Allimin	*Edit out
Alphosyl	*Edit out
Americaine	*Edit out
Americaine Anesthetic	*Edit out
Americaine Anesthetic Lubricant	*Edit out
Americaine First Aid	*Edit out
Americaine First Aid Burn Ointment	*Edit out
Americane First Aid Spray	*Edit out
Amertan	*Edit out
Aminosluthamide	*Edit out
Ammoniate Mercury	*Edit out
Andoin	*Edit out
Anocaine Hemorrhoidal	*Edit out
Anocaine Hemorrhoidal	*Edit out
Anorexin	*Edit out
Anorexin One-Span	*Edit out
Anti Itch	*Edit out
Anusol	*Edit out
Anusol-HC	*Edit out
Anvita	*Edit out
Aphco	*Edit out
Appedrine Maximum Strength	*Edit out
Apresazide	*Edit out
Apresoline	*Edit out
Aqua Ban	*Edit out
Aqua-Fresh	*Edit out
Aquatensen	*Edit out
Argyrol S.S. 10%	*Edit out
Arm & Hammer Baking Soda	*Edit out
Arrid Extra Dry	*Edit out
Arrid Extra Dry Antiperspirant Deodorant Spray	*Edit out
Arrid Extra Dry Cream	*Edit out
Artane	*Edit out
Asendin	*Edit out
Atromid-S	*Edit out
Ayds	*Edit out
Ayds AM/PM	*Edit out
Ayds Extra Strength	*Edit out
B-Blockers (Beta Blockers)	*Edit out
B.F.I.	*Edit out
Babee Teething	*Edit out
Baby Orajel	*Edit out
Babylax	*Edit out
Bacisuent	*Edit out
Bacimycin	*Edit out
Bactine Antiseptic Anaesthetic First Aid	*Edit out
Bactine Hydrocortisone Cream	*Edit out
Bactracin	*Edit out
Balmex	*Edit out
Balnetar	*Edit out

Ban Super Solid	*Edit out
Bancap	*Edit out
Bantron	*Edit out
Baximin	*Edit out
Benoxyl	*Edit out
Benoxyl 10	*Edit out
Benoxyl 5	*Edit out
Bensulfoid	*Edit out
Benzocaine Topical	*Edit out
Benzoyl Peroxide	*Edit out
Betadine	*Edit out
Bisacodly	*Edit out
Bisco-Lax	*Edit out
Black Draught	*Edit out
Blis-To-Sol	*Edit out
Blistex	*Edit out
Block-Aid	*Edit out
Blue-Gray	*Edit out
Broth	*Edit out
Brut 33 Antiperspirant	*Edit out
Bu-Lax	*Edit out
Buf-Acne Cleansing Bar	*Edit out
Bumex	*Edit out
Burn Relief Spray	*Edit out
Burntame	*Edit out
Buro-Sol Powder	*Edit out
Burrows' Solution	*Edit out
Butisol Sodium	*Edit out
Caffedrine	*Edit out
Caladryl	*Edit out
Caladryl Cream	*Edit out
Caladryl Lotion	*Edit out
Calamine	*Edit out
Calamine Lotion	*Edit out
Caldecort	*Edit out
Caldecort Rectal-Itch	*Edit out
Caldesene Medicated	*Edit out
Calicylic Creme	*Edit out
Capoten	*Edit out
Carbonis Detersens	*Edit out
Cardizom	*Edit out
Caroid Laxative	*Edit out
Carter's Little Pills	*Edit out
Cas-Evac	*Edit out
Cascara Sagrada	*Edit out
Cascara Sagrada Fluid Extract	*Edit out
Castor Oil	*Edit out
Catapres	*Edit out
Ceclor	*Edit out
Cerebid	*Edit out
Cerespan	*Edit out

Chisserex	*Edit out
Chissertox	*Edit out
Cleansing Pads	*Edit out
Clear & Brite	*Edit out
Clear By Design	*Edit out
Clear Eyes	*Edit out
Clearsil	*Edit out
Clearsil Antibacterial Soap	*Edit out
Clearsil BP Acne Treatment	*Edit out
Coal Tar	*Edit out
Coast	*Edit out
Cocoa Butter	*Edit out
Coffee, Tea & A New Me	*Edit out
Coffee-Break	*Edit out
Cosentin	*Edit out
Colace	*Edit out
Colgate	*Edit out
Collyrium Eye Lotion	*Edit out
Collyrium with Ephedrine	*Edit out
Coly-Mycin's Otic	*Edit out
Comfolax	*Edit out
Comfolax Plus	*Edit out
Compound Undecylenic Acid	*Edit out
Compound W Wart Remover	*Edit out
Compoz Tablets	*Edit out
Conceptrol	*Edit out
Contrablem	*Edit out
Cordran	*Edit out
Corsard	*Edit out
Cornstarch	*Edit out
Cortaid	*Edit out
Cortef Feminine Itch	*Edit out
Cortisone Spray	*Edit out
Cortisporin Otic Drops	*Edit out
Coumadin	*Edit out
Crest With Flourestan	*Edit out
Crux	*Edit out
Cuticura	*Edit out
Cyclocort	*Edit out
Cyclospasmol	*Edit out
Cystex	*Edit out
D-Caine	*Edit out
D-Seb Gel Skin Cleanser	*Edit out
DHS Tar	*Edit out
DHS Zinc	*Edit out
Dalkon	*Edit out
Danthron	*Edit out
Debrox	*Edit out
Delfen	*Edit out
Demi-Regroton	*Edit out
Demulen	*Edit out

Derma Medicone	*Edit out
Derma Soft	*Edit out
Dermaid Aloe Oint.	*Edit out
Dermalate	*Edit out
Dermaneed	*Edit out
Dermolate Anti-Itch	*Edit out
Dermoplast	*Edit out
Desenex	*Edit out
Desitin	*Edit out
Dex-A-Diet II	*Edit out
Dex-A-Diet Lite	*Edit out
Dexatrim	*Edit out
Dexatrim Extra Strength	*Edit out
Dexatrim-Caffeine Free	*Edit out
Dexedrine	*Edit out
Diabinese	*Edit out
Dial Gold	*Edit out
Dial Long-Lasting Antiperspirant Deodorant	*Edit out
Diamox	*Edit out
Diaparen Peri-Anal Medication	*Edit out
Diet Plan	*Edit out
Diet-Aid	*Edit out
Dietac	*Edit out
Dietac Maximum Strength	*Edit out
Dietac Once A Day	*Edit out
Digitalis	*Edit out
Digoxin	*Edit out
Dilantin	*Edit out
Dilantin Kapseals	*Edit out
Diomedicone	*Edit out
Diuretic	*Edit out
Diurex	*Edit out
Diuril	*Edit out
Diutensin - R	*Edit out
Doctate	*Edit out
Docusate Sodium	*Edit out
Docusate Sodium with Casanthranol	*Edit out
Doxidan	*Edit out
Dr. Caldwell's Senna Laxative	*Edit out
Dr. Scholl's Corn & Callus Remover	*Edit out
Dr. Scholl's Corn & Callus Salve	*Edit out
Dr. Scholl's Fixo Corn Plaster	*Edit out
Dr. Scholl's Foot Spray/Powder	*Edit out
Dr. Scholl's Waterproof Corn Pads & Zino Pads	*Edit out
Dr. School's Oxinol	*Edit out
Dri-Ear	*Edit out
Dry and Clear	*Edit out
Dry and Clear Medicated Acne Cleanser	*Edit out
Dulcolax	*Edit out
Duraters Lubricant Ointment	*Edit out
Dyazide	*Edit out

E-Z Mosquito Repellent Tab.	*Edit out
E-Z Oral Mosquito Bite Relief Tablets	*Edit out
E-Z Trim	*Edit out
5-Day Antiperspirant/Deodorant Pads	*Edit out
Effersyllium	*Edit out
Emko	*Edit out
Encare	*Edit out
Enduron	*Edit out
Enduronyl	*Edit out
Enduronyl Forte	*Edit out
Eno	*Edit out
Epi-Clear	*Edit out
Epi-Clear Antiseptic	*Edit out
Epi-Clear Scrub	*Edit out
Epinephricaine Rectal	*Edit out
Equal	*Edit out
Esidrix	*Edit out
Esimil	*Edit out
Estrogen	*Edit out
Ethyl Alcohol	*Edit out
Ethyl Rubbing Alcohol	*Edit out
Evac-U-Gen	*Edit out
Ex-Caloric	*Edit out
Extra Strength Grapefruit Diet Plan with Diadax	*Edit out
Exzit Cleanser	*Edit out
Eye Drops	*Edit out
Eye Wash	*Edit out
Fastin	*Edit out
Fleet Bisacodyl	*Edit out
Fleet Enema	*Edit out
Fleet Fineral Oil Enema	*Edit out
Fletcher's Castoria	*Edit out
Flowery Large Styptic Pencil	*Edit out
Formac Foam	*Edit out
Fostex 10% Benzoyl Peroxide Cleansing Bar	*Edit out
Fostex 5% Gel	*Edit out
Fostex C.M.	*Edit out
Fostril	*Edit out
Foxtex	*Edit out
Foxtex Cake	*Edit out
Fructose tablets	*Edit out
Fruit Juice	*Edit out
Fungi-O-Spray	*Edit out
Fungex	*Edit out
Furosemide	*Edit out
Gantanol	*Edit out
Gantrisin	*Edit out
Garamycin Cream	*Edit out
Gentian Violet	*Edit out
Gentlax B	*Edit out
Gentlax S	*Edit out

Gentle Spring Disposable	*Edit out
Geutz Wipes	*Edit out
Gleem	*Edit out
Glycerin	*Edit out
Grapefruit Diet Plan with Diadex	*Edit out
Gyne-Lotrimin	*Edit out
Gynecort Feminine Cream Medication	*Edit out
Head And Shoulders	*Edit out
Hemor-Rid	*Edit out
Hemorrhoidal Cream	*Edit out
Hemorrhoidal Ointment	*Edit out
Hemorrin	*Edit out
Home remedies	*Edit out
Humulin N Insulin	*Edit out
Humulin V Insulin	*Edit out
Hydrocholorothiazide HCTZ	*Edit out
Hydrocortisone	*Edit out
Hydrodiuril	*Edit out
Hydropres	*Edit out
Hydroxyzine	*Edit out
Hypersal Opthalmic	*Edit out
Hytone (Non-Prescription)	*Edit out
Hytone (Prescription)	*Edit out
Hytone, Unspecified	*Edit out
Ice Mint Foot Creme	*Edit out
Iletin	*Edit out
Imuran	*Edit out
Inderal	*Edit out
Inderide	*Edit out
Intercept	*Edit out
Iodine Tincture	*Edit out
Iodine Topical Solution	*Edit out
Ionamin	*Edit out
Irish Spring	*Edit out
Ismelin	*Edit out
Isopropyl Alcohol	*Edit out
Isoptin	*Edit out
Isopto Carpine	*Edit out
Isopto Tears	*Edit out
Isordil	*Edit out
Isordil Tembids	*Edit out
Ivy Dry	*Edit out
Ivy-Chex	*Edit out
J & J First Aid Creme	*Edit out
Johnson & Johnson 1st Aid Cream	*Edit out
Kellog's Castor Oil	*Edit out
Kenalog	*Edit out
Keri (Unspecified)	*Edit out
Komdremul Plain	*Edit out
Kondremul with Phenolphthalein	*Edit out
Koromex II	*Edit out
Koromex II-A	*Edit out
Kwell	*Edit out

Lacri-Lube S.O.P. Ointment	*Edit out
Lanacane	*Edit out
Lanacort	*Edit out
Lanolin Toilet Cream	*Edit out
Lanolin Toilet Creme	*Edit out
Lanoxin	*Edit out
Lasix	*Edit out
Lavoptik Eye Wash	*Edit out
Lente Insulin	*Edit out
Lidex	*Edit out
Lifebuoy Coral	*Edit out
Liquifilm	*Edit out
Liquifilm Forte	*Edit out
Liquifilm Tears	*Edit out
Lithium	*Edit out
Lithobid	*Edit out
Lo-Ovral	*Edit out
Lopressor	*Edit out
Lotrimin	*Edit out
Macrodantin	*Edit out
Massengill	*Edit out
Medicated Foot Powder	*Edit out
Megace	*Edit out
Mercurochrome	*Edit out
Mercurochrome II	*Edit out
Merthiolate	*Edit out
Merthiolate Opthalmic	*Edit out
Methopto 1/4%	*Edit out
Methopto-Forte 1%	*Edit out
Methopto-Forte 1/2%	*Edit out
Mexana Medicated	*Edit out
Mineral Oil	*Edit out
Minipress	*Edit out
Minizide	*Edit out
Mitchum Cream Antiperspirant	*Edit out
Modane	*Edit out
Modane Bulk	*Edit out
Modane Soft	*Edit out
Moduretic	*Edit out
Monistat 7	*Edit out
Multiscrub	*Edit out
Mum	*Edit out
Murine	*Edit out
Murine Ear Drops	*Edit out
Murine Plus Eye Drops	*Edit out
Mycolog	*Edit out
Mycostatin	*Edit out
NP-27	*Edit out
Nembutal Sodium	*Edit out
Neo-Polycin Topical	*Edit out
Neodecardron Opthalmic Solution	*Edit out
Neomycin	*Edit out

Neosporin Opthalmic Solution	*Edit out
Neozin Opthalmic	*Edit out
Neutrosena T/Gell	*Edit out
New Freshness	*Edit out
Niacin	*Edit out
Nico-400	*Edit out
Nicobid	*Edit out
Nitorslycerin	*Edit out
Nitro-Bid	*Edit out
Nitrospan	*Edit out
Nitrostat	*Edit out
NoDoz	*Edit out
Norinyl	*Edit out
Norlestrin	*Edit out
Norpace	*Edit out
Norwich Glycerine Suppositories	*Edit out
Noxema Antiseptic Cleanser	*Edit out
Noxzema 12-Hour Acne Medicine	*Edit out
Nupercainal	*Edit out
Nupercainal Ointment	*Edit out
Nupercainal Suppositories	*Edit out
Nytol	*Edit out
Nytol with DPH	*Edit out
Optisene II Eye Drops	*Edit out
Optised Opthalmic	*Edit out
Orajel	*Edit out
Orajel Extra Strength	*Edit out
Orajel-D	*Edit out
Ortho Novum	*Edit out
Ortho-Creme	*Edit out
Ortho-Gynol	*Edit out
Outgro	*Edit out
Ovral	*Edit out
Ovulen 21	*Edit out
Oxy 10	*Edit out
Oxy 5	*Edit out
Oxy Scrub	*Edit out
Oxy Wash	*Edit out
Pabagel	*Edit out
Packer's Pine Tar	*Edit out
Pavabid	*Edit out
Pavakey	*Edit out
Pavatran	*Edit out
Pazo Ointment	*Edit out
Pazo Suppositories	*Edit out
Perdiem	*Edit out
Peri-Colace	*Edit out
Periactin	*Edit out
Perifoam	*Edit out
Peritrate	*Edit out
Pernox	*Edit out
Persantine	*Edit out

Petro-Syllium	*Edit out
Petro-Syllium No. 1	*Edit out
Petro-Syllium No. 2	*Edit out
Phenolated Calamine	*Edit out
Phisoac	*Edit out
Poison Antidote Kit	*Edit out
Poison Ivy Cream	*Edit out
Poison Ivy Spray	*Edit out
Poison Safeguard Kit	*Edit out
Polytar Bath	*Edit out
Pontocaine	*Edit out
Pontocaine Cream	*Edit out
Pontocaine Ointment	*Edit out
Porcelana	*Edit out
Porcelana with Sun Screen	*Edit out
Postacne	*Edit out
Povadine	*Edit out
Powdered Alum	*Edit out
Prasmatar	*Edit out
PreSun 15.	*Edit out
PreSun 4	*Edit out
PreSun 8	*Edit out
PreSun 8 Creamy	*Edit out
PreSun Lip Protector	*Edit out
Prednisone	*Edit out
Prefrin Liquifilm	*Edit out
Preludin Endurets	*Edit out
Premarin	*Edit out
Preparation H	*Edit out
Preparation H Cleansing	*Edit out
Procardia	*Edit out
Proctofoam	*Edit out
Proctofoam HC	*Edit out
Propranolol	*Edit out
Provera	*Edit out
Rectalad	*Edit out
Rectalad Medicone Suppository	*Edit out
Rectalad Medicone Urgent	*Edit out
Rid Shampoo	*Edit out
Right Guard	*Edit out
Right Guard Roll-On Antiperspirant	*Edit out
Ritalin	*Edit out
Saccharin	*Edit out
Saccharine	*Edit out
Sanicide Germicidal Skin Cleanser	*Edit out
Seba-Nil Liquid Cleanser	*Edit out
Sebex	*Edit out
Sebex-T	*Edit out
Sebulex Medicated	*Edit out
Secret	*Edit out
Secret Antiperspirant	*Edit out
Selenium Sulfide	*Edit out

Selsun	*Edit out
Selsun Blue	*Edit out
Semicid	*Edit out
Senokap	*Edit out
Senokap DSS	*Edit out
Senokot	*Edit out
Senokot S	*Edit out
Senolax	*Edit out
Sensodyne	*Edit out
Ser-Ap-Es	*Edit out
Serutan	*Edit out
Shade Plus	*Edit out
Silver Protein, Mild	*Edit out
Sleepeze	*Edit out
Slim Line Gum	*Edit out
Solarcaine	*Edit out
Somnex	*Edit out
Somnex Formula 2 Tablets	*Edit out
Soothe Eye Drops	*Edit out
Sorbitrate	*Edit out
Spironolactone	*Edit out
Starch Blockers	*Edit out
Stilboestrol	*Edit out
Stins-Mill	*Edit out
Stri-Dex	*Edit out
Stri-Dex B.P.	*Edit out
Sucaryl	*Edit out
Sugar Twin	*Edit out
Sulfur Soap	*Edit out
Sultrin	*Edit out
Summer's Eve	*Edit out
Summer's Eve Medicated	*Edit out
Sundare Clear	*Edit out
Sundare Creamy	*Edit out
Sundown Extra Protection	*Edit out
Sundown Maximal Protection	*Edit out
Sundown Moderate Protection	*Edit out
Sundown Sunblock Ultra Protection	*Edit out
Super Shade Sunblocking	*Edit out
Surfax	*Edit out
Sweet 'N Low	*Edit out
Sweet Lo	*Edit out
SweetLife	*Edit out
Sweeta	*Edit out
Syntroid	*Edit out
Tannic Acid	*Edit out
Tar Doak	*Edit out
Tear-Efrin Eye Drops	*Edit out
Teen	*Edit out
Teen 10	*Edit out
Teen 5	*Edit out

Tenormin	*Edit out
Tenuate Dospan	*Edit out
Tersa-Tar	*Edit out
Therapads	*Edit out
Therapads Plus	*Edit out
Thimerosal	*Edit out
Thyroid Tablets	*Edit out
Timoptic	*Edit out
Tinactin	*Edit out
Tincture Of Iodine	*Edit out
Tofranil	*Edit out
Tolbutamide	*Edit out
Toothache drops	*Edit out
'2' Drop Corn/Callus Remover	*Edit out
Topicort	*Edit out
Topsyn Gel	*Edit out
Transderm Nitro	*Edit out
Trichoten	*Edit out
Trichotine-D	*Edit out
Triple Antibiotic	*Edit out
Tronolane	*Edit out
Tucks	*Edit out
Tucks Cream	*Edit out
Undecylenic Compound	*Edit out
Unguentine 'Original'	*Edit out
Unguentine Plus	*Edit out
Unguentine Spray	*Edit out
Valisone	*Edit out
Vaseline	*Edit out
Vaseline First Aid Carbolated Petroleum Jelly	*Edit out
Vaseline Pure Petroleum Jelly	*Edit out
Vasoclear	*Edit out
Vasodilan	*Edit out
Vermox	*Edit out
Visene	*Edit out
Visene A.D.	*Edit out
Wart-Away	*Edit out
Wart-Off	*Edit out
Wartson	*Edit out
Witch Hazel	*Edit out
Wyanoids	*Edit out
Wynaoid Ointment	*Edit out
Wytensin	*Edit out
Xseb	*Edit out
Xylocaine	*Edit out
Yellow Mercuric Oxide	*Edit out
Zaroxolyn	*Edit out
Zinc Oxide	*Edit out
Zinc Sulfate Compound	*Edit out
Zinc Sulfide Compound	*Edit out

The first digit for Medicine Brand Codes identifies the following:

1. Designates Over The Counter Drug
2. Designates Prescription Drugs
3. Designates Unspecified Prescription/Non-Prescription Drugs

101568. 4-WAY
100006. 4-WAY COLD TABLETS
100007. 4-WAY LONG ACTING SPRAY
100008. 4-WAY NASAL SPRAY
100012. A-FIL
100013. A.M.T.
101569. A.P.C.
100014. A.P.C. BUFFERED TABLETS
100015. A.P.C. CAPSULES/TABLETS
*100148. A.P.F. (Arthritis Pain Formula)
100016. A.R.M. (Allergy Relief Medicine)
100017. A.S.A.
100018. A.S.A. COMPOUND
100019. A.S.A. ENSEALS
100020. A/K/RINSE
100021. ABLITOX
100022. ABSORBINE, JR.
100023. ACCELERASE
100024. ACEPHEN
100025. ACETAMINOPHEN
100026. ACETAMINOPHEN UNISERTS
100027. ACETAMINOPHEN WITH CODEINE ELIXIR
200001. ACHROMYCIN (PRESCRIPTION)
100030. ACIDULIN PULVULES
100038. ACQUA DUCE
200002. ACROMYCIN V
100039. ACTIFED (NON-PRESCRIPTION)
200003. ACTIFED (PRESCRIPTION)
100040. ACTIFED EXPECTORENT (NON-PRESCRIPTION)
200004. ACTIFED EXPECTORENT (PRESCRIPTION)
300002. ACTIFED EXPECTORENT, UNSPECIFIED
300003. ACTIFED, UNSPECIFIED
100041. ACTIVATED CHARCOAL LIQUID
101438. ACTOL
100048. AFKO-LUB
100049. AFKO-LUB LAX.
100050. AFRIN/AFRINOL
100051. AFRIN MENTHOL
100052. AFRIN PAEDIATRIC
100053. AFRINOL LONGACTING
100054. AFRINOL REPETABS
100060. AL-AY MODIFIED TABLETS
100061. ALAMINE LIQUID
100062. ALAMINE-C LIQUID

100064. ALCARE
100065. ALCONEFRIN
100066. ALCONEFRIN 25
100067. ALCONEFRIN 50
200010. ALKA PAN (PRESCRIPTION)
101436. ALK/RINSE
300004. ALKA, UNSPECIFIED (Pan Dud 2)
100068. ALKA-2
100069. ALKA-SELTZER
100070. ALKA-SELTZER ANTACID
100071. ALKA-SELTZER PAIN RELIEVER & ANTACID
100072. ALKA-SELTZER PLUS TABLETS
100073. ALKA-SELTZER WITHOUT ASPIRIN
100074. ALKETS TABLETS
*100075. ALL OTHER VITAMINS
101440. ALLBEE
100077. ALLER-CHLOR TABLETS
100078. ALLEREST
100079. ALLEREST CHILDREN'S CHEWABLE
100080. ALLEREST EYE DROPS
100081. ALLEREST HEADACHE STRENGTH
100082. ALLEREST NASAL SPRAY
100083. ALLEREST TABLETS
100084. ALLEREST TIMED RELEASE CAPSULES
100085. ALLERPROP CAPSULES
100086. ALLERSTAT CAPSULES
100088. ALMA-MAG 4 TABLETS
100089. ALMACONE II LIQUID
100090. ALO-TUSS IMPROVED TABLETS
100091. ALOPHEN
100093. ALTERNAGEL
100094. ALU-CAP
100095. ALUDROX
100096. ALUDROX SUSPENSION
100097. ALUDROX TABLETS
100098. ALUMID PLUS SUSPENSION
100099. ALUMINUM HYDROXIDE GEL
200011. ALUPENT
100100. ALUPRIN
100001. ALUREX
200395. AMBENYL EXPECTORANT
100103. AMBENYL-D
200013. AMCILL
200015. AMINOPHYLLIN
100109. AMITONE
100111. AMMORID
100112. AMOCAL TABLETS
100113. AMODRINE TABLETS
100114. AMOGEL
100101. AMONIUM CHLORIDE

100102. AMOSAN
100106. AMOSTAT
200016. AMOXICILLIN
100115. AMOXIL
100116. AMPHENOL
100117. AMPHOJEL
200017. AMPICILLIN
100118. ANACIN 3
100119. ANACIN 3 ASPIRIN FREE TABLETS
100120. ANACIN MAXIMUM STRENGTH
100121. ANACIN TABLETS/CAPSULES (6/22/84)
100122. ANALGESIC BALM
200018. ANAPROX
100123. ANBESOL
100128. ANTACIDS
100129. ANTALGESIC
100130. ANTI-TUSS
100132. ANTI-TUSS DM EXPECTORANT
100133. ANTIACID NO.ONE
200019. ANTIBIDLZE ANTIBIOTIC
200020. ANTIGEN (ORAL)
300005. ANTIGEN, UNSPECIFIED
100134. ANTIHISTAMINE CREAM
100135. ANTISEB
100136. ANTISEB-T
200021. ANTIVERT (PRESCRIPTION)
100140. APAMIDE
100141. APAP
100144. APPRESS
100145. ARESTIN
200026. ARISTOCORT
100147. ARTHRALGEN
*100148. ARTHRITIS PAIN FORMULA (A.P.F.) (6/22/84)
100149. ARTHRITIS PAIN FORMULA ASPIRIN FREE
100150. ARTHRITIS RUB
100151. ARTHRITIS STRENGTH BUFFERIN
100152. ARTHROPAN
200012. ASBRON-G
100154. ASCRIPTIN
100155. ASCRIPTIN A.D.
200029. ASCRIPTIN WITH CODEINE
100156. ASPERCREME
100157. ASPERCREME CREAM
100158. ASPERGUM
100159. ASPIRIN/ASPIRIN SUBSTITUTE
100160. ASPIRIN SUPPOSITORIES
100161. ASTHMAHALER
100162. ASTHMANEFRIN
200031. ATARAX
200032. ATENOLOL
200033. ATIVAN

100163. ATUSSIN EXPECTORANT
200035. AURALGAN ORTIC SOLUTION
100164. AUREOMYCIN
200039. AZULFIDINE
100165. B - A
100167. B.K.Z.
100169. BACID
100172. BACTAL SOAT
100173. BACTINE
200041. BACTRIM DS
101442. BANALG
100181. BARC
100182. BASAJEL
100184. BAYAPAP WITH CODEINE ELIXIR
100185. BAYER
100186. BAYER ASPIRIN
100187. BAYER CHILDREN'S ASPIRIN
100188. BAYER CHILDREN'S CHEWABLE ASPIRIN
100189. BAYER CHILDREN'S COLD TABLETS
100190. BAYER COUGH SYRUP FOR CHILDREN
101571. BAYER MAXI (6/22/84)
100191. BAYER TIMED-RELEASE ASPIRIN
100192. BC POWDER
100193. BC TABLETS
200042. BELAP
100194. BELL-ANS
200043. BELLERGAL S
100195. BEN GAY
100196. BEN GAY LOTION
100197. BEN GAY ORIGINAL OINTMENT
100198. BENADRYL (NON-PRESCRIPTION)
200044. BENADRYL (PRESCRIPTION)
200045. BENADRYL ELIXIR
300007. BENADRYL, UNSPECIFIED
100199. BENADYNE EAR DROPS IMPROVED
200046. BENDECTIN
200047. BENEMID
200048. BENTYL
200049. BENTYL WITH PHENOBARBITAL
100204. BENYLIN
100205. BENYLIN D.M.
100206. BENZEDREX
100208. BENZODENT
100209. BENZOIN
100210. BENZOIN COMPOUND
100213. BICOZENE
100214. BILOGEN
100215. BILRON PULVULES
100218. BISMUTH SALOL ZINC COMPOUND
100219. BISMUTH SALOL ZINC PARAGORIC
100220. BISODOL
100221. BISODOL ANTACID TABLETS

100222. BLACK CAT
100224. BLINX
100225. BLUBORO POWDER
100226. BLUE
100228. BO-CAR-AL
100229. BONINE
100230. BORIC ACID
100231. BOROFAX
100232. BOWMAN COLD TABLETS
100233. BREACOL
100234. BREONESIN
200050. BRETHINE
200051. BRICANYL
100235. BRIOSCHI
100236. BROMOSELTZER
100237. BROMPHEN
100238. BRONCAJEN TABLETS
200052. BRONDUON
100239. BRONITIN
100240. BRONITIN MIST
100241. BRONITIN TABLETS
100242. BRONKAID
100243. BRONKAID MIST
100244. BRONKAID TABLETS
100245. BRONKOLIXIR ELIXIR
100246. BRONKOMETER
100247. BRONKOTABS TABLETS
100249. BUFFERED ASPIRIN
100250. BUFFERIN
100251. BUFFERIN ARTHRITIS STRENGTH
100252. BUFFERIN EXTRA STRENGTH
200496. BUFFERIN 3 (6/22/84)
100253. BUFOPTO ZINC SULFATE
200054. BUTAZOLIDIN
100257. BUTESIN PICRATE
100258. BUTYN
100259. C-3
100260. C-TUSSIN
100261. C.C.P.
100263. CAFFEINE
100267. CALAMATUM
200056. CALAN
100270. CALCIDRINE SYRUP
100271. CALCILAC TABLETS
100272. CALCIUM
100273. CALCIUM CARBONATE
200057. CALCIUM LACTATE
100278. CALMOL
100279. CALMOL 4
100280. CAMA INLAY-TABS.
101443. CAMALOX
100281. CAMALOX SUSPENSION

100282. CAMPHO-PHENIQUE
100283. CAMPHO-PHENIQUE LIQUID
100284. CAMPHOR LINIMENT
100285. CAMPHOR SPIRIT
100286. CAMPHORATED OIL
100287. CAPEX CAPSULES
100288. CAPRON
100290. CARDUI
200060. CASYLLIUM
100297. CENAC
100298. CENAFED SYRUP
100299. CENALAX
200063. CENTRAX
100300. CEO-TWO
101444. CEPACOL
101445. CEPACOL MOUTHWASH
100301. CEPACOL THROAT LOZENGES
100302. CEPACOL TROUCHES
100303. CEPASTAT
100304. CEPASTAT LOZENGES
101446. CEPASTAT MOUTHWASH
100305. CEROSE
100306. CEROSE COMPOUND
100307. CEROSE D.M.
100308. CHARCOAL
100309. CHARCOCAPS
100310. CHARCODOTE
100311. CHARCOLA ACTIVATED
100312. CHERACOL
100313. CHERACOL D COUGH SYRUP
100314. CHERACOL SYRUP
100317. CHILDREN'S ASPIRIN
100318. CHILDREN'S CHLORASEPTIC
100319. CHILDREN'S CO-TYLENOL
100320. CHILDREN'S HOLD
100321. CHILDREN'S TYLENOL
100322. CHIO-AMINE
100323. CHLOR-MAL
100324. CHLOR-NIRAMINE
100325. CHLOR-TRIMETON
100326. CHLOR-TRIMETON DECONGESTANT REPETAB TABLETS
100327. CHLOR-TRIMETON DECONGESTANT TABLETS
100328. CHLOR-TRIMETON EXPECTORANT
100329. CHLOR-TRIMETON LONG LASTING
100330. CHLOR-TRIMETON REPETABS
100331. CHLOR-TRIMETON SYRUP
100332. CHLORAL HYDRATE
200066. CHLORAMBUCIL

100333. CHLORASEPTIC
100334. CHLORASEPTIC COUGH CONTROL
100335. CHLORASEPTIC LOZENGES
100336. CHLORASEPTIC MOUTHWASH & SPRAY
100337. CHLORESIUM
100338. CHLORESIUM DENTAL OINTMENT
100339. CHLOROHIST-LA
200067. CHLOROTHIAZIDE
200068. CHLORTHALIDONE
100340. CHOLAN-DH
200069. CHOLEDYL
100341. CHOOZ
200070. CIMETIDINE
100342. CITRA CAPSULES
100343. CITRATE OF MAGNESIA
100344. CITROCARBONATE
200071. CLEOCIN HCI CAPSULES
200072. CLINORIL
100348. CO-HISTINE DH ELIXIR
100352. COD LIVER OIL LIQUID
200073. CODEINE PHOSPHATE
100353. CODEXIN
200075. COLCHICINE
100357. COLOGEL
100358. COLREX
100359. COLREX CAPSULES
100360. COLREX COMPOUND ELIXIR
200077. COMBID SPANSULES
200078. COMBIPRES
200079. COMPAZINE
100365. COMTREX
100366. COMTREX CAPSULES
100367. COMTREX TABLETS
100368. CONAR SUSPENSION
100370. CONEX
100371. CONEX D.A. TABLETS
101553. CONGESPIRIN
100372. CONGESPIRIN CHILDREN'S COUGH SYRUP
100373. CONGESPIRIN LIQUID
100374. CONGESPIRIN TABLETS FOR CHILDREN
200080. CONSTUNT-T
100375. CONTAC
100376. CONTAC JR. LIQUID
100377. CONTAC SEVERE COLD FORMULA/COUGH CAPSULES
100379. CONTROFLEX
100380. CONTROL
100004. COPE

100381. CORICIDIN
100382. CORICIDIN 'D' DECONGESTANT TABLETS
100383. CORICIDIN CHILDREN'S COUGH SYRUP
100384. CORICIDIN COUGH SYRUP
100385. CORICIDIN DEMILETS
100386. CORICIDIN EXTRA STRENGTH SINUS HEACACHE TABLETS
100387. CORICIDIN MEDILETS
100388. CORICIDIN NASAL MIST
100389. CORICIDIN TABLETS
100390. CORRECTIVE MIXTURE
100391. CORRECTIVE MIXTURE WITH PAREGORIC
100392. CORRECTOL
100394. CORTIL
100395. CORYBAN D
100396. COSANYL COUGH SYRUP
100397. COTYLENOL COLD FORMULA CAPSULES/TABLETS
100398. COUGH DROPS
100399. COUGH MEDICINE/SYRUP (People's Cough Formula)
*Processing Note: Code 100400 will not be used. It will be condensed into Code 100399 by D.P. (6/22/84)
100401. COUGH TABLETS
100402. CREMALIN
100403. CREOMULSION
100406. D-S-S
100407. D-S-S PLUS
100408. D-SINUS
200088. DAINTE
100409. DALIDYNE
200089. DALMANE
100411. DANEX
200090. DARVOCET-N
200091. DARVON
200092. DARVON COMPOUND
200093. DARVON N
100413. DASIKON CAPSULES
100415. DATRIL
100414. DATRIL 500
100416. DAYCARE
100417. DAYCARE CAPSULES
100418. DAYCARE LIQUID
200094. DECADRON
100420. DECAPRYN
100421. DECHOLIN
100422. DECOHIST SYRUP
200095. DECONAMINE
100423. DECONEX CAPSULES
100424. DECYL
100425. DEEP-DOWN PAIN RELIEF RUB
100005. DEHIXT ELIXIR
100426. DEHYDROCHOLIC ACID
100428. DEKA
100429. DELACORT

100430. DELCID SUSPENSION
100431. DELCOPRO
200096. DELTA
200097. DELTASONE
100434. DEMAZIN
100433. DEMAZIN SYRUP
200098. DEMEROL
100435. DENAREX
200101. DEPEN TITRATEABLE TABS
200102. DEPOKENE
200103. DEPROL
100436. DEQUEL
100437. DERIFIL
100444. DESO-CREAM
100445. DETANE
100446. DEVROM
100448. DEWITT'S BABY COUGH SYRUP
100447. DEWITT'S PILL FOR BACKACHE
100449. DEXTRO-TUSS GG COUGH SYRUP
100554. DI-GEL
100553. DI-GEL LIQUID
100552. DI-GEL TABLETS
100555. DIA-EAS
100556. DIA-QUEL
100557. DIABISMUL
100558. DIALOSE
100559. DIALOSE PLUS
100561. DIAPAREN
100562. DIASTAY
100563. DIATROL
100564. DIBUCAINE HYDROCHLORID
100565. DICARBOSIL
200107. DICUMASOL
200108. DICYCLOMINE
100566. DIDELAMINE
200109. DIDREX
101447. DIGEL
100567. DIGESTALIN
200114. DILAUDID
200115. DILOR
200116. DILOR-400
100568. DIMACOL
100569. DIMACOL CAPSULES
100570. DIMACOL LIQUID
100571. DIMENHYDRINATE
100572. DIMENTABS
100574. DIMETANE
100573. DIMETANE DECONGESTANT ELIXIR
200117. DIMETANE EXPECTORANT
200118. DIMETANE EXPECTORANT DC
200119. DIMETAPP (Dimetapp Extentabs - Dimetapp Elixor) (6/22/84)

100576. DIOTHANE
100577. DIPENDRATE
200120. DIPROLENE
200121. DIPROSONE
200122. DIPYRIDAMOLE
200123. DISALCID
200125. DIUPRESOK
100579. DIURETANE NO. 1
200127. DIVCARLIN
200128. DIVLO
100581. DOAN'S PILLS
100582. DOAN'S RUB
100583. DOBRANTYL
100587. DOFUS
100588. DOKTORS
100589. DOLANEX
200129. DOLENE AP 65
200130. DOLOBID
100590. DOLOR
100591. DONNAGEL PG (NON-PRESCRIPTION)
200131. DONNAGEL PG (PRESCRIPTION)
300008. DONNAGEL PG, UNSPECIFIED
200132. DONNATAL
100592. DORBANE
100593. DORBANTYL
100594. DORCAL PAEDIATRIC COUGH SYRUP
101555. DORCOL
200133. DORIDEN
100595. DOUBLE E ALERTNESS
200134. DOXYCYCLINE
100598. DRAMAMINE
100599. DRAMAMINE JUNIOR SYRUP
100600. DREST
100603. DRISTAMED LONG ACTING
100604. DRISTAMED TABLETS
100608. DRISTAN
100610. DRISTAN 12 HOUR CAPS.
100606. DRISTAN AF
100602. DRISTAN COUGH FORMULA
100609. DRISTAN LONG LASTING NASAL MIST
100607. DRISTAN TABLETS
100605. DRISTAN ULTRA COLD
100611. DRIXORAL
100612. DRYTEX LOTION
200135. DTIC
100613. DULARIN SYRUP
100615. DUO-WR
100616. DUOFILM
100617. DUOSOL
100618. DURADYNE
100619. DURAGESIC TABLETS
100621. DURATION

200136. DURICEF
200138. DYCILL
200139. DYMELOR
200140. DYRENIUM
200141. E-MYCIN
100622. E.R.O.
200142. EASPRIN
100623. ECOTRIN
100624. ECOTRIN EXTRA STRENGTH
200143. EES
100625. EFACOL COUGH FORMULA
100626. EFEDRON NASAL
200144. ELAVIL
100628. ELDODRAM
100629. ELDOPAQUE
100631. ELDOQUINE
100630. ELDOQUINE FORTE
200145. ELIXICON
200146. ELIXOPHYLLIN
100632. ELZYME
100633. EMEROID
100634. EMETROL
100635. EMPIRIN ANALGESIC (Empirin Tablets/Capsules) (6/22/84)
200147. EMPIRIN WITH CODEINE (Empirin 1, 2 & Compound 3) (6/22/84)
100636. EMULSOIL
101448. ENCAPRIN
100637. ENDECON TABLETS
100638. ENDOTUSSIN-NN SYRUP
100639. ENERJETS
100640. ENISYL
200151. ENTEX
200152. ENTEX LA
100642. ENZACTIN
100643. EPHEDRINE SULFATE
100644. EPIMYCIN "A"
200153. EQUAGESIC
200154. EQUANIL
200155. ERYC
200156. ERYTHROCIN
200157. ERYTHROCIN STEARATE
200158. ERYTHROMYCIN
100647. ESPECOL
100648. ESTIVIN
100649. ESTOMUL-M TABLETS
200162. ETRAFON
100652. EUDICAINE
100655. EX-LAX
100654. EX-LAX EXTRA GENTLE
100658. EXCEDRIN
100656. EXCEDRIN CAPSULES/TABLETS
100657. EXCEDRIN EXTRA STRENGTH
100659. EXCEDRIN P.M.

100660. EXOCAINE PLUS RUB
100661. EXTENDAC CAPSULES
101439. EXTEND/EXTEND 12
100664. EYE-SED
100665. FEBRINOL
100667. FEDAHIST EXPECTORANT
100666. FEDAHIST TABLETS
100668. FEDAZIL TABLETS
100669. FEEN-A-MINT
200164. FELDENE
200165. FELSULES CAPSULES
100670. FEMCAPS
100671. FEMEZE
100672. FERROUS SULFATE
100673. FESTAL
100674. FIBRODON
200166. FIORINAL
200167. FIORINAL WITH CODEINE
100675. FIRST SIGN
100676. FIZRIN
200168. FLAGYL
200169. FLEXERIL
200170. FLORONE
100680. FLOWAWAY WATER
100683. FLUIDEX
100682. FLUIDEX PLUS
100681. FLUIDEX PLUS WITH DIADEX
100684. FOILLE
*101562. FORMULA 44/44D COUGH MIXTURE
100695. FREEZONE SOLUTION
100696. FRUGACETIN
100697. FUROL
100698. G-200
100699. GARLIC OIL/CAPS
100700. GAS TABLETS
100701. GAS X
101449. GAVISCON
100703. GAVISCON TABLETS
100702. GAVISCON-2
100704. GAYAL-S TABLETS
100705. GEE-GEE
100706. GELCOMUL
100707. GELUMINA
100708. GELUSIL
100709. GELUSIL II
100710. GELUSIL M
100711. GELUSIL TABLETS
100712. GEMINSYN TABLETS
100717. GLUTAMIC ACID HCL
100719. GLY-OXIDE
100718. GLY-OXIE LIQUID
100720. GLYCATE
100722. GLYCOGEL

100724. GLYCOTUSS
100723. GLYCOTUSS-DM TABLETS
100725. GLYDEINE LIQUID
100726. GLYSENNID
100727. GLYTUSS
200175. GOLD SHOTS
100728. GOODY'S HEADACHE POWDER
100729. GORDOGESIC CREAM
100730. GUAIAHIST TABLETS
100731. GUAIFENESIN
100732. GUSTALAC TABLETS
200177. HALCION
200178. HALDOL
100733. HALEY'S MO
101450. HALLS
100734. HALLS DECONGESTANT COUGH FORMULA
100735. HALLS MENTHO-LYPTUS
200179. HALOG
100736. HARV-A-CARBS
200180. HCL
100737. HEAD AND CHEST
100738. HEADWAY
100739. HEALTHBREAK
100740. HEAT TREATMENT
100741. HEET LINIMENT
100742. HEET SPRAY
100743. HER-CAPS
100745. HISTA-COMPOUNT NO. 5 TABLETS
100744. HISTA-VADRIN SYRUP
100746. HISTACALMA
100747. HISTADYL AND S.A.S. PULVULES
100748. HISTATAB PLUS TABLETS
100749. HISTOSAL TABLETS
100750. HISTREY
100751. HOLD
100752. HOLD 4 HOUR LOZENGES
100753. HUMPHREY'S NO. 11
200181. HYCODAN
200182. HYCOMINE SYRUP
200183. HYDERGINE
100754. HYDRIODIC ACID
100756. HYDROCIL PLAIN
100757. HYDROGEN PEROTIDE 3%
100758. HYDROLOSE
200188. HYGROTON
200189. HYLOREL
100760. HYSOQUEN
100762. HYTUSS
100763. ICHTHYOL
100764. ICY HOT BALM
200192. ILOSONE

200193. IMIPRAMINE
200194. IMODIUM
100765. IMPROVED UVAL
200198. INDOCIN
100766. INFANTOL PINK
100767. INFARUB CREAM
300011. INHALER, UNSPECIFIED
100772. IODOCHLORHYDROXYQUIN
100773. IONIL
100774. IOSAT
200200. IOSPTIN
100775. IPECAC
100776. IPSATOL DM COUGH SYRUP
100777. ISODETTES SUPER
100778. ISODINE
200206. ISUPREL MISTOMETER
100781. IVAREST
100782. JEN-BALM
200207. K-LOR
200208. K-LYTE/CL
100783. K-PEK
200209. K-TAB
100784. K.B.P./O
100785. KALPEC
100786. KAMAGEL
100787. KANK-A
100788. KAOCASIL
200210. KAOCHLOR
100791. KAODENE
100790. KAODENE WITH CODEINE
100789. KAODENE WITH PAREGORIC
100792. KAOLIN WITH PECTIN
100794. KAOMAGMA WITH MINERAL OIL
100793. KAOMAGME
200211. KAON
100795. KAOPECTATE
100796. KAOPECTATE, CONCENTRATE
100797. KAPIGAM
100798. KASOF
200212. KAY CIEL
200213. KEFF
200214. KEFLEX (Kayflex) (6/22/84)
100800. KERALYT
100802. KESSADROX
200216. KESSO-BAMATE
200218. KESSO-PEN
200219. KESSO-TETRA
200217. KESSODRATE CAPSULES
100803. KIDDI-KOFF SYRUP
100804. KIRKAFFEINE

100805. KLARON
200220. KLOR-CON
200221. KLORVESS
200222. KLOTRIX
100807. KOLANTYL
100808. KOLANTYL TABLETS
100806. KOLANTYL WAFERS
100809. KOLEPHRIN WITH CODEINE LIQUID
200223. KOLYUM
100811. KOMED MILD
100813. KONSYL
100816. KREM
100817. KUDROX
100818. L-LYSINE
101434. L-TRYPTOPHAN
100820. L.A. FORMULA
100822. LACTINEX
100823. LAMINE
100826. LARDET TABLETS
200226. LAROTID
100827. LARYGLAN
100828. LAURO
100830. LAXINATE
200228. LIBRAX
200230. LIBRITABS
200229. LIBRIUM
200232. LIMBITROL
100834. LIQUIMAT
100835. LIQUIPRIN
100836. LIQUITUSSIN DM SYRUP
100838. LISTEREX LOTION
100837. LISTERINE ANTISEPTIC
101550. LISTERINE LOZENGES
101551. LISTERINE MOUTHWASH
101567. LISTERINE
100839. LO-TUSSIN SYRUP
100840. LOBANA
200236. LOMOTIL
200237. LONITEN
200239. LOPURIN
100841. LOROXIDE
100842. LOTALBA
200241. LOZOL
200242. LUDIOMIL
101552. LUDEN'S
100843. LYDIA PINKHAN VEGETABLE COMPOUND LIQUID
100844. M/RINSE

100845. MAALOX
100846. MAALOX NO. 1 TABLETS
100847. MAALOX NO. 2 TABLETS
100848. MAALOX PLUS SUSPENSION
100849. MAALOX SUSPENSION
100850. MAALOX THERAPEUTIC CONCENTRATE
100851. MAG OX
100852. MAGNESIUM (Magnesium Sulfate - Magnesium Trisilicate)
*Processing Note: Code 100853 & 100854 will not be used. These two codes will be condensed into Code 100852 by D.P. (6/22/84)
100855. MALLAMINT
100856. MALTSUPEX
100857. MANALAX
100858. MANZAN
100859. MAOX
200244. MARAX
100860. MAREZINE HC1
100861. MARMINE
200245. MATERNA 1-60
100862. MAXAFIL
100863. MAXIMUM STRENGTH ANACIN
100864. MAXIMUM STRENGTH APPEDINE
100865. MAZON
100866. MEASURIN
100867. MECLIZINE HYDROCHLORIDE
200246. MECLOMEN
100868. MEDACHE
100869. MEDAPED
100870. MEDICONET
200247. MEDIHALER
100871. MEDIPLAST
100872. MEDIQUICK
200248. MEDROL
200250. MELLARIL
100873. MENSE
100874. MENTHOLATUM/RUB
200251. MEPROBAMATE
200252. MEPROSPAN
200253. MEPROTABS
100875. MERCRESIN
100876. MERSOL
200254. METAHYDRIN
100880. METAMUCIL
100879. METAMUCIL, INSTANT
100881. METASEP
100882. METHAKOTE
200255. METHOTREXATE
200256. METICORTEN
100886. MICROSYN
100887. MIDAHIST DC EXPECTORANT
100888. MIDAHIST EXPECTORANT

200257. MIDAMOR
100889. MIDOL
200258. MIDRIN
200259. MIKRO-K EXTENCAPS
100890. MILK OF MAGNESIA
100891. MILK OF MAGNESIA-CONCENTRATED
100892. MILKINOL
200495. MILTOWN
100894. MINERALS
200263. MINOCIN
100895. MINUT-RUB
100896. MITROLANE
100897. MOBIGESIC
100898. MOBISYL
100902. MOMENTUM TABLETS
100903. MOTION CURE
200266. MOTRIN
100904. MOVICOL
100905. MUCILOSE
200267. MUDRANE
100906. MULTIPLE VITAMINS
100911. MURIPSIN
100912. MUSTEROLE EXTRA STRENGTH OINT.
200268. MUTAMYCIN
100913. MYCIGUENT
100914. MYCITRACIN
100915. MYLANTA
100916. MYLANTA LIQUID
100917. MYLANTA TABLETS
100918. MYLANTA-II TABLETS
100919. MYLICON
100920. MYLICON-80
100921. MYOFLEX CREME
200271. MYSOLINE
200272. MYSTECLIN F
100922. N-N COUGH SYRUP
100923. NAIL-A-CAIN
100926. NALDECON (NON-PRESCRIPTION)
200273. NALDECON (PRESCRIPTION)
300012. NALDECON (UNSPECIFIED)
100924. NALDECON DS PAEDIATRIC
100925. NALDECON EX PAEDIATRIC
200274. NALFON
100927. NAPHCON
200275. NAPROSYN
200276. NASALIDE
100928. NATRASAN
100929. NATURE'S REMEDY

100931. NEO-SYNEPHRINE
100932. NEO-SYNEPHRINE 12 HR. NASAL SPRAY
100933. NEO-SYNEPHRINE COMPOUND
100934. NEO-SYNEPHRINE DAY RELIEF CAPSULES
100935. NEO-SYNEPHRINE FOR CHILDREN
100936. NEO-SYNEPHRINE II LONG ACTING
100937. NEO-SYNEPHRINE VAPOR
100938. NEO-VADRIN NASAL DECONGESTANT
100939. NEOLID
100941. NEOSORB PLUS TABLETS
100942. NEOSPORIN
100944. NEPHROX
100945. NERVINE
101554. N'ICE
100948. NICOCORTYL TABLETS
200283. NICOTINEX
100949. NIDEMA
200284. NIFEDIPINE
100950. NILAIN
100951. NILPRIN
200287. NITROBON
200288. NITROL
200291. NOCTEC CAPSULES
100952. NORALAC
200292. NORGESIC
101570. NORWICH ASPIRIN (6/22/84)
100954. NOVAFED
100955. NOVAHISTINE
100956. NOVAHISTINE COUGH FORMULA LIQ.
100957. NOVAHISTINE DH LIQUID (NON-PRESCRIPTION)
200295. NOVAHISTINE DH LIQUID (PRESCRIPTION)
300013. NOVAHISTINE DH LIQUID, UNSPECIFIED
100958. NOVAHISTINE DMX
200296. NOVAHISTINE EXPECTORANT
100959. NOVAHISTINE FORTIS CAPSULES
100960. NOVAHISTINE SINUS TAB.
100961. NOVAMOR ELIXIR
100964. NTX NASAL
100965. NU-FLOW
100966. NUJOL
100967. NUM-ZIT JEL
100971. NYQUIL (Nighttime) (6/22/84)
100972. NYTILAX
100975. OBESTAT
100976. ODRINIL
100977. OFF-EZY
100978. OIL-O-SOL
200297. OMNIPEN
100979. OP-THAL-ZIN
100980. OPERAND
200298. OPTIMINE
101556. ORACIN

200299. ORETIC
200300. ORGANIDIM
200301. ORINASE
100983. ORNACOL
100984. ORNADE 2 LIQUID FOR CHILDREN
200302. ORNADE SPANSULES
100985. ORNEX CAPSULES
100988. ORTHOXICOL
100989. OS-CAL-FORTE
100990. OS-CAL-GESIC
100992. OTRIVIN
100991. OTRIVIN PAEDIATRIC
100993. OX BILE EXTRACT ENSEALS
100994. P & S
100995. P & S LIQUID
200305. P-200
100996. P-A-C COMPOUND TABLETS
100997. P.N.S.
100998. P.V.M.
200306. PABALATE
100999. PABANOL
101000. PABIRIN
101003. PAIN MEDICINE/KILLERS
101002. PAIN MEDICINE/KILLERS (ASPIRIN FREE)
101004. PAMA 2 TABLETS
101005. PAMA TABLETS
101006. PAMPRIN
101007. PANADOL
101008. PANALGESIC RUB
101009. PANCREATIN
101010. PANCREATIN ENSEALS
200307. PANMYCIN
200308. PAPAVERINE HC1
101011. PAR-MAG
200309. PARAFON FORTE
101012. PARAPECTOLIN (Parepectolin)
*Processing Note: Code 101014 will not be used. This code will be condensed into Code 101012 by D.P. (6/22/84)
200310. PAREGORIC
101013. PARELIXIR
101015. PATHODERM
101018. PBZ
101019. PECTOCEL
101020. PECTOCOMP
200314. PEDIAMYCIN
200315. PEDIAZOLE
101021. PEDRIC
101022. PENTAMALT
200316. PEN-K
200317. PEN-VEE-K
200318. PENBRITEN

200319. PENICILLIN
200320. PENICILLIN G. POTASSIUM
200321. PENICILLIN V. POTASSIUM
101023. PENTACRESOL 1:1000
200322. PENTIDS
101024. PENTRAX TAR
101025. PEPTO-BISMOL
200323. PERCOCET 5
200324. PERCODAN
101026. PERCOGESIC TABLETS
101027. PERCY MEDICINE
101031. PERIOLAV
101033. PEROXYL MOUTHRINSE
101034. PERSADOX
101035. PERSDOX HP
101036. PERSISTIN TABLETS
101037. PERTUSSIN
101038. PERTUSSIN 8 HOUR COUGH FORMULA
101039. PERTUSSIN COUGH SYRUP FOR CHILDREN
101040. PERTUSSIN PLUS NIGHT-TIME
101045. PHARMA-CORT
101044. PHARMADINE
101046. PHAZYME
101047. PHE-MER-NITE
101048. PHEDRAL C.T. TABLETS
101049. PHEMITHYN
101050. PHENAPHEN
200328. PHENAPHEN WITH CODEINE
200330. PHENERGAN (Phenersan Suppositories - Phenersan Expectorant with Codeine - Phenersan V.C. Expectorant)
*Processins Note: Codes 200331 & 200329 will be condensed into Code 200330 by D.P. (6/22/84)
101051. PHENHIST DH LIQUID
101052. PHENHIST EXPECTORANT
200332. PHENOBARBITAL
101053. PHENOLAX
101055. PHENYLGESIC TABLETS
101056. PHILLIPS' MILK OF MAGNESIA
101057. PHISOAC
200333. PHISOHEX
101058. PHOSPHALJEL
101059. PHOSPHO-SODA
101060. PIRIN-C
101061. PLACIDYL
200334. PLAQUENIL
101062. POIDASPRAY
200335. POLARAMINE
200336. POLY-VI-FLOR
200337. POLYCILLIN
101063. POLYDINE
101064. POLYMAGMA PLAIN
200338. POLYMOX

101065. POLYSPORIN
101070. POROPADRINE
101071. POSTERISAN
200339. POTASSIUM
200340. POTASSIUM BICARBONATE
200341. POTASSIUM CHLORIDE
101072. POTASSIUM IODIDE ORAL SOLUTION
101076. PRE-MENS FORTE
101077. PRE-SERT
101079. PRETTS
101081. PRIMATENE 'P' FORMULA TABLETS
101080. PRIMATENE MIST
101082. PRIMATENE MIST SUSPENSION
300014. PRIMATENE UNSPECIFIED
200345. PRINCIPEN
101083. PRIVINE
200346. PRO-BANTHINE
101084. PRO-CORT
101085. PRO-DAX
101086. PROBILAGOL
200347. PROCAN
101089. PROCTODON
101090. PROLAMINE
200349. PROLIXIN
200350. PROLOID
200351. PROMETHAZINE
200352. PRONESTYL
101091. PRONTO CAPSULES
200353. PROPOXYDHENE
200354. PROPOXYPHEN HC1
200355. PROPOXYPHEN HC1 COMPOUND
200357. PROVENTIL
101092. PROXIGEL
200359. PRUBENCID
101093. PRULET LIQUITAB
101094. PRUNICODEINE LIQUID
101095. PSEUDOEPHEDRINE HYDROCHLORIDE
101096. PYRACORT-D
101097. PYRIBENZAMINE
200360. PYRIDIUM
101098. PYRILAMINE MALEATE
101099. PYRINYL
101100. PYRROXATE
101101. Q-VEL
200361. QUADRINAL
101102. QUELIDRINE COUGH SYRUP
101103. QUIAGEL
200362. QUIBRON
101104. QUIET WORLD
200363. QUINAGLUTE
101105. QUINALOR COMPOUND

200364. QUINAMM
200365. QUINIDEX
200366. QUINIDINE
200367. QUINIDINE SULFATE
101106. QUININE SULFATE
101107. QUINNONE
101108. QUINSANA PLUS
101109. QUINTESS
101110. QUOTANE
101111. R.A.
101112. RAM
101113. RANTEX
101114. RASHANUL
101115. RATIO
200368. RAUZIDE
101119. REFRESH'N
200369. REGLAN
200370. REGROTON
101120. REGULOID
101121. REGUTOL
101122. RELAX-U CAPS
200371. RENESE
101123. RES-Q
200372. RESERPINE
101124. RESICORT
101125. RESOLVE GEL
200373. RESPID
200374. RESTORIL
200375. RETIN-A
101126. RHEABAN
101127. RHINALL
101128. RHINATE TABLETS
101129. RHINEX DM TABLETS
101130. RHULICAINE
101132. RHULICORT
101131. RHULICREAM
101133. RHULIGEL
101134. RHULIHIST
101135. RHULISPRAY
101136. RID-A-PAIN
101137. RID-A-PAIN COMPOUND CAPSULES
101138. RILSWEET
101139. RIOPAN
101140. RIOPAN PLUS CHEW TABLETS
101141. RIOPAN PLUS SUSPENSION
101142. ROBALATE
200377. ROBAXIN
200378. ROBAXISAL
200379. ROBITET

101143. ROBITUSSIN
101144. ROBITUSSIN A-C SYRUP (NON-PRESCRIPTION)
200380. ROBITUSSIN A-C SYRUP (PRESCRIPTION)
300015. ROBITUSSIN A-C SYRUP (UNSPECIFIED)
101145. ROBITUSSIN C.F.
101147. ROBITUSSIN DM SYRUP
101148. ROBITUSSIN PE SYRUP
101146. ROBITUSSIN-DM COUGH CALMERS
101149. ROLAIDS
101150. ROLOX SUSPENSION
101151. ROMILAR
101152. ROMILAR C.F.
101153. ROMILAR CHILDREN'S COUGH
101154. ROMILAR III
200382. RONDEC DM
200383. RU-TUS
200381. RUFEN
101155. RV PABA
101157. RYNA-C SYRUP
101156. RYNA-CX LIQUID
101158. S-A-C
200384. S-PAINACET
101159. S.P.C.
101160. S.T.
101161. SAL-DEX
101162. SAL-FEY
101163. SAL-HEPATICA
101164. SALACTIN FILM
101165. SALACYLIC ACID
101166. SALATIN CAPSULES
101167. SALICRESIN
101168. SALICYLAMIDE
101169. SALICYLIC ACID AND SULFUR
101170. SALIGEL ACNE GEL
101560. SALT WATER
200385. SALUTENSIN
101171. SARAKA
101172. SASTID
101173. SCHAMBERG'S LOTION
101174. SCOPE
101175. SCOPODEX
101176. SEBAQUIN
101177. SEBISOL
101178. SEBUCARE
200386. SECONAL SODIUM
101179. SEDADYNE TABLETS
101181. SEMECO SUSPENSION
101183. SENEXON
101190. SEPP ANTISEPTIC
200387. SEPTRA
200389. SERAX

200390. SERPUS 1
101193. SIBLIN
101194. SILAIN
101195. SILENCE IS GOLDEN
101197. SINAREST
101198. SINAREST EXTRA STRENGTH
101199. SINE-AID
101200. SINE-OFF
101201. SINE-OFF EXTRA STRENGTH
101202. SINE-OFF ONCE-A-DAY
200391. SINEMET
200392. SINEQUAN
101203. SINEX
101204. SINEX LONG ACTING
200393. SINGLET
200394. SINUGESIC TABLETS
101205. SINULIN TABLETS
101557. SINUTAB
101208. SINUTAB LONG-LASTING SINUS
101206. SINUTAB TABLETS
101207. SINUTAB-II TABLETS
300019. SK-65 .
101209. SK-APAP
101210. SKF TERPIN HYDRATE AND CODEINE ELIXIR
101211. SLEEPING/SLEEP PIL
200396. SLO-PHYLLIN
101212. SLOAN'S LINIMENT
200397. SLOW-BID
200398. SLOW-K
101558. SMITH BROS.
101213. SODA MINT
101214. SODIUM BICARBONATE
101215. SODIUM PHOSPHATE
101216. SODIUM SALICYLATE
101217. SODIUM SULAMYD
101218. SOFT'N SOOTHE
101220. SOLVEX
200399. SOMA COMPOUND
200400. SOMOPHYLLIN
101222. SOPRONOL
101223. SPANTOSED TABLETS
101224. SPANTROL
101225. SPANTROL H.P.
101559. SPECT - T
101226. SPEC-T ANESTHETIC
200402. SPECTROBID
101227. SPECTROCIN
101228. SPEN-COLD CAPSULES, IMPROVED
101229. SPENREST TABLETS

101230. ST. JOSEPH'S ASPIRIN
101231. ST. JOSEPH'S ASPIRIN FOR CHILDREN
101232. ST. JOSEPH'S COLD TABLETS FOR CHILDREN
101233. ST. JOSEPH'S COUGH SYRUP FOR CHILDREN
101234. STANBAC
101235. STANCARE
200404. STATICEN
200405. STELAZINE
101236. STIM-TABS
101238. STOP'N GROW
101239. STUD 100
101240. SUBLIN
101241. SUCRETS
101242. SUCRETS COLD DECONGESTANT
101243. SUCRETS COUGH CONTROL
101244. SUCRETS COUGH DECONGESTANT
101245. SUCRETS SORE THROAT
101246. SUDAFED (Sudafed + Liquid) (6/22/84)
101247. SUDAFED COUGH SYRUP
101248. SUDAFED PLUS TABLETS
101249. SUDAFED S.A.
101250. SUL-BLUE
101251. SULFINPYRAZONE
200408. SUMYCIN
101255. SUNRIL
101256. SUPER ANAHIST
101257. SUPER ODRENIX
101258. SURFACAINE
101259. SURFADIL
101261. SUS-TAN
101262. SYLLACT
101263. SYLLAMALT
101264. SYMPTOM I
101265. SYMPTOM-2
200409. SYNALAR
200410. SYNALGOS D.C.
101266. T.E.P. TABLETS
101267. T/DERM
101268. TABMINT CHEWING GUM
200412. TAGEMET
200413. TALWIN
200414. TAMOXIFEN
200415. TANDEARIL
101269. TANICAINE
101271. TANTEX
101272. TANUROL
101273. TAPAR
101275. TARLENE
200416. TAVIST
200417. TEDRAL
101277. TEDRAL SUSPENSION

200418. TEGOPEN
200419. TEGRETOL
101281. TEGRIN
101282. TELDRIN
101283. TELDRIN MAXIMUM STRNEGTH
101284. TEMPRA
101285. TENOL
101286. TERPIN HYDRATE WITH CODEINE ELIXIR
200422. TERRAMYCIN
101287. TERRAMYCIN WITH POLYMYXIN B SULFATE
200423. TERRASATIN
200424. TETRACYCLINE
200425. TETRACYN
101289. TETRASINE
200426. TETREX
200427. THALITONE
101290. THANTIS
200428. THEO 24
200429. THEO-DUR
200430. THEOBID
200431. THEOCLEAR
101291. THEOFED PEDIATRIC SUSPENSION
200432. THEOFEDRAL
101292. THEOFENAL TABLETS
200433. THEOLAIR
200434. THEOPHYL
200435. THEOPHYRIC
101293. THEORAL PEDIATRIC SUSPENSION
101297. THIN-SPAN
200436. THIOTEPA
200437. THORAZINE
101298. THRO-BLOCK
101300. THRU PENETRATING ANALGESIC, WARMING LIQUID
101299. THRU-PENETRATING ANALGESIC, COOLING LIQUID
101301. THUM
200439. TIGAN
200440. TIMOLADE
200441. TIMOLOL MALEATE
101304. TING
101305. TING IMPROVED
101306. TIREND
101307. TITRALAC
101308. TITRALAC LIQUID
101309. TITRALAC TABLETS
200445. TOLECTIN
200446. TOLINASE
200447. TOLMETIN (SODIUM)
101310. TOPIC
101311. TOROFOR
101312. TOSSECOL EXPECTORANT
101313. TRALMAG SUSPENSION

101314. TRANQUIL
101315. TRANSACT
200451. TRANXENE
101316. TRAV-AREX
101317. TRAVEL AIDS
101318. TRAVEL TABS
101319. TRENDAR
101320. TRI-AQUA
101321. TRI-CONE
101322. TRI-MINE SYRUP
101323. TRI-SALVE
200452. TRI-V-FLOR
101329. TRIAMINIC/TRIAMINICIN (Triaminic 2) (6/22/84)
101325. TRIAMINIC DM
101326. TRIAMINIC EXPECTORANT
101327. TRIAMINIC SYRUP
101324. TRIAMINICIN CHEWABLE TABLETS
101328. TRIAMINICOL
200453. TRIAMTERENE
200454. TRIAVIL
101333. TRICODENE FORTE CAPSULES
101334. TRICODENE FORTE SYRUP
101332. TRICODENE PEDIATRIC SYRUP
200455. TRILAFON
101335. TRIMAGEL TABLETS
200456. TRIMETHOPRIM
200457. TRIMOX
101336. TRINOL
101337. TRINOL DM
101339. TRIPTONE
101340. TRIQESIC
101341. TRISOGEL
101342. TRIVA
101343. TROCAINE
101344. TROCAL LOZENGES
101435. TRONOTHANE
100819. TRYPTOPHAN
101346. TRYRO-BLOCK
200458. TUINAL
101349. TUMS
200459. TUSS-ORNADO
101350. TUSSAGESIC SUSPENSION
101351. TUSSCAPINE
200260. TUSSEND
200461. TUSSI-ORGANDIN
200462. TUSSIONEX

300016. TYLENOL
101561. CO-TYLENOL
101352. TYLENOL EXTRA STRENGTH (Tylenol Maxi - Tylenol Sinus) (6/22/84)
101353. TYLENOL REGULAR STRENGTH
200463. TYLENOL WITH CODEINE ELIXIR (PRESCRIPTION) (Tylenol 1, 2, 3 & 4) (6/22/84)
101354. TYLENOL WITH CODEINE ELIXIR (NON-PRESCRIPTION)
200464. TYLOX
101355. TYROSUM LIQUID
101370. UNISOM
101371. URACEL 5
101372. UROMIDE
101373. URSINUS INLAY-TABS
200465. V-CILLIN K
101374. VALADOL
200467. VALIUM
200468. VANCERIL
101375. VANOXIDE
101376. VANQUISH
101377. VAPONEFRIN
101378. VAPORUB
101379. VAPOSTEAM
200470. VASOPAN
101384. VATRONOL
200471. VELOSEF
200472. VENTOLIN
101385. VER-VAR
200473. VERAPUMIL
101386. VERDEFAM
101387. VERGO
101388. VERTROL
101389. VERUKA-19
200475. VIBRAMYCIN
200476. VIBRATABS
101390. VICKS
*101562. VICKS FORMULA 44/44D COUGH MIXTURE
100688. VICKS 44 DISC
101393. VICKS COUGH SILENCERS
101392. VICKS COUGH SYRUP
101396. VICKS INHALER
101394. VICKS VAPORUB
101395. VICKS VAPOSTEAM
200477. VICODIN
101391. VICTOR COUGH LOZENGES
101397. VIOFORM
200478. VIOFORM HYDROCOTISONE
101398. VIRO-MED LIQUID
101399. VIRO-MED TABLETS
101400. VISCULOSE-1%
200479. VISKEN
200480. VISTARIL

101403.	VITAMIN A
101404.	VITAMIN B
101405.	VITAMIN C
101406.	VITAMIN D
101407.	VITAMIN E
300017.	VITAMINS UNSPECIFIED
*100075.	ALL OTHER VITAMINS
100906.	VITAMINS, MULTIPLE
200481.	VIVACTIL
101408.	WEHVERT
101409.	WELLCOTIN
101410.	WHITEFIELD'S
101411.	WHITSPHILL
101412.	WINGEL LIQUID
200482.	WYGESIC
200483.	WYMOX
200485.	XANAX
101416.	XERAC
200486.	Z-BEC
101420.	ZACNE
200487.	ZANTAC
200488.	ZAROTIN
101421.	ZARUMIN
101422.	ZEMO
101423.	ZEROXIN
200490.	ZETAR
101424.	ZINADRYL
101425.	ZINC
101429.	ZINCFRIN
101430.	ZINCOFAX
101431.	ZINCON
200491.	ZOMAX
200492.	ZORPRIN
101432.	ZYLOPRIM
101572.	ALL OTHER COLD CAPSULES/TABLETS (6/22/84)
101563.	ALL OTHER MOUTHWASHES/GARGLES
101564.	ALL OTHER SPRAYS
101565.	ALL OTHER LOZENGES
101566.	ALL OTHER STORE BRANDS/GENERIC
101433.	ALL OTHER NON-PRESCRIPTION
200493.	ALL OTHER PRESCRIPTION
300018.	ALL OTHER NON-PRESCRIPTION/PRESCRIPTION, UNSPECIFIED
999999.	DON'T KNOW
0.	NO ANSWER

Last Non-Prescription Code, 101572. (6/22/84)
Last Prescription Code, 200496. (6/22/84)
Last Unspecified Code, 300019.

Due to deletions of brands, some of the Brand Code Numbers will be missing so code numbers will not run consecutively.

Question 2 (Section II) - AGE/SEX

In the event of multiples of 'Age' and/or 'Sex,' edit out the multiple responses.

Question 3 (Section II) - AMOUNT OF FORM/DOSAGE

Punch actual in one column, 1 through 9 only, editing out any fractions reported with a whole number.

CODE R - MISCELLANEOUS (Lots - don't know - varies - etc.)

CODE X - LESS THAN ONE

Question 3 (Section II) - FORM/DOSAGE

In the event multiples are reported, edit that form or dosage and all information for that person to the next open line with the exception of ounces reported with another liquid dosage.

In the event ounces are reported with another dosage, edit out ounces and allow the liquid dosage to stand as reported, allowing all information to stand on that line.

Question 4 (Section II) - TIME OF DAY

Punch acutal in four columns, two for hours and two for minutes.

In the event more than one time is reported, accept the first time given, removing all remaining times and information for those times to the next open lines if '1' is reported in Question 3 for 'Amount Of Form/Dosage.' In the event more than '1' is reported in Question 3, edit out the 'Amount Of Form/Dosage' and follow the above editing instructions.

CODE X - MULTIPLES OF AM/PM WITH NO TIME REPORTED *When this code is used, no information will be moved.

Question 5 - PLACE MEDICINE TAKEN

In the event of multiples, edit out.

Section III - See codes for Question 1 (Section II)

DEGREE OF SATISFACTION (Section III)

In the event of multiples, edit out total responses.

SIDE EFFECTS (Section III)

In the event of multiples or a 'No Answer,' edit according to the skip pattern followed by the respondent.

TYPE OF SIDE EFFECTS (Section III)

1. LEAVES AFTERTASTE (Chalky aftertaste - aftertaste)
2. BAD TASTE, GENERALLY (Taste in mouth was bad - taste is bad)
3. ALL OTHER COMMENTS ON TASTE
4. ADDICTIVE (Dependency)
5. CONSTIPATION
6. DIARRHEA (Gave me the runs)
7. NAUSEA/UPSET STOMACH (Nauseous - queasy stomach)
8. STOMACH PAINS/CRAMPS (Hurt stomach - stomach hurts)
9. HEARTBURN/INDIGESTION (Acid stomach indigestion)
10. ALL OTHER STOMACH SIDE EFFECTS (Gas)
11. DRY MOUTH (Mouth dry)
12. DRIES NASAL PASSAGES
13. STUFFY NASAL PASSAGES (Increased stuffiness when used repeatedly [in nose])
14. NOSE BLEED
15. NUMBED THROAT/TONGUE

16. ALL OTHER RESPIRATORY SIDE EFFECTS (Chest hurt - burning nose - breathing shallow)
17. DEPRESSION (Depressed)
18. DIZZY/LIGHTHEADEDNESS (Light headed - dizzy)
19. NERVOUS/JITTERY (Shakey - made me nervous)
20. DROWSINESS/SLEEPINESS (Made me drowsy - made drowsy - groggy - makes me sleepy)
21. SLEEPLESSNESS/KEPT AWAKE (Could not sleep properly - stayed awake)
22. CAUSED TIREDNESS (Tired - made you tired)
23. SPACY/MENTAL CONFUSION (Made me slightly 'spacy')
24. HEADACHE (Head ached worse)
25. FREQUENT URINATION (Frequent trips to the restroom)
26. FLUID RETENTION/SWELLING (Swelling in fingers & toes from sodium)
27. HIVES/RASH/SORES (Diaper rash - rash - sores in mouth)
28. CAUSED BURNING, GENERALLY (Slight burning)
29. ALL COMMENTS ON RELIEF (Relieved headcold - relieved sore muscles)
30. ALL OTHERS

98. NOTHING
99. DON'T KNOW
0. NO ANSWER

In the event a 'Side Effect' or a 'Relief' is reported in this question, 'Yes' should also be reported for 'Were There Side Effects.' In the event it is not so reported, edit it in.

6/22/84 Revision: Sympton History; Questions 1 & 2a (Section I) & Question 2 (Section II); Question 2 (Part A) (Section I); Question 3 (Part A), Question 4 (Part B) & Question 5 (Part C); Question 1 (Section II & Section III)

QUESTIONNAIRE COPY

NATIONAL FAMILY OPINION, INC.

P. O. Box 474 Toledo, OH 43654

41178-01

Dear NFO Member,

The diary on the following pages is about your household's usage of PRESCRIPTION and NON-PRESCRIPTION MEDICINES. Prescription medicines are those for which a physician has written a prescription to be filled by a pharmacist and non-prescription medicines include all medication you buy without a doctor's prescription and would include such categories as aspirin, sinus remedies, stomach remedies, cold medicine, cough drops, sore throat medication, etc.

The diary is for two weeks - **MARCH 18 through MARCH 31.**

SECTION I - SYMPTOM HISTORY

This section is for recording symptoms that any household member may currently have as well as recording any symptoms that household members may begin to experience during the two week diary period. Be sure to follow instructions carefully.

SECTION II - PRESCRIPTION AND NON-PRESCRIPTION MEDICINE

This section has one page for each day during the diary period. All medicines taken each day should be listed in this section.

SECTION III - MEDICINE EVALUATION

This section should be completed at the end of the diary period. Be sure to list all medicine listed in Section II.

At the end of the two week period, please return the questionnaire in the enclosed postage-paid envelope. Thank you for helping with this study!

Sincerely,

Carol

Carol Adams

SECTION I: SYMPTOM HISTORY

1. List the age and sex of each member in your household (include yourself).

A. AGE:_____ 1☐ M 2☐ F C. AGE:_____ 1☐ M 2☐ F E. AGE:_____ 1☐ M 2☐ F
B. AGE:_____ 1☐ M 2☐ F D. AGE:_____ 1☐ M 2☐ F F. AGE:_____ 1☐ M 2☐ F

2. **PART A** - Fill in the age and sex of each household member who is CURRENTLY SUFFERING from one or more of the symptoms listed in the SYMPTOM CODES and answer the questions in PART A. If a person is suffering from more than one symptom use a separate line for each symptom.

3. **PART A** - Any time a household member BEGINS TO EXPERIENCE any of the symptoms listed in the SYMPTOM CODES complete PART A. Use one line for each symptom.

4. **PART B** - Complete PART B any time a household member begins to take or stops taking a medicine for any of the symptoms listed in the SYMPTOM CODES.

5. **PART C** - Complete PART C at the end of the diary period for each symptom which has been listed during this two week period.

SYMPTOM CODES

1. Runny Nose	6. Sore Throat	11. Nervous Stomach	16. Arthritis
2. Stuffy Nose/Sinuses	7. Scratchy Throat	12. Gas	17. Allergies
3. Congested Chest	8. Heartburn	13. Nausea	18. Tension Headache
4. Congested Chest Cough	9. Indigestion	14. Upset Stomach	19. Other Headache Problems
5. Tickling Throat Cough	10. Diarrhea	15. Fever	

NOTE: BE SURE TO RETURN TO THIS SECTION AND COMPLETE THE NECESSARY INFORMATION WHENEVER A HOUSEHOLD MEMBER:

STARTS experiencing any of these symptoms.
STARTS consuming medicine for any of these symptoms.
STOPS consuming medicine for any of these symptoms.
STOPS experiencing any of these symptoms.

PART A			PART B		PART C - TO BE COMPLETED AFTER TWO WEEK DIARY PERIOD					
			MEDICINE ACTIVITY				MEDICINE SUMMARY			
AGE & SEX OF HOUSEHOLD MEMBER SUFFERING A SYMPTOM	WHAT IS THE SYMPTOM? ENTER ONE CODE FROM ABOVE LIST	WHEN DID SYMPTOM BEGIN? MONTH/DAY	WHEN DID HE/SHE START TAKING MEDICINES?	WHEN DID HE/SHE STOP TAKING MEDICINES?	WHEN DID SYMPTOM END?	NOT YET ENDED	NO MEDICINES TAKEN	PRESCRIPTION ONLY	NON-PRESCRIPTION ONLY	BOTH PRESCRIPTION AND NON-PRESCRIPTION
~~EXAMPLE: PERSON #1: AGE: 33 1☐ M 2☒ F~~	~~1~~ ~~18~~	~~Date 3/4~~ ~~Date 3/5~~	~~Date 3/5~~ ~~Date 3/6~~	~~Date 3/12~~ ~~Date 3/18~~	~~Date 3/12~~ ~~Date 3/15~~	~~+☐~~ ~~+☐~~	~~1☐~~ ~~1☐~~	~~2☐~~ ~~2☐~~	~~3☒~~ ~~3☒~~	~~4☐~~ ~~4☐~~
PERSON #1: AGE:_____ 1☐ M 2☐ F		Date_____	Date_____	Date_____	Date_____	+ ☐	1☐	2☐	3☐	4☐
PERSON #2: AGE:_____ 1☐ M 2☐ F		Date_____	Date_____	Date_____	Date_____	+ ☐	1☐	2☐	3☐	4☐
PERSON #3: AGE:_____ 1☐ M 2☐ F		Date_____	Date_____	Date_____	Date_____	+ ☐	1☐	2☐	3☐	4☐
PERSON #4: AGE:_____ 1☐ M 2☐ F		Date_____	Date_____	Date_____	Date_____	+ ☐	1☐	2☐	3☐	4☐
PERSON #5: AGE:_____ 1☐ M 2☐ F		Date_____	Date_____	Date_____	Date_____	+ ☐	1☐	2☐	3☐	4☐

MARCH 18, 1984

SECTION II · PRESCRIPTION AND NON-PRESCRIPTION MEDICINE

You should record answers in this section **EACH TIME A PRESCRIPTION OR NON-PRESCRIPTION MEDICINE IS TAKEN** by you or anyone in your household for any of the symptoms listed in SECTION I. A separate line should be completed **EACH TIME** a medicine is used. For Example: The 33 year old male illustrated below consumed one Excedrin tablet at 6:30 in the morning, therefore he completed a line for that usage. The same 33 year old male also consumed two more Excedrin tablets at 11:00 the same morning so he completed another separate line for that usage. (SEE EXAMPLE BELOW) Be sure to answer all the questions each time a medicine is used. In Question 3, be sure to enter under the form of medicine the amount of medicine taken. If no medicines are used by anyone in the household on this day, check the appropriate box below.

+ ☐ **NO ONE IN HOUSEHOLD USED A PRESCRIPTION OR NON-PRESCRIPTION MEDICINE TODAY.**

1	2	3									4	5				6		7		8															
		FORM AND DOSAGE OF MEDICINE TAKEN										WHERE WAS MEDICINE TAKEN? (✓ ONE)				DID YOU SEE A PHYSICIAN FOR THIS ILLNESS?		WAS THIS MEDICINE RECOMMENDED BY A PHYSICIAN OR A PHARMACIST?		SYMPTOMS EXPECTED TO BE RELIEVED (✓ ALL THAT APPLY)															
		NON-LIQUID How Many Taken			LIQUID How Many Taken																														
BRAND NAME OF PRESCRIPTION AND NON-PRESCRIPTION MEDICINE TAKEN	PERSON TAKING MEDICINE	Tablet	Capsule	Lozenge	Teaspoon(s)	Table-spoon(s)	Capful(s)	Ounce(s)	Spray - How many squirts	RUB	TIME OF DAY MEDI-CINE TAKEN	Home	Work	School	Other	YES	NO	YES	NO	Runny Nose	Stuffy Nose/Sinuses	Congested Chest	Congested Chest Cough	Tickling Throat Cough	Sore Throat	Scratchy Throat	Heartburn	Indigestion	Diarrhea	Nervous Stomach	Gas	Nausea	Upset Stomach	Fever	Arthritis	Allergies	Tension Headache	Other Headache Problems
Excedrin	Age 33 ☒ M ☐ F	# 1								☐	6:30 ☒ AM ☐ PM	☒	☐	☐	☐	☐	☒	☐	☒	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Excedrin	Age 33 ☒ M ☐ F	# 2								☐	11:00 ☒ AM ☐ PM	☐	☒	☐	☐	☐	☒	☐	☒	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age___ ☐ M ☐ F	#	#	#	#	#	#	#	#	☐	☐ AM ☐ PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age___ ☐ M ☐ F	#	#	#	#	#	#	#	#	☐	☐ AM ☐ PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age___ ☐ M ☐ F	#	#	#	#	#	#	#	#	☐	☐ AM ☐ PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age___ ☐ M ☐ F	#	#	#	#	#	#	#	#	☐	☐ AM ☐ PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age___ ☐ M ☐ F	#	#	#	#	#	#	#	#	☐	☐ AM ☐ PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age___ ☐ M ☐ F	#	#	#	#	#	#	#	#	☐	☐ AM ☐ PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age___ ☐ M ☐ F	#	#	#	#	#	#	#	#	☐	☐ AM ☐ PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age___ ☐ M ☐ F	#	#	#	#	#	#	#	#	☐	☐ AM ☐ PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

National Family Opinion, Inc.

BE SURE TO COMPLETE SECTION I, PART A AND B WHEN NECESSARY

4:178

SECTION II · PRESCRIPTION AND NON-PRESCRIPTION MEDICINE

MARCH 19, 1984

You should record answers in this section **EACH TIME A PRESCRIPTION OR NON-PRESCRIPTION MEDICINE IS TAKEN** by you or anyone in your household for any of the symptoms listed in SECTION I. A separate line should be completed **EACH TIME** a medicine is used. For Example: The 33 year old male illustrated below consumed one Excedrin tablet at 6:30 in the morning, therefore he completed a line for that usage. The same 33 year old male also consumed two more Excedrin tablets at 11:00 the same morning so he completed another separate line for that usage. (SEE EXAMPLE BELOW) Be sure to answer all the questions each time a medicine is used. In Question 3, be sure to enter under the form of medicine the amount of medicine taken. If no medicines are used by anyone in the household on this day, check the appropriate box below.

+ ☐ **NO ONE IN HOUSEHOLD USED A PRESCRIPTION OR NON-PRESCRIPTION MEDICINE TODAY.**

1	2	3									4	5				6		7		8															
		FORM AND DOSAGE OF MEDICINE TAKEN																		SYMPTOMS EXPECTED TO BE RELIEVED (✓ ALL THAT APPLY)															
		NON-LIQUID How Many Taken			LIQUID How Many Taken																														
BRAND NAME OF PRESCRIPTION AND NON-PRESCRIPTION MEDICINE TAKEN	PERSON TAKING MEDICINE	Tablet	Capsule	Lozenge	Teaspoon(s)	Table-spoon(s)	Capful(s)	Ounce(s)	Spray - How many squirts	RUB	TIME OF DAY MEDI-CINE TAKEN	WHERE WAS MEDICINE TAKEN? (✓ ONE) Home	Work	School	Other	DID YOU SEE A PHYSICIAN FOR THIS ILLNESS? YES	NO	WAS THIS MEDICINE RECOMMENDED BY A PHYSICIAN OR A PHARMACIST? YES	NO	Runny Nose	Stuffy Nose/Sinuses	Congested Chest	Congested Chest Cough	Tickling Throat Cough	Sore Throat	Scratchy Throat	Heartburn	Indigestion	Diarrhea	Nervous Stomach	Gas	Nausea	Upset Stomach	Fever	Arthritis	Allergies	Tension Headache	Other Headache Problems
Excedrin	Age 33 ☒ M ☐ F	1								☐	6:30 ☒ AM ☐ PM	☒	☐	☐	☐	☐	☒	☐	☒	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Excedrin	Age 33 ☒ M ☐ F	2								☐	11:00 ☒ AM ☐ PM	☐	☒	☐	☐	☐	☒	☐	☒	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age___ ☐ M ☐ F									☐	___ ☐ AM ☐ PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age___ ☐ M ☐ F									☐	___ ☐ AM ☐ PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age___ ☐ M ☐ F									☐	___ ☐ AM ☐ PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age___ ☐ M ☐ F									☐	___ ☐ AM ☐ PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age___ ☐ M ☐ F									☐	___ ☐ AM ☐ PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age___ ☐ M ☐ F									☐	___ ☐ AM ☐ PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age___ ☐ M ☐ F									☐	___ ☐ AM ☐ PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

BE SURE TO COMPLETE SECTION I, PART A AND B WHEN NECESSARY

MARCH 21, 1984

SECTION II - PRESCRIPTION AND NON-PRESCRIPTION MEDICINE

You should record answers in this section **EACH TIME A PRESCRIPTION OR NON-PRESCRIPTION MEDICINE IS TAKEN** by you or anyone in your household for any of the symptoms listed in SECTION 1. A separate line should be completed **EACH TIME** a medicine is used. For Example: The 33 year old male illustrated below consumed one Excedrin tablet at 6:30 in the morning, therefore he completed a line for that usage. The same 33 year old male also consumed two more Excedrin tablets at 11:00 the same morning so he completed another separate line for that usage. (SEE EXAMPLE BELOW) Be sure to answer all the questions each time a medicine is used. In Question 3, be sure to enter under the form of medicine the amount of medicine taken. If no medicines are used by anyone in the household on this day, check the appropriate box below.

+ ☐ **NO ONE IN HOUSEHOLD USED A PRESCRIPTION OR NON-PRESCRIPTION MEDICINE TODAY.**

1	2	3									4	5				6		7		8																
		FORM AND DOSAGE OF MEDICINE TAKEN										WHERE WAS MEDICINE TAKEN? (✓ ONE)				DID YOU SEE A PHYSICIAN FOR THIS ILLNESS?		WAS THIS MEDICINE RECOMMENDED BY A PHYSICIAN OR A PHARMACIST?		SYMPTOMS EXPECTED TO BE RELIEVED (✓ ALL THAT APPLY)																
		NON-LIQUID How Many Taken			LIQUID How Many Taken																															
BRAND NAME OF PRESCRIPTION AND NON-PRESCRIPTION MEDICINE TAKEN	PERSON TAKING MEDICINE	Tablet	Capsule	Lozenge	Teaspoon(s)	Table-spoon(s)	Capful(s)	Ounce(s)	Spray - How many squirts	RUB	TIME OF DAY MEDI-CINE TAKEN	Home	Work	School	Other	YES	NO	YES	NO	Runny Nose	Stuffy Nose/Sinuses	Congested Chest	Congested Chest Cough	Tickling Throat Cough	Sore Throat	Scratchy Throat	Heartburn	Indigestion	Diarrhea	Nervous Stomach	Gas	Nausea	Upset Stomach	Fever	Arthritis	Allergies	Tension Headache	Other Headache Problems
Excedrin	Age 33 ☑M ☐F	1								☐	6:30 ☑AM ☐PM	☑	☐	☐	☐	☐	☑	☐	☑	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Excedrin	Age 33 ☑M ☐F	2								☐	11:00 ☑AM ☐PM	☐	☑	☐	☐	☐	☑	☐	☑	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☑	☐	☐
	Age___ ☐M ☐F									☐	☐AM ☐PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age___ ☐M ☐F									☐	☐AM ☐PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age___ ☐M ☐F									☐	☐AM ☐PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age___ ☐M ☐F									☐	☐AM ☐PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age___ ☐M ☐F									☐	☐AM ☐PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age___ ☐M ☐F									☐	☐AM ☐PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age___ ☐M ☐F									☐	☐AM ☐PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

National Family Opinion, Inc.

BE SURE TO COMPLETE SECTION I, PART A AND B WHEN NECESSARY

MARCH 22, 1984

SECTION II · PRESCRIPTION AND NON-PRESCRIPTION MEDICINE

You should record answers in this section **EACH TIME A PRESCRIPTION OR NON-PRESCRIPTION MEDICINE IS TAKEN** by you or anyone in your household for any of the symptoms listed in SECTION I. A separate line should be completed **EACH TIME** a medicine is used. For Example: The 33 year old male illustrated below consumed one Excedrin tablet at 6:30 in the morning, therefore he completed a line for that usage. The same 33 year old male also consumed two more Excedrin tablets at 11:00 the same morning so he completed another separate line for that usage. (SEE EXAMPLE BELOW) Be sure to answer all the questions each time a medicine is used. In Question 3, be sure to enter under the form of medicine the amount of medicine taken. If no medicines are used by anyone in the household on this day, check the appropriate box below.

+ ☐ **NO ONE IN HOUSEHOLD USED A PRESCRIPTION OR NON-PRESCRIPTION MEDICINE TODAY.**

1	2	3									4	5				6		7		8																
		FORM AND DOSAGE OF MEDICINE TAKEN										WHERE WAS MEDICINE TAKEN? (✓ ONE)				DID YOU SEE A PHYSICIAN FOR THIS ILLNESS?		WAS THIS MEDICINE RECOMMENDED BY A PHYSICIAN OR A PHARMACIST?		SYMPTOMS EXPECTED TO BE RELIEVED (✓ ALL THAT APPLY)																
		NON-LIQUID How Many Taken			LIQUID How Many Taken																															
BRAND NAME OF PRESCRIPTION AND NON-PRESCRIPTION MEDICINE TAKEN	PERSON TAKING MEDICINE	Tablet	Capsule	Lozenge	Teaspoon(s)	Table-spoon(s)	Capful(s)	Ounce(s)	Spray - How many squirts	RUB	TIME OF DAY MEDI-CINE TAKEN	Home	Work	School	Other	YES	NO	YES	NO	Runny Nose	Stuffy Nose/Sinuses	Congested Chest	Congested Chest Cough	Tickling Throat Cough	Sore Throat	Scratchy Throat	Heartburn	Indigestion	Diarrhea	Nervous Stomach	Gas	Nausea	Upset Stomach	Fever	Arthritis	Allergies	Tension Headache	Other Headache Problems
Excedrin	Age 33 ☑ M ☐ F	# 1	#	#	#	#	#	#	#	☐	6:30 ☑ AM ☐ PM	☑	☐	☐	☐	☐	☑	☐	☑	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Excedrin	Age 33 ☑ M ☐ F	# 2	#	#	#	#	#	#	#	☐	11:00 ☑ AM ☐ PM	☐	☑	☐	☐	☐	☑	☐	☑	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☑	☐
	Age ___ ☐ M ☐ F	#	#	#	#	#	#	#	#	☐	1 ☐ AM 2 ☐ PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age ___ ☐ M ☐ F	#	#	#	#	#	#	#	#	☐	1 ☐ AM 2 ☐ PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age ___ ☐ M ☐ F	#	#	#	#	#	#	#	#	☐	1 ☐ AM 2 ☐ PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age ___ ☐ M ☐ F	#	#	#	#	#	#	#	#	☐	1 ☐ AM 2 ☐ PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age ___ ☐ M ☐ F	#	#	#	#	#	#	#	#	☐	1 ☐ AM 2 ☐ PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age ___ ☐ M ☐ F	#	#	#	#	#	#	#	#	☐	1 ☐ AM 2 ☐ PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age ___ ☐ M ☐ F	#	#	#	#	#	#	#	#	☐	1 ☐ AM 2 ☐ PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

BE SURE TO COMPLETE SECTION I, PART A AND B WHEN NECESSARY.

MARCH 23, 1984

SECTION II · PRESCRIPTION AND NON-PRESCRIPTION MEDICINE

You should record answers in this section **EACH TIME A PRESCRIPTION OR NON-PRESCRIPTION MEDICINE IS TAKEN** by you or anyone in your household for any of the symptoms listed in SECTION I. A separate line should be completed **EACH TIME** a medicine is used. For Example: The 33 year old male illustrated below consumed one Excedrin tablet at 6:30 in the morning, therefore he completed a line for that usage. The same 33 year old male also consumed two more Excedrin tablets at 11:00 the same morning so he completed another separate line for that usage. (SEE EXAMPLE BELOW) Be sure to answer all the questions each time a medicine is used. In Question 3, be sure to enter under the form of medicine the amount of medicine taken. If no medicines are used by anyone in the household on this day, check the appropriate box below.

+ ☐ **NO ONE IN HOUSEHOLD USED A PRESCRIPTION OR NON-PRESCRIPTION MEDICINE TODAY.**

1	2	3									4	5				6		7		8															
		FORM AND DOSAGE OF MEDICINE TAKEN																		SYMPTOMS EXPECTED TO BE RELIEVED (✓ ALL THAT APPLY)															
		NON-LIQUID How Many Taken			LIQUID How Many Taken																														
BRAND NAME OF PRESCRIPTION AND NON-PRESCRIPTION MEDICINE TAKEN	PERSON TAKING MEDICINE	Tablet	Capsule	Lozenge	Teaspoon(s)	Table-spoon(s)	Capful(s)	Ounce(s)	Spray - How many squirts	RUB	TIME OF DAY MEDI-CINE TAKEN	WHERE WAS MEDICINE TAKEN? (✓ ONE) Home	Work	School	Other	DID YOU SEE A PHYSICIAN FOR THIS ILLNESS? YES	NO	WAS THIS MEDICINE RECOMMENDED BY A PHYSICIAN OR A PHARMACIST? YES	NO	Runny Nose	Stuffy Nose/Sinuses	Congested Chest	Congested Chest Cough	Tickling Throat Cough	Sore Throat	Scratchy Throat	Heartburn	Indigestion	Diarrhea	Nervous Stomach	Gas	Nausea	Upset Stomach	Fever	Arthritis	Allergies	Tension Headache	Other Headache Problems
Excedrin	Age 33 ☒M ☐F	1								☐	6:30 ☒AM ☐PM	☒	☐	☐	☐	☐	☒	☐	☒	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Excedrin	Age 33 ☒M ☐F	2								☐	11:00 ☒AM ☐PM	☐	☒	☐	☐	☐	☒	☐	☒	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age___ ☐M ☐F									☐	☐AM ☐PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age___ ☐M ☐F									☐	☐AM ☐PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age___ ☐M ☐F									☐	☐AM ☐PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age___ ☐M ☐F									☐	☐AM ☐PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age___ ☐M ☐F									☐	☐AM ☐PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age___ ☐M ☐F									☐	☐AM ☐PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age___ ☐M ☐F									☐	☐AM ☐PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

BE SURE TO COMPLETE SECTION I, PART A AND B WHEN NECESSARY

MARCH 24, 1984

SECTION II · PRESCRIPTION AND NON-PRESCRIPTION MEDICINE

You should record answers in this section **EACH TIME A PRESCRIPTION OR NON-PRESCRIPTION MEDICINE IS TAKEN** by you or anyone in your household for any of the symptoms listed in SECTION I. A separate line should be completed **EACH TIME** a medicine is used. For Example: The 33 year old male illustrated below consumed one Excedrin tablet at 6:30 in the morning, therefore he completed a line for that usage. The same 33 year old male also consumed two more Excedrin tablets at 11:00 the same morning so he completed another separate line for that usage. (SEE EXAMPLE BELOW) Be sure to answer all the questions each time a medicine is used. In Question 3, be sure to enter under the form of medicine the amount of medicine taken. If no medicines are used by anyone in the household on this day, check the appropriate box below.

+ ☐ **NO ONE IN HOUSEHOLD USED A PRESCRIPTION OR NON-PRESCRIPTION MEDICINE TODAY.**

1	2	3									4	5				6		7		8																
		FORM AND DOSAGE OF MEDICINE TAKEN										WHERE WAS MEDICINE TAKEN? (✓ ONE)				DID YOU SEE A PHYSICIAN FOR THIS ILLNESS?		WAS THIS MEDICINE RECOMMENDED BY A PHYSICIAN OR A PHARMACIST?		SYMPTOMS EXPECTED TO BE RELIEVED (✓ ALL THAT APPLY)																
		NON-LIQUID How Many Taken			LIQUID How Many Taken																															
BRAND NAME OF PRESCRIPTION AND NON-PRESCRIPTION MEDICINE TAKEN	PERSON TAKING MEDICINE	Tablet	Capsule	Lozenge	Teaspoon(s)	Table-spoon(s)	Capful(s)	Ounce(s)	Spray - How many squirts	RUB	TIME OF DAY MEDI-CINE TAKEN	Home	Work	School	Other	YES	NO	YES	NO	Runny Nose	Stuffy Nose/Sinuses	Congested Chest	Congested Chest Cough	Tickling Throat Cough	Sore Throat	Scratchy Throat	Heartburn	Indigestion	Diarrhea	Nervous Stomach	Gas	Nausea	Upset Stomach	Fever	Arthritis	Allergies	Tension Headache	Other Headache Problems
Excedrin	Age 33 ☑M ☐F	#1	#___	#___	#___	#___	#___	#___	#___	☐	#1:50 ☑AM ☐PM	☑	☐	☐	☐	☐	☑	☐	☑	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Excedrin	Age 33 ☑M ☐F	#2	#___	#___	#___	#___	#___	#___	#___	☐	11:00 ☑AM ☐PM	☐	☑	☐	☐	☐	☑	☐	☑	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☑	☐	☐
	Age___ ☐M ☐F	#___	#___	#___	#___	#___	#___	#___	#___	☐	___ ☐AM ☐PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age___ ☐M ☐F	#___	#___	#___	#___	#___	#___	#___	#___	☐	___ ☐AM ☐PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age___ ☐M ☐F	#___	#___	#___	#___	#___	#___	#___	#___	☐	___ ☐AM ☐PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age___ ☐M ☐F	#___	#___	#___	#___	#___	#___	#___	#___	☐	___ ☐AM ☐PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age___ ☐M ☐F	#___	#___	#___	#___	#___	#___	#___	#___	☐	___ ☐AM ☐PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age___ ☐M ☐F	#___	#___	#___	#___	#___	#___	#___	#___	☐	___ ☐AM ☐PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age___ ☐M ☐F	#___	#___	#___	#___	#___	#___	#___	#___	☐	___ ☐AM ☐PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

National Family Opinion, Inc.

BE SURE TO COMPLETE SECTION I, PART A AND B WHEN NECESSARY

MARCH 25, 1984

SECTION II - PRESCRIPTION AND NON-PRESCRIPTION MEDICINE

You should record answers in this section **EACH TIME A PRESCRIPTION OR NON-PRESCRIPTION MEDICINE IS TAKEN** by you or anyone in your household for any of the symptoms listed in SECTION I. A separate line should be completed **EACH TIME** a medicine is used. For Example: The 33 year old male illustrated below consumed one Excedrin tablet at 6:30 in the morning, therefore he completed a line for that usage. The same 33 year old male also consumed two more Excedrin tablets at 11:00 the same morning so he completed another separate line for that usage. (SEE EXAMPLE BELOW) Be sure to answer all the questions each time a medicine is used. In Question 3, be sure to enter under the form of medicine the amount of medicine taken. If no medicines are used by anyone in the household on this day, check the appropriate box below.

+ ☐ **NO ONE IN HOUSEHOLD USED A PRESCRIPTION OR NON-PRESCRIPTION MEDICINE TODAY.**

1	2	3									4	5				6		7		8																
		FORM AND DOSAGE OF MEDICINE TAKEN										WHERE WAS MEDICINE TAKEN? (✓ ONE)				DID YOU SEE A PHYSICIAN FOR THIS ILLNESS?		WAS THIS MEDICINE RECOMMENDED BY A PHYSICIAN OR A PHARMACIST?		SYMPTOMS EXPECTED TO BE RELIEVED (✓ ALL THAT APPLY)																
		NON-LIQUID How Many Taken			LIQUID How Many Taken																															
BRAND NAME OF PRESCRIPTION AND NON-PRESCRIPTION MEDICINE TAKEN	PERSON TAKING MEDICINE	Tablet	Capsule	Lozenge	Teaspoon(s)	Table-spoon(s)	Capful(s)	Ounce(s)	Spray - How many squirts	RUB	TIME OF DAY MEDI-CINE TAKEN	Home	Work	School	Other	YES	NO	YES	NO	Runny Nose	Stuffy Nose/Sinuses	Congested Chest	Congested Chest Cough	Tickling Throat Cough	Sore Throat	Scratchy Throat	Heartburn	Indigestion	Diarrhea	Nervous Stomach	Gas	Nausea	Upset Stomach	Fever	Arthritis	Allergies	Tension Headache	Other Headache Problems
Excedrin	Age 33 ☒ M ☐ F	# 1	#	#	#	#	#	#	#	☐	6:30 ☒ AM ☐ PM	☒	☐	☐	☐	☐	☒	☐	☒	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Excedrin	Age 33 ☒ M ☐ F	# 2	#	#	#	#	#	#	#	☐	11:00 ☒ AM ☐ PM	☐	☒	☐	☐	☐	☒	☐	☒	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒	☐	☐
	Age ☐ M ☐ F	#	#	#	#	#	#	#	#	☐	☐ AM ☐ PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age ☐ M ☐ F	#	#	#	#	#	#	#	#	☐	☐ AM ☐ PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age ☐ M ☐ F	#	#	#	#	#	#	#	#	☐	☐ AM ☐ PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age ☐ M ☐ F	#	#	#	#	#	#	#	#	☐	☐ AM ☐ PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age ☐ M ☐ F	#	#	#	#	#	#	#	#	☐	☐ AM ☐ PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age ☐ M ☐ F	#	#	#	#	#	#	#	#	☐	☐ AM ☐ PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age ☐ M ☐ F	#	#	#	#	#	#	#	#	☐	☐ AM ☐ PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

National Family Opinion, Inc.

BE SURE TO COMPLETE SECTION I, PART A AND B WHEN NECESSARY

MARCH 26, 1984

SECTION II · PRESCRIPTION AND NON-PRESCRIPTION MEDICINE

You should record answers in this section **EACH TIME A PRESCRIPTION OR NON-PRESCRIPTION MEDICINE IS TAKEN** by you or anyone in your household for any of the symptoms listed in SECTION I. A separate line should be completed **EACH TIME** a medicine is used. For Example: The 33 year old male illustrated below consumed one Excedrin tablet at 6:30 in the morning, therefore he completed a line for that usage. The same 33 year old male also consumed two more Excedrin tablets at 11:00 the same morning so he completed another separate line for that usage. (SEE EXAMPLE BELOW) Be sure to answer all the questions each time a medicine is used. In Question 3, be sure to enter under the form of medicine the amount of medicine taken. If no medicines are used by anyone in the household on this day, check the appropriate box below.

+ ☐ **NO ONE IN HOUSEHOLD USED A PRESCRIPTION OR NON-PRESCRIPTION MEDICINE TODAY.**

1	2	3									4	5				6		7		8																
		FORM AND DOSAGE OF MEDICINE TAKEN										WHERE WAS MEDICINE TAKEN? (✓ ONE)				DID YOU SEE A PHYSICIAN FOR THIS ILLNESS?		WAS THIS MEDICINE RECOMMENDED BY A PHYSICIAN OR A PHARMACIST?		SYMPTOMS EXPECTED TO BE RELIEVED (✓ ALL THAT APPLY)																
		NON-LIQUID How Many Taken			LIQUID How Many Taken																															
BRAND NAME OF PRESCRIPTION AND NON-PRESCRIPTION MEDICINE TAKEN	PERSON TAKING MEDICINE	Tablet	Capsule	Lozenge	Teaspoon(s)	Table-spoon(s)	Capful(s)	Ounce(s)	Spray - How many squirts	RUB	TIME OF DAY MEDI-CINE TAKEN	Home	Work	School	Other	YES	NO	YES	NO	Runny Nose	Stuffy Nose/Sinuses	Congested Chest	Congested Chest Cough	Tickling Throat Cough	Sore Throat	Scratchy Throat	Heartburn	Indigestion	Diarrhea	Nervous Stomach	Gas	Nausea	Upset Stomach	Fever	Arthritis	Allergies	Tension Headache	Other Headache Problems
Excedrin	Age 33 ☒ M ☐ F	1								☐	6:30 ☒ AM ☐ PM	☒	☐	☐	☐	☐	☒	☐	☒	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Excedrin	Age 33 ☒ M ☐ F	2								☐	11:00 ☒ AM ☐ PM	☐	☒	☐	☐	☐	☒	☐	☒	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒	☐	☐
	Age___ ☐ M ☐ F									☐	☐ AM ☐ PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age___ ☐ M ☐ F									☐	☐ AM ☐ PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age___ ☐ M ☐ F									☐	☐ AM ☐ PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age___ ☐ M ☐ F									☐	☐ AM ☐ PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age___ ☐ M ☐ F									☐	☐ AM ☐ PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age___ ☐ M ☐ F									☐	☐ AM ☐ PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age___ ☐ M ☐ F									☐	☐ AM ☐ PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age___ ☐ M ☐ F									☐	☐ AM ☐ PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

BE SURE TO COMPLETE SECTION I, PART A AND B WHEN NECESSARY

National Family Opinion Inc (f)

41178

MARCH 27, 1984

SECTION II · PRESCRIPTION AND NON-PRESCRIPTION MEDICINE

You should record answers in this section **EACH TIME A PRESCRIPTION OR NON-PRESCRIPTION MEDICINE IS TAKEN** by you or anyone in your household for any of the symptoms listed in SECTION 1. A separate line should be completed **EACH TIME** a medicine is used. For Example: The 33 year old male illustrated below consumed one Excedrin tablet at 6:30 in the morning, therefore he completed a line for that usage. The same 33 year old male also consumed two more Excedrin tablets at 11:00 the same morning so he completed another separate line for that usage. (SEE EXAMPLE BELOW) Be sure to answer all the questions each time a medicine is used. In Question 3, be sure to enter under the form of medicine the amount of medicine taken. If no medicines are used by anyone in the household on this day, check the appropriate box below.

+ ☐ **NO ONE IN HOUSEHOLD USED A PRESCRIPTION OR NON-PRESCRIPTION MEDICINE TODAY.**

1	2	3									4	5				6		7		8															
		FORM AND DOSAGE OF MEDICINE TAKEN										WHERE WAS MEDICINE TAKEN? (✓ ONE)				DID YOU SEE A PHYSICIAN FOR THIS ILLNESS?		WAS THIS MEDICINE RECOMMENDED BY A PHYSICIAN OR A PHARMACIST?		SYMPTOMS EXPECTED TO BE RELIEVED (✓ ALL THAT APPLY)															
		NON-LIQUID How Many Taken			LIQUID How Many Taken																														
BRAND NAME OF PRESCRIPTION AND NON-PRESCRIPTION MEDICINE TAKEN	PERSON TAKING MEDICINE	Tablet	Capsule	Lozenge	Teaspoon(s)	Table-spoon(s)	Capful(s)	Ounce(s)	Spray - How many squirts	RUB	TIME OF DAY MEDI-CINE TAKEN	Home	Work	School	Other	YES	NO	YES	NO	Runny Nose	Stuffy Nose/Sinuses	Congested Chest	Congested Chest Cough	Tickling Throat Cough	Sore Throat	Scratchy Throat	Heartburn	Indigestion	Diarrhea	Nervous Stomach	Gas	Nausea	Upset Stomach	Fever	Arthritis	Allergies	Tension Headache	Other Headache Problems
Excedrin	Age 33 ☑ M ☐ F	#1								☐	6:30 ☑ AM ☐ PM	☑	☐	☐	☐	☐	☑	☐	☑	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Excedrin	Age 33 ☑ M ☐ F	#2								☐	11:00 ☑ AM ☐ PM	☐	☑	☐	☐	☐	☑	☐	☑	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age___ ☐ M ☐ F	#___	#___	#___	#___	#___	#___	#___	#___	☐	___ ☐ AM ☐ PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age___ ☐ M ☐ F	#___	#___	#___	#___	#___	#___	#___	#___	☐	___ ☐ AM ☐ PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age___ ☐ M ☐ F	#___	#___	#___	#___	#___	#___	#___	#___	☐	___ ☐ AM ☐ PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age___ ☐ M ☐ F	#___	#___	#___	#___	#___	#___	#___	#___	☐	___ ☐ AM ☐ PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age___ ☐ M ☐ F	#___	#___	#___	#___	#___	#___	#___	#___	☐	___ ☐ AM ☐ PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age___ ☐ M ☐ F	#___	#___	#___	#___	#___	#___	#___	#___	☐	___ ☐ AM ☐ PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age___ ☐ M ☐ F	#___	#___	#___	#___	#___	#___	#___	#___	☐	___ ☐ AM ☐ PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age___ ☐ M ☐ F	#___	#___	#___	#___	#___	#___	#___	#___	☐	___ ☐ AM ☐ PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

National Family Opinion, Inc. (1)

BE SURE TO COMPLETE SECTION I, PART A AND B WHEN NECESSARY

41178

MARCH 28, 1984

SECTION II - PRESCRIPTION AND NON-PRESCRIPTION MEDICINE

You should record answers in this section **EACH TIME A PRESCRIPTION OR NON-PRESCRIPTION MEDICINE IS TAKEN** by you or anyone in your household for any of the symptoms listed in SECTION I. A separate line should be completed **EACH TIME** a medicine is used. For Example: The 33 year old male illustrated below consumed one Excedrin tablet at 6:30 in the morning, therefore he completed a line for that usage. The same 33 year old male also consumed two more Excedrin tablets at 11:00 the same morning so he completed another separate line for that usage. (SEE EXAMPLE BELOW) Be sure to answer all the questions each time a medicine is used. In Question 3, be sure to enter under the form of medicine the amount of medicine taken. If no medicines are used by anyone in the household on this day, check the appropriate box below.

+ ☐ **NO ONE IN HOUSEHOLD USED A PRESCRIPTION OR NON-PRESCRIPTION MEDICINE TODAY.**

1	2	3									4	5				6		7		8																
		FORM AND DOSAGE OF MEDICINE TAKEN										WHERE WAS MEDICINE TAKEN? (✓ ONE)				DID YOU SEE A PHYSICIAN FOR THIS ILLNESS?		WAS THIS MEDICINE RECOMMENDED BY A PHYSICIAN OR A PHARMACIST?		SYMPTOMS EXPECTED TO BE RELIEVED (✓ ALL THAT APPLY)																
		NON-LIQUID How Many Taken			LIQUID How Many Taken																															
BRAND NAME OF PRESCRIPTION AND NON-PRESCRIPTION MEDICINE TAKEN	PERSON TAKING MEDICINE	Tablet	Capsule	Lozenge	Teaspoon(s)	Table-spoon(s)	Capful(s)	Ounce(s)	Spray - How many squirts	RUB	TIME OF DAY MEDI-CINE TAKEN	Home	Work	School	Other	YES	NO	YES	NO	Runny Nose	Stuffy Nose/Sinuses	Congested Chest	Congested Chest Cough	Tickling Throat Cough	Sore Throat	Scratchy Throat	Heartburn	Indigestion	Diarrhea	Nervous Stomach	Gas	Nausea	Upset Stomach	Fever	Arthritis	Allergies	Tension Headache	Other Headache Problems
Excedrin	Age 33 ☑M ☐F	#1	#__	#__	#__	#__	#__	#__	#__	☐	#50 ☑AM ☐PM	☑	☐	☐	☐	☐	☑	☐	☑	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Excedrin	Age 33 ☑M ☐F	#2	#__	#__	#__	#__	#__	#__	#__	☐	#100 ☑AM ☐PM	☐	☑	☐	☐	☐	☑	☐	☑	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age__ ☐M ☐F	#__	#__	#__	#__	#__	#__	#__	#__	☐	__ ☐AM ☐PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age__ ☐M ☐F	#__	#__	#__	#__	#__	#__	#__	#__	☐	__ ☐AM ☐PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age__ ☐M ☐F	#__	#__	#__	#__	#__	#__	#__	#__	☐	__ ☐AM ☐PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age__ ☐M ☐F	#__	#__	#__	#__	#__	#__	#__	#__	☐	__ ☐AM ☐PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age__ ☐M ☐F	#__	#__	#__	#__	#__	#__	#__	#__	☐	__ ☐AM ☐PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age__ ☐M ☐F	#__	#__	#__	#__	#__	#__	#__	#__	☐	__ ☐AM ☐PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age__ ☐M ☐F	#__	#__	#__	#__	#__	#__	#__	#__	☐	__ ☐AM ☐PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age__ ☐M ☐F	#__	#__	#__	#__	#__	#__	#__	#__	☐	__ ☐AM ☐PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

National Family Opinion, Inc. (f)

BE SURE TO COMPLETE SECTION I, PART A AND B WHEN NECESSARY

MARCH 29, 1984

SECTION II - PRESCRIPTION AND NON-PRESCRIPTION MEDICINE

You should record answers in this section **EACH TIME A PRESCRIPTION OR NON-PRESCRIPTION MEDICINE IS TAKEN** by you or anyone in your household for any of the symptoms listed in SECTION I. A separate line should be completed **EACH TIME** a medicine is used. For Example: The 33 year old male illustrated below consumed one Excedrin tablet at 6:30 in the morning, therefore he completed a line for that usage. The same 33 year old male also consumed two more Excedrin tablets at 11:00 the same morning so he completed another separate line for that usage. (SEE EXAMPLE BELOW) Be sure to answer all the questions each time a medicine is used. In Question 3, be sure to enter under the form of medicine the amount of medicine taken. If no medicines are used by anyone in the household on this day, check the appropriate box below.

+ ☐ **NO ONE IN HOUSEHOLD USED A PRESCRIPTION OR NON-PRESCRIPTION MEDICINE TODAY.**

1	2	3									4	5				6		7		8															
		FORM AND DOSAGE OF MEDICINE TAKEN										WHERE WAS MEDICINE TAKEN? (✓ ONE)				DID YOU SEE A PHYSICIAN FOR THIS ILLNESS?		WAS THIS MEDICINE RECOMMENDED BY A PHYSICIAN OR A PHARMACIST?		SYMPTOMS EXPECTED TO BE RELIEVED (✓ ALL THAT APPLY)															
		NON-LIQUID How Many Taken			LIQUID How Many Taken																														
BRAND NAME OF PRESCRIPTION AND NON-PRESCRIPTION MEDICINE TAKEN	PERSON TAKING MEDICINE	Tablet	Capsule	Lozenge	Teaspoon(s)	Table-spoon(s)	Capful(s)	Ounce(s)	Spray - How many squirts	RUB	TIME OF DAY MEDI-CINE TAKEN	Home	Work	School	Other	YES	NO	YES	NO	Runny Nose	Stuffy Nose/Sinuses	Congested Chest	Congested Chest Cough	Tickling Throat Cough	Sore Throat	Scratchy Throat	Heartburn	Indigestion	Diarrhea	Nervous Stomach	Gas	Nausea	Upset Stomach	Fever	Arthritis	Allergies	Tension Headache	Other Headache Problems
Excedrin	Age 33 ☒M ☐F	#1								☐	6:30 ☒AM ☐PM	☒	☐	☐	☐	☐	☒	☐	☒	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Excedrin	Age 33 ☒M ☐F	#2								☐	11:00 ☒AM ☐PM	☐	☒	☐	☐	☐	☒	☐	☒	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age___ ☐M ☐F	#___	#___	#___	#___	#___	#___	#___	#___	☐	___ ☐AM ☐PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	1 2									1		1	2	3	4	1	2	1	2	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19
	Age___ ☐M ☐F	#___	#___	#___	#___	#___	#___	#___	#___	☐	___ ☐AM ☐PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age___ ☐M ☐F	#___	#___	#___	#___	#___	#___	#___	#___	☐	___ ☐AM ☐PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	1 2									1		1	2	3	4	1	2	1	2	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19
	Age___ ☐M ☐F	#___	#___	#___	#___	#___	#___	#___	#___	☐	___ ☐AM ☐PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age___ ☐M ☐F	#___	#___	#___	#___	#___	#___	#___	#___	☐	___ ☐AM ☐PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	1 2									1		1	2	3	4	1	2	1	2	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19
	Age___ ☐M ☐F	#___	#___	#___	#___	#___	#___	#___	#___	☐	___ ☐AM ☐PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age___ ☐M ☐F	#___	#___	#___	#___	#___	#___	#___	#___	☐	___ ☐AM ☐PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	1 2									1		1	2	3	4	1	2	1	2	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19
	Age___ ☐M ☐F	#___	#___	#___	#___	#___	#___	#___	#___	☐	___ ☐AM ☐PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

National Family Opinion, Inc.

BE SURE TO COMPLETE SECTION I, PART A AND B WHEN NECESSARY

41173

MARCH 30, 1984

SECTION II · PRESCRIPTION AND NON-PRESCRIPTION MEDICINE

You should record answers in this section **EACH TIME A PRESCRIPTION OR NON-PRESCRIPTION MEDICINE IS TAKEN** by you or anyone in your household for any of the symptoms listed in SECTION I. A separate line should be completed **EACH TIME** a medicine is used. For Example: The 33 year old male illustrated below consumed one Excedrin tablet at 6:30 in the morning, therefore he completed a line for that usage. The same 33 year old male also consumed two more Excedrin tablets at 11:00 the same morning so he completed another separate line for that usage. (SEE EXAMPLE BELOW) Be sure to answer all the questions each time a medicine is used. In Question 3, be sure to enter under the form of medicine the amount of medicine taken. If no medicines are used by anyone in the household on this day, check the appropriate box below.

+ ☐ **NO ONE IN HOUSEHOLD USED A PRESCRIPTION OR NON-PRESCRIPTION MEDICINE TODAY.**

1	2	3									4	5				6		7		8																
		FORM AND DOSAGE OF MEDICINE TAKEN										WHERE WAS MEDICINE TAKEN? (✓ ONE)				DID YOU SEE A PHYSICIAN FOR THIS ILLNESS?		WAS THIS MEDICINE RECOMMENDED BY A PHYSICIAN OR A PHARMACIST?		SYMPTOMS EXPECTED TO BE RELIEVED (✓ ALL THAT APPLY)																
		NON-LIQUID How Many Taken			LIQUID How Many Taken																															
BRAND NAME OF PRESCRIPTION AND NON-PRESCRIPTION MEDICINE TAKEN	PERSON TAKING MEDICINE	Tablet	Capsule	Lozenge	Teaspoon(s)	Table-spoon(s)	Capful(s)	Ounce(s)	Spray - How many squirts	RUB	TIME OF DAY MEDI-CINE TAKEN	Home	Work	School	Other	YES	NO	YES	NO	Runny Nose	Stuffy Nose/Sinuses	Congested Chest	Congested Chest Cough	Tickling Throat Cough	Sore Throat	Scratchy Throat	Heartburn	Indigestion	Diarrhea	Nervous Stomach	Gas	Nausea	Upset Stomach	Fever	Arthritis	Allergies	Tension Headache	Other Headache Problems
Excedrin	Age 33 ☑ M ☐ F	1								☐	6:30 ☑ AM ☐ PM	☑	☐	☐	☐	☐	☑	☐	☑	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Excedrin	Age 33 ☑ M ☐ F	1								☐	11:00 ☑ AM ☐ PM	☐	☑	☐	☐	☐	☑	☐	☑	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☑	☐	☐
	Age ___ ☐ M ☐ F									☐	☐ AM ☐ PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age ___ ☐ M ☐ F									☐	☐ AM ☐ PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age ___ ☐ M ☐ F									☐	☐ AM ☐ PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age ___ ☐ M ☐ F									☐	☐ AM ☐ PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age ___ ☐ M ☐ F									☐	☐ AM ☐ PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age ___ ☐ M ☐ F									☐	☐ AM ☐ PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age ___ ☐ M ☐ F									☐	☐ AM ☐ PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age ___ ☐ M ☐ F									☐	☐ AM ☐ PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

BE SURE TO COMPLETE SECTION I, PART A AND B WHEN NECESSARY

MARCH 31, 1984

SECTION II · PRESCRIPTION AND NON-PRESCRIPTION MEDICINE

You should record answers in this section **EACH TIME A PRESCRIPTION OR NON-PRESCRIPTION MEDICINE IS TAKEN** by you or anyone in your household for any of the symptoms listed in SECTION I. A separate line should be completed **EACH TIME** a medicine is used. For Example: The 33 year old male illustrated below consumed one Excedrin tablet at 6:30 in the morning, therefore he completed a line for that usage. The same 33 year old male also consumed two more Excedrin tablets at 11:00 the same morning so he completed another separate line for that usage. (SEE EXAMPLE BELOW) Be sure to answer all the questions each time a medicine is used. In Question 3, be sure to enter under the form of medicine the amount of medicine taken. If no medicines are used by anyone in the household on this day, check the appropriate box below.

+ ☐ **NO ONE IN HOUSEHOLD USED A PRESCRIPTION OR NON-PRESCRIPTION MEDICINE TODAY.**

1	2	3									4	5				6		7		8																
		FORM AND DOSAGE OF MEDICINE TAKEN																		SYMPTOMS EXPECTED TO BE RELIEVED (✓ ALL THAT APPLY)																
		NON-LIQUID How Many Taken			LIQUID How Many Taken																															
BRAND NAME OF PRESCRIPTION AND NON-PRESCRIPTION MEDICINE TAKEN	PERSON TAKING MEDICINE	Tablet	Capsule	Lozenge	Teaspoon(s)	Table-spoon(s)	Capful(s)	Ounce(s)	Spray - How many squirts	RUB	TIME OF DAY MEDI-CINE TAKEN	WHERE WAS MEDICINE TAKEN? (✓ ONE) Home	Work	School	Other	DID YOU SEE A PHYSICIAN FOR THIS ILLNESS? YES	NO	WAS THIS MEDICINE RECOMMENDED BY A PHYSICIAN OR A PHARMACIST? YES	NO	Runny Nose	Stuffy Nose/Sinuses	Congested Chest	Congested Chest Cough	Tickling Throat Cough	Sore Throat	Scratchy Throat	Heartburn	Indigestion	Diarrhea	Nervous Stomach	Gas	Nausea	Upset Stomach	Fever	Arthritis	Allergies	Tension Headache	Other Headache Problems
Excedrin	Age 33 ☑ M ☐ F	1								☐	6:30 ☑ AM ☐ PM	☑	☐	☐	☐	☐	☑	☐	☑	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Excedrin	Age 33 ☑ M ☐ F	2								1	11:00 ☑ AM ☐ PM	☐	☑	☐	☐	☐	☑	☐	☑	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age___ ☐ M ☐ F									☐	___ ☐ AM ☐ PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age___ ☐ M ☐ F									☐	___ ☐ AM ☐ PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age___ ☐ M ☐ F									☐	___ ☐ AM ☐ PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age___ ☐ M ☐ F									☐	___ ☐ AM ☐ PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age___ ☐ M ☐ F									☐	___ ☐ AM ☐ PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age___ ☐ M ☐ F									☐	___ ☐ AM ☐ PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Age___ ☐ M ☐ F									☐	___ ☐ AM ☐ PM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

National Family Opinion, Inc. (f)

BE SURE TO COMPLETE SECTION I - PART A, PART B, PART C AND SECTION III.

SECTION III: MEDICINE EVALUATION

Complete this section at the conclusion of the two week diary period. Please write all the brand names of the prescription and non-prescription medicines which have been used in your household during the past 2 weeks in the spaces provided below. (These brand names can be found by looking in Section II. If a medicine was listed more than once in Section II you need only record it one time for this section.)

For Example: If 10 different medicine names were listed in Section II, then all 10 medicines should be evaluated in this section.

ANSWER ALL QUESTIONS FOR EACH BRAND NAME OF PRESCRIPTION AND NON-PRESCRIPTION MEDICINE YOU LIST IN SECTION II.

BRAND NAME OF MEDICINE (Write in)	SATISFACTION OF MEDICINE (✓ ONLY ONE) Not At All Satisfied	Somewhat Satisfied	Very Satisfied	WERE THERE SIDE EFFECTS WITH THIS MEDICINE?	IF THERE WERE SIDE EFFECTS, WHAT WERE THEY? (Please be specific)
Excedrin	1☐	2☑	3☐	2☐ No 1☑ Yes →	Makes me drowsy
	1☐	2☐	3☐	2☐ No 1☐ Yes →	
	1☐	2☐	3☐	2☐ No 1☐ Yes →	
	1☐	2☐	3☐	2☐ No 1☐ Yes →	
	1☐	2☐	3☐	2☐ No 1☐ Yes →	
	1☐	2☐	3☐	2☐ No 1☐ Yes →	
	1☐	2☐	3☐	2☐ No 1☐ Yes →	
	1☐	2☐	3☐	2☐ No 1☐ Yes →	
	1☐	2☐	3☐	2☐ No 1☐ Yes →	
	1☐	2☐	3☐	2☐ No 1☐ Yes →	
	1☐	2☐	3☐	2☐ No 1☐ Yes →	
	1☐	2☐	3☐	2☐ No 1☐ Yes →	
	1☐	2☐	3☐	2☐ No 1☐ Yes →	
	1☐	2☐	3☐	2☐ No 1☐ Yes →	
	1☐	2☐	3☐	2☐ No 1☐ Yes →	
	1☐	2☐	3☐	2☐ No 1☐ Yes →	
	1☐	2☐	3☐	2☐ No 1☐ Yes →	

PLEASE RETURN THE DIARY IMMEDIATELY AFTER MAKING SURE THAT ALL THREE SECTIONS ARE COMPLETED. BE SURE TO ANSWER SECTION I - PART C NOW.