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# Table of Contents

<a href="#">qi_B1_ze - B1 ze</a> .....	3
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 qi\_B1\_ze - B1 ze

B1 ze

**Question**

Please indicate below if you have used any medicines (pills, syrups, inhalers, drops, sprays, suppositories, pessaries, ointments etc including homeopathic and herbal remedies) in the last 12 months. Took no medicines, pills, drops or ointment

**Selection Type**

SelectUpToN

**Select up to**

1

1	Yes
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