You said you were taking (DRUG) during the last 6 months:

1. A. Did you take this drug as part of a research study?
   - NO (GO TO Q2)
   - YES

2. How often did you take this drug?
   - RECORD MOST RECENT NUMBER OF TIMES
   - PER DAY OR TIMES PER WEEK OR TIMES PER MONTH OR TIMES PER YEAR
   - NUMBER OF TIMES
   - PER
   - Day
   - or
   - Week
   - or
   - Month
   - or
   - Year
   - Don't Know

3. How many (days, weeks, months) did you use (DRUG) during the last 6 months?
   - DAYS
   - or
   - WEEKS
   - or
   - MONTHS
   - Don't Know

4. Are you currently taking this drug [not as part of a research study]?
   - NO
   - YES