

7. Does anyone who lives with you, or does any close relative, use prescribed drugs or non-prescription (over-the-counter) drugs?

Yes     No

If yes, what drug(s) do they use? \_\_\_\_\_

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If yes, do you ever use any of these drugs?

Yes     No

8. Does anyone who lives with you, or does any close relative, use herbal medicines, vitamins or supplements?

Yes     No

If yes, what do they use? \_\_\_\_\_

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If yes, do you ever use any of these products?

Yes     No

9. Does anyone who lives with you, or does any close relative, use street drugs?

Yes     No

If yes, what drug(s) do they use? \_\_\_\_\_

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If yes, do you ever use any of these drugs?

Yes     No