

Environmental Exposure Questionnaire: Calcium Channel Blocker Medication History

Start of Block: Default Question Block

Q5 CALCIUM CHANNEL BLOCKER MEDICATION HISTORY

Q6 *The following questions will ask you about a group of medicines known as calcium channel blockers.*

Q7 These questions were primarily completed by:

- ☐ Study Participant (1)
 - ☐ Study Participant's Spouse (2)
 - ☐ Other relative (3) _____
 - ☐ Someone else (4) _____
-

Q8

Have you ever been treated for high blood pressure, heart problems, angina, chest pain, stroke, irregular heartbeat, palpitations, recurrent headache, migraine or Raynaud's (sudden changes of color in your fingers, e.g. blueing, whitening and/or reddening)?

- ☐ Yes (1)
- ☐ No (2)
- ☐ Don't Know (3)
- ☐ Prefer Not to Answer (4)

Skip To: End of Survey If Q8 = 2

Skip To: End of Survey If Q8 = 4

Q9 **SECTION A**

Q10

Have you ever taken any of the following medications regularly, that is, at least 1 pill per day for 6 months or longer? Please check all that apply.

	Yes (1)	No (2)	Don't Know (3)	Prefer Not to Answer (4)
Amlodipine or Norvasc (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Felodipine or Plendil (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nifedipine or Procardia, Adalat, Afeditab, Nifediac, Nifedical (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nicardipine or Cardene, Carden SR (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Isradipine or Dynacirc (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nisoldipine or Sular (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Default Question Block

Start of Block: start end taking

Q24

At what age (or in what year) did you start regularly taking any of the medicines listed in question 1? (Amlodipine, Norvasc, Felodipine, Plendil Nifedipine, Procardia, Adalat, Afeditab, Nifediac, Nifedical, Nicardipine, Cardene, Carden SR, Isradipine, Dynacirc, Nisoldipine or Sular)

- ☐ Age started (1) _____
- ☐ Year started (2) _____
- ☐ Don't know (3)
- ☐ Prefer Not to Answer (4)



Q25

At what age (or in what year) did you stop regularly taking any of the medicines listed in question 1? (Amlodipine, Norvasc, Felodipine, Plendil Nifedipine, Procardia, Adalat, Afeditab, Nifediac, Nifedical, Nicardipine, Cardene, Carden SR, Isradipine, Dynacirc, Nisoldipine or Sular)

- ☐ Age stopped (1) _____
- ☐ Year stopped (2) _____
- ☐ Currently take (3)
- ☐ Don't know (4)
- ☐ Prefer Not to Answer (5)
-

Q26

Were there periods of a year or more when you did NOT regularly take any of the medicines listed in question 1? (Amlodipine, Norvasc, Felodipine, Plendil Nifedipine, Procardia, Adalat, Afeditab, Nifediac, Nifedical, Nicardipine, Cardene, Carden SR, Isradipine, Dynacirc, Nisoldipine or Sular)

- ☐ Yes (1)
- ☐ No (2)
- ☐ Don't Know (3)
- ☐ Prefer Not to Answer (4)

Skip To: End of Block If Q26 = 2

Skip To: End of Block If Q26 = 3

Skip To: End of Block If Q26 = 4



Q27

At what age did you first stop taking the medication?



Q28

At what age did you start drinking at least 1 pill per day again?

Q29 Were there other periods when you temporarily stopped taking these medications regularly?

- ☐ Yes (1)
- ☐ No (2)
- ☐ Don't Know (3)
- ☐ Prefer Not to Answer (4)

Skip To: End of Block If Q29 = 2

Skip To: End of Block If Q29 = 3

Skip To: End of Block If Q29 = 4



Q30 At what age did you stop taking the medication again?



Q31

At what age did you start taking at least 1 pill per day again?

Q32 Were there other periods when you temporarily stopped taking these medications regularly?

- ☐ Yes (1)
- ☐ No (2)
- ☐ Don't Know (3)
- ☐ Prefer Not to Answer (4)

Skip To: End of Block If Q32 = 2

Skip To: End of Block If Q32 = 3

Skip To: End of Block If Q32 = 4



Q33 At what age did you stop taking the medication again?



Q34 At what age did you start taking at least 1 pill per day again?

End of Block: start end taking

Start of Block: Block 3

Q22 SECTION B

Q23

Have you ever taken any of the following medications regularly, that is, at least 1 pill per day for 6 months or longer? Please check all that apply.

	Yes (1)	No (2)	Don't Know (3)	Prefer Not to Answer (4)
Verapamil or Calan, Covera-HS, Isoptin, Verelan (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diltiazem or Cardizem, Cartia, Dilacor, Tiazac, Dilt-CD, Diltia XT (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Block 3

Start of Block: Block 2



Q11

At what age (or in what year) did you start regularly taking any of the medicines listed in **question 3?** (Verapamil, Calan, Covera-HS, Isoptin, Verelan, Diltiazem, Cardizem, Cartia, Dilacor, Tiazac, Dilt-CD or Diltia XT)

- ☐ Age started (1) _____
- ☐ Year started (2) _____
- ☐ Don't know (3)
- ☐ Prefer Not to Answer (4)



Q12

At what age (or in what year) did you stop regularly taking any of the medicines listed in question 3? (Verapamil, Calan, Covera-HS, Isoptin, Verelan, Diltiazem, Cardizem, Cartia, Dilacor, Tiazac, Dilt-CD or Diltia XT)

- ☐ Age stopped (1) _____
- ☐ Year stopped (2) _____
- ☐ Currently take (3)
- ☐ Don't know (4)
- ☐ Prefer Not to Answer (5)
-

Q13

Were there periods of a year or more when you did NOT regularly take any of the medicines listed in question 3? (Verapamil, Calan, Covera-HS, Isoptin, Verelan, Diltiazem, Cardizem, Cartia, Dilacor, Tiazac, Dilt-CD or Diltia XT)

- ☐ Yes (1)
- ☐ No (2)
- ☐ Don't Know (3)
- ☐ Prefer Not to Answer (4)

Skip To: End of Survey If Q13 = 2

Skip To: End of Survey If Q13 = 3

Skip To: End of Survey If Q13 = 4



Q14

At what age did you first stop taking the medication?



Q15

At what age did you start taking at least 1 pill per day again?

Q16 Where there other periods when you temporarily stopped taking these medications regularly?

- ☐ Yes (1)
- ☐ No (2)
- ☐ Don't Know (3)
- ☐ Prefer Not to Answer (4)

Skip To: End of Survey If Q16 = 2

Skip To: End of Survey If Q16 = 3

Skip To: End of Survey If Q16 = 4



Q17 At what age did you stop taking the medication again?



Q18 At what age did you start taking at least 1 pill per day again?

Q19 Where there other periods when you temporarily stopped taking these medications regularly?

- ☐ Yes (1)
- ☐ No (2)
- ☐ Don't Know (3)
- ☐ Prefer Not to Answer (4)

Skip To: End of Survey If Q19 = 2

Skip To: End of Survey If Q19 = 3

Skip To: End of Survey If Q19 = 4



Q20 At what age did you stop taking the medication again?



Q21 At what age did you start taking at least 1 pill per day again?

End of Block: Block 2
