1. What is the name of the prescription weight loss pill you used most often during the past 2 years?

[Interviewer:
   => If subject has used 2 or more pills simultaneously answer subsequent questions for each pill used.
   => If the subject is uncertain, please have respondent bring pill bottle to the phone.]

Refer to coding list for prompting.
If not on list please specify.

Pill code number (specify):

Don’t know/Not sure Go to Q.13 77
Refused Go to Q.13 99

2. Are you currently taking this pill?
   Yes Go to Q. 4 1
   No 2
   Don’t know/Not sure 7
   Refused 9

3. In what month and year did you stop taking this pill?
   Date (month and year): ___ ___ / ___ ___
   Don’t know/Not sure 77 / 77
   Refused 99 / 99

4. In your life time, what is the total number of months or years that you have taken this pill? Do not count any time you were not taking this pill.
   Months (specify): (1)
Years (specify): (2)

Off and on (specify number of years): (3)
  Don’t know/Not sure  77
  Refused  99
5. If you have taken another prescription weight loss pill in the past 2 years, what is the name of the second pill you took most often?

Refer to coding list for prompting.
If not on list please specify.

a. Pill code number (specify):

b. Didn’t take another pill  Go to Q.10  66

Don’t know/Not sure  Go to Q.10  77

Refused  Go to Q.10  99

6. Are you currently taking this pill?

Yes  Go to Q.8  1

No  2

Don’t know/Not sure  7

Refused  9

7. In what month and year did you stop taking this pill?

Date (month and year):  ___ ___ / ___ ___

Don’t know/Not sure  77 / 77

Refused  99 / 99

8. In your life time, what is the total number of months or years that you have taken this pill? Do not count any time you were not taking this pill.

Months (specify):  (1)

Years (specify):  (2)

Off and on (specify number of years):  (3)

Don’t know/Not sure  77

Refused  99
9. Please give me the name of the next most often used prescription weight loss pill you took in the past 2 years.

Refer to coding list for prompting.
If not on list please specify.

a. Pill code number (specify):

b. Didn’t take another pill 66

Don’t know/Not sure 77

Refused 99

10. Since taking fen-phen, Redux, fenfluramine, or dexfenfluramine, have you received an echocardiogram? An echocardiogram is a special picture of your beating heart similar to an ultrasound. [Help - - - Programming needed so that this is only asked of positives from questions 1, 4 and 9.]

Refer to FDA for inquiries 1-800-FDA-1088

Yes 1

No 2

Don’t know/Not sure 7

Refused 9

11. In the past 2 years, did you usually obtain your prescription weight loss pills by:

Read all choices

a. Physician from a commercial diet clinic 1

b. Personal physician in a Health Maintenance Organization (HMO) 2

c. Personal physician or any other physician 3

d. Friend or family member 4

e. Other 5

Don’t know/Not sure 7

Refused 9
12. How much weight did you **lose in the past 2 years** while using prescription weight loss pills?

   Weight (pounds):
   - None: 000
   - Use for weight maintenance: 000
   - Don’t know/Not sure: 777
   - Refused: 999

Now we would like you to tell us about any Over-the-Counter pills you have taken in the last two years to lose weight.

13. Have you taken any of the following over-the-counter weight loss pills in the past 2 years?

   Choose Yes or No
   - a. Herbal fen-phen
   - b. Accutrim
   - c. Dexatrim
   - d. St. John’s Wort
   - e. Ephedra
   - f. Other

   Yes  No
   Yes  No
   Yes  No
   Yes  No
   Yes  No
   Yes  No

14. Since your 18th birthday, what is the **most** you have ever weighed? For women, do not include pregnancy weight.

Round up

   Weight (pounds):
   - Don’t know/Not sure: 777
   - Refused: 999
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<th>Generic Name</th>
<th>Code</th>
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