

SAMHDA

SUBSTANCE ABUSE & MENTAL HEALTH DATA ARCHIVE

National Household Survey on Drug Abuse, 1979

*United States Department of Health and
Human Services. National Institutes of
Health. National Institute on Drug Abuse*

Data Collection Instrument

SAMHDA

is sponsored by



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

www.samhsa.gov

Terms of Use

These data are distributed under the following terms of use. By continuing past this page, you signify your agreement to comply with the requirements as stated below:

Privacy of Research Subjects

Any intentional identification of a research subject (whether an individual or an organization) or unauthorized disclosure of his or her confidential information violates the promise of confidentiality given to the providers of the information. Disclosure of confidential information may also be punishable under federal law. Therefore, users of data agree:

- To use these datasets solely for research or statistical purposes and not for re-identification of specific research subjects.
- To make no use of the identity of any research subject discovered inadvertently and to report any such discovery to CBHSQ and SAMHDA (samhda-support@samhsa.hhs.gov)

Citing Data

You agree to reference the recommended bibliographic citation in any of your publications that use SAMHDA data. Authors of publications that use SAMHDA data are required to send citations of their published works for inclusion in a database of related publications.

Disclaimer

You acknowledge that SAMHSA will bear no responsibility for your use of the data or for your interpretations or inferences based upon such uses.

Violations

If CBHSQ determines that this terms of use agreement has been violated, then possible sanctions could include:

- Report of the violation to the Research Integrity Officer, Institutional Review Board, or Human Subjects Review Committee of the user's institution. A range of sanctions are available to institutions including revocation of tenure and termination.
- If the confidentiality of human subjects has been violated, then report of the violation may be made to the Federal Office for Human Research Protections. This may result in an investigation of the user's institution, which can result in institution-wide sanctions including the suspension of all research grants.
- Report of the violation of federal law to the United States Attorney General for possible prosecution.
- Court awarded payments of damages to any individual(s)/organization(s) harmed by the breach of confidential data.

Definitions

CBHSQ

Center for Behavioral Health Statistics and Quality

Promise of confidentiality

A promise to a respondent or research participant that the information the respondent provides will not be disseminated in identifiable form without the permission of the respondent; that the fact that the respondent participated in the study will not be disclosed; and that disseminated information will include no linkages to the identity of the respondent. Such a promise encompasses traditional notions of both confidentiality and anonymity. In most cases, federal law protects the confidentiality of the respondent's identity as referenced in the Promise of Confidentiality. Under this condition, names and other identifying information regarding respondents would be confidential.

Research subject

A person or organization that participates in a research study. A research subject may also be called a respondent. A respondent is generally a survey respondent or informant, experimental or observational subject, focus group participant, or any other person providing information to a study.

SAMHDA

Substance Abuse and Mental Health Data Archive

SAMHSA

Substance Abuse and Mental Health Services Administration

Information about Copyrighted Content

Some instruments administered as part of this study may contain in whole or substantially in part contents from copyrighted instruments. Reproductions of the instruments are provided as documentation for the analysis of the data associated with this collection. Restrictions on "fair use" apply to all copyrighted content. More information about the reproduction of copyrighted works by educators and librarians is available from the United States Copyright Office.

NOTICE WARNING CONCERNING COPYRIGHT RESTRICTIONS

The copyright law of the United States (Title 17, United States Code) governs the making of photocopies or other reproductions of copyrighted material. Under certain conditions specified in the law, libraries and archives are authorized to furnish a photocopy or other reproduction. One of these specified conditions is that the photocopy or reproduction is not to be "used for any purpose other than private study, scholarship, or research." If a user makes a request for, or later uses, a photocopy or reproduction for purposes in excess of "fair use," that user may be liable for copyright infringement.

APPENDIX C

Data Collection Instruments

- Interview Form C**
- Interview Form N**
- Eight Answer Sheets**
- Pill Cards**

Interview Form C

Location # _____
Housing Unit # _____
Time Started: _____

SEE INSTRUCTION MANUAL:

THE INFORMATION ENTERED ON THIS FORM WILL BE
HANDLED IN THE STRICTEST CONFIDENCE AND WILL
NOT BE RELEASED TO UNAUTHORIZED PERSONNEL.

OMB 68 S 79012
Expires: 12/31/79
RAC 4068
Form: C

CURRENT TRENDS

INTERVIEWER: RECORD WHETHER RESPONDENT IS AN ADULT OR A YOUTH
1 ADULT
2 YOUTH 112

IF RESPONDENT IS AN ADULT, READ PARAGRAPH "A" AND PARAGRAPH "B"

PARAGRAPH
A

Hello, I'm _____, and I'm working on a nationwide survey for Response Analysis Corporation of Princeton, New Jersey, sponsored by the U.S. Department of Health, Education, and Welfare. You should have received a letter from The George Washington University a few days ago, telling about this survey. (SHOW COPY OF LETTER, IF NECESSARY.) As is always true in our work, the answers which you give us will be kept strictly confidential. The results are a statistical tabulation of everyone's answers, and no names are ever connected with the survey. Most of the questions are about mood altering drugs of potential abuse, including alcohol and tobacco.

PARAGRAPH
B

I would like it understood between us that if I ask you any questions that you don't want to answer, obviously you don't have to. If it is all right with you, let's get started. (PAUSE TO GIVE RESPONDENT A CHANCE TO ASK QUESTIONS OR TERMINATE.) The results of this study will provide the Federal Government with its main source of information on drug experience, knowledge, and attitudes and will be used for important research and management purposes.

INTERVIEWER: AFTER READING PARAGRAPH "A" AND PARAGRAPH "B" TO RESPONDENT,
GO TO Q. 1, TOP OF PAGE 2.

IF RESPONDENT IS A YOUTH, READ PARAGRAPH "A" (ABOVE) TO THE PARENT, THEN OBTAIN PARENTAL PERMISSION IN THE FOLLOWING WAY:

(HOLD OUT QUESTIONNAIRE IN A GESTURE OF OFFERING IT TO THE PARENT SO HE/SHE MAY TAKE IT IF HE/SHE WANTS TO, AND CONTINUE:) This is the questionnaire we will be using. (IF PARENT WANTS TO EXAMINE QUESTIONNAIRE, LET HIM/HER DO SO, ANSWER ANY QUESTIONS, AND THEN SAY:) If it is all right with you, we could get started. The results of this study will provide the Federal Government with its main source of information on drug experience, knowledge, and attitudes and will be used for important research and management purposes.

RECORD IF PARENT TOOK THE QUESTIONNAIRE FROM YOU: 1 YES → TAKE BACK
2 NO QUESTIONNAIRE

113

AFTER OBTAINING PARENTAL PERMISSION, READ PARAGRAPH "A" AND PARAGRAPH "B" (ABOVE) TO YOUTH WHO IS THE RESPONDENT.

SEE INSTRUCTION MANUAL:

THIS REPORT IS AUTHORIZED BY LAW (21 U.S.C. 1133, 21 U.S.C. 1172, AND 21 U.S.C. 1173). WHILE YOU ARE NOT REQUIRED TO RESPOND, YOUR COOPERATION IS NEEDED TO MAKE THE RESULTS OF THIS SURVEY COMPREHENSIVE, ACCURATE, AND TIMELY.

CIGARETTES

2

1. The first question is about smoking cigarettes. Would you say that people you know are smoking more or less than they used to -- or is it about the same?

- 1 MORE
- 2 LESS
- 3 ABOUT THE SAME
- 4 NO OPINION

11

2. About how old were you when you first tried a cigarette?

_____ (ESTIMATED AGE)

11

11

X I NEVER TRIED A CIGARETTE -- GO TO Q. 6

3. Have you smoked as many as five packs of cigarettes during your life?

- 1 YES
- 2 NO -- GO TO Q. 6
- 3 NOT SURE

11

4. When was the most recent time you had a cigarette?

- 1 IN THE PAST 30 DAYS
- 2 WITHIN THE PAST SIX MONTHS
- 3 WITHIN THE PAST YEAR
- 4 MORE THAN A YEAR AGO
- 5 NOT SURE

11

} GO TO Q. 6

5. How many cigarettes have you smoked, on the average, during the past 30 days? Give me the average number per day.

- 1 LESS THAN ONE CIGARETTE A DAY
- 2 ONE TO FIVE CIGARETTES A DAY
- 3 ABOUT 1/2 PACK A DAY (6-15 CIGARETTES)
- 4 ABOUT A PACK A DAY (16-25 CIGARETTES)
- 5 ABOUT 1-1/2 PACKS A DAY (26-35 CIGARETTES)
- 6 TWO PACKS OR MORE A DAY (OVER 35 CIGARETTES)
- 7 NOT SURE

11

6. I am going to read you the names of some types of drugs or substances which are used as drugs. After I read each one, just tell me if you have ever heard of it. The first one is heroin. Have you ever heard of heroin?
(PRONOUNCIATION GUIDE FOLLOWS EACH TERM BELOW.)

	<u>EVER HEARD OF?</u>			
	<u>YES</u>	<u>NO</u>	<u>NOT SURE</u>	
a. Heroin (<u>HEH</u> -ROW-IN)	1	2	3	120
b. Marihuana (MAR-uh- <u>HWAN</u> -A)	1	2	3	121
c. Cocaine (KO- <u>CANE</u>)	1	2	3	122
d. LSD (L-S-D)	1	2	3	123
e. Barbiturates (<u>BAR-BIT</u> -YOUR-ATES) <u>or</u> (<u>BAR-BIT</u> - <u>YOUR</u> -ATES)	1	2	3	124
f. Tranquilizers (<u>TRANK</u> -WILL-IZERS)	1	2	3	125
g. Amphetamines (AM- <u>FET</u> -AH-MEENS)	1	2	3	126

HAND RESPONDENT CARD A

7. Please read this list and tell me which things you think are addictive. That is, anybody who uses it regularly becomes physically and psychologically dependent on it, and can't get along without it. Just answer for all those you have heard about. (CIRCLE NUMBERS FOR AS MANY AS APPLY.)

- 1 HEROIN
- 2 ALCOHOL
- 3 MARIHUANA
- 4 TOBACCO
- 5 BARBITURATES
- 6 TRANQUILIZERS
- 7 AMPHETAMINES
- 8 LSD
- 9 COCAINE
- 10 NOTHING CIRCLED ABOVE

127

TAKE BACK CARD A

HAND RESPONDENT CARD B

8. Please have a good look at all of the pills on this card. These pills are barbiturates and other sedatives. (PAUSE WHILE RESPONDENT LOOKS.)

Sometimes doctors prescribe these pills to calm people down during the day or to help them sleep at night.

But besides the medical uses, people sometimes take these pills on their own, to help them relax, or just to feel good.

	<u>YES</u>	<u>NO</u>	<u>NOT SURE</u>	
a. Did you ever take any of these kinds of pills just to see what it was like and how it would work?	1	2	3	128
b. Did you ever take any of these kinds of pills just to enjoy the feeling they give you?	1	2	3	129
c. Did you ever take any of these pills for some <u>other</u> nonmedical reason, and not because you needed it?	1	2	3	130

INTERVIEWER: IF "NO" ON ALL THREE ABOVE, SKIP TO Q. 10, IF ANY YESES OR NOT SURES, GO ON TO Q. 9.

9. When was the most recent time you took any of these for nonmedical reasons?

GO TO Q. 10 ←	1	WITHIN THE PAST WEEK		
	2	WITHIN THE PAST MONTH		
	3	WITHIN THE PAST SIX MONTHS	131	
	4	SIX MONTHS TO A YEAR AGO		
	5	MORE THAN A YEAR AGO		
	6	MORE THAN TWO YEARS AGO		
	7	MORE THAN FIVE YEARS AGO		
	8	NOT SURE		
				→ SKIP TO Q. 14

10. Still looking at Card B, please concentrate on just the pills in the first column with the triangle at the top. Just those pills. I am going to ask you the next question about these pills.

Here is the question. During the past 30 days on how many different days did you have any of the pills in the group marked with a triangle? We are not asking for names of pills, just for the number of different days that you had any of the pills in the triangle group.

INTERVIEWER: IF RESPONDENT TOOK PILLS IN TRIANGLE GROUP ON ONE OR MORE DAYS BUT IS NOT SURE OF HOW MANY DAYS, ASK FOR AND ENTER HIS/HER BEST GUESS.

_____ (WRITE NUMBER OF DIFFERENT DAYS)

- X HAD PILLS FROM TRIANGLE GROUP BUT NOT SURE HOW MANY
DIFFERENT DAYS AND WILL NOT GUESS
- Y NO PILLS FROM TRIANGLE GROUP IN PAST 30 DAYS

132-
133

11. Now please concentrate just on the pills in the second column, with the star at the top. During the past 30 days, on how many different days did you have any of the pills in the group marked with a star? *IF RESPONDENT TOOK PILLS IN STAR GROUP BUT NOT SURE HOW MANY DAYS, ASK FOR AND ENTER HIS/HER BEST GUESS.*

_____ (WRITE NUMBER OF DIFFERENT DAYS)

- X HAD PILLS FROM STAR GROUP BUT NOT SURE HOW MANY
DIFFERENT DAYS AND WILL NOT GUESS
- Y NO PILLS FROM STAR GROUP IN PAST 30 DAYS

134-
135

12. Now, the same question for the pills in the group marked with a circle. Please look just at what is in the circle group. During the past 30 days, on how many different days did you have any of the pills in the circle group? *IF RESPONDENT NOT SURE HOW MANY DAYS, ASK FOR AND ENTER HIS/HER BEST GUESS.*

_____ (WRITE NUMBER OF DIFFERENT DAYS)

- X HAD PILLS FROM CIRCLE GROUP BUT NOT SURE OF HOW MANY
DIFFERENT DAYS AND WILL NOT GUESS
- Y NO PILLS FROM CIRCLE GROUP IN PAST 30 DAYS

136-
137

13. As you can see there is one brand of pill at the bottom of column three in the group marked with a square. On how many different days during the past 30 days -- if any -- did you take this brand of pill? *IF RESPONDENT NOT SURE HOW MANY DAYS, ASK FOR AND ENTER HIS/HER BEST GUESS.*

_____ (WRITE NUMBER OF DIFFERENT DAYS)

- X HAVE HAD THE PILL SHOWN IN SQUARE GROUP BUT NOT SURE
OF NUMBER OF DIFFERENT DAYS AND WILL NOT GUESS
- Y DID NOT USE PILL FROM SQUARE GROUP IN PAST 30 DAYS

138-
139

PILLS

6

14. Please look carefully at the whole card, and pick out all of the different pills that you have ever tried, just to see how they would work, or to enjoy the feeling, or for any nonmedical reason. You can either say the names of the pills to me, or tell me the numbers which are next to them.

- | | | |
|-----------------------|---------------------|----------------------|
| 1 BUTISOL | 10 PLACIDYL | 19 NEMBUTAL |
| 2 BUTICAPS | 11 DORIDEN | 20 CARBRITAL |
| 3 AMYTAL | 12 NOLUDAR | 21 SECONAL |
| 4 ESKABARB <i>140</i> | 13 SOPOR <i>141</i> | 22 TUINAL <i>142</i> |
| 5 LUMINAL | 14 QUAALUDE | 23 PENTOBARBITAL |
| 6 MEBARAL | 15 PAREST | 24 SECOBARBITAL |
| 7 AMOBARBITAL | 16 NOCTEC | 25 DALMANE |
| 8 PHENOBARBITAL | 17 METHAQUALONE | 26 OTHER, NOT SURE |
| 9 ALURATE | 18 CHLORAL HYDRATE | 27 NONE TRIED |

IF ONE OR MORE PILLS ON Q. 14, ASK:

15. About how old were you the first time that you took any of these kinds of pills to see what they were like, or to enjoy the feeling, or for any other nonmedical reason?

_____ (AGE WHEN FIRST TOOK)

X NOT SURE, CAN'T GUESS

143

144

TAKE BACK CARD B

HAND RESPONDENT CARD C

16. Here is the next one. Please look at all of the pills on this card. These pills are tranquilizers. (PAUSE WHILE RESPONDENT LOOKS.) Doctors sometimes prescribe them to calm people down, quiet their nerves, or relax their muscles.

But besides the medical uses, people sometimes take these pills on their own, to help them relax, or just to feel good.

	<u>YES</u>	<u>NO</u>	<u>NOT SURE</u>	
a. Did you ever take any of these kinds of pills just to see what it was like and how it would work?	1	2	3	145
b. Did you ever take any of these kinds of pills just to enjoy the feeling they give you?	1	2	3	146
c. Did you ever take any of these pills for some <u>other</u> nonmedical reason, and not because you needed it?	1	2	3	147

INTERVIEWER: IF "NO" ON ALL THREE ABOVE, SKIP TO Q. 23. IF ANY YESES OR NOT SURES, GO ON TO Q. 17.

17. When was the most recent time you took any of these pills for nonmedical reasons?

- GO TO Q. 18 ←
- 1 WITHIN THE PAST WEEK
 - 2 WITHIN THE PAST MONTH
 - 3 WITHIN THE PAST SIX MONTHS
 - 4 SIX MONTHS TO A YEAR AGO
 - 5 MORE THAN A YEAR AGO
 - 6 MORE THAN TWO YEARS AGO
 - 7 MORE THAN FIVE YEARS AGO
 - 8 NOT SURE
- SKIP TO Q. 22
- 148

18. Still looking at Card C, please concentrate on just the pills in the first column with the triangle at the top. Just those pills. During the past 30 days, on how many different days did you have any of the pills in the group marked with a triangle? We are not asking for names of pills, just for the number of different days that you had any of the pills in the triangle group.

INTERVIEWER: *IF RESPONDENT TOOK PILLS IN TRIANGLE GROUP ON ONE OR MORE DAYS BUT IS NOT SURE OF HOW MANY DAYS, ASK FOR AND ENTER HIS/HER BEST GUESS.*

_____ (WRITE NUMBER OF DIFFERENT DAYS)

X HAD PILLS FROM TRIANGLE GROUP BUT NOT SURE OF HOW MANY DIFFERENT DAYS AND WILL NOT GUESS

Y NO PILLS FROM TRIANGLE GROUP IN PAST 30 DAYS

14
15

19. Now please concentrate just on the pills in the second column, with the star at the top. During the past 30 days, on how many different days did you have any of the pills in the group marked with a star? *IF RESPONDENT TOOK PILLS IN STAR GROUP BUT NOT SURE HOW MANY DAYS, ASK FOR AND ENTER HIS/HER BEST GUESS.*

_____ (WRITE NUMBER OF DIFFERENT DAYS)

X HAD PILLS FROM STAR GROUP BUT NOT SURE HOW MANY DIFFERENT DAYS AND WILL NOT GUESS

Y NO PILLS FROM STAR GROUP IN PAST 30 DAYS

16
17

20. Now, the same question for the pills in the group marked with a circle. Please look just at what is in the circle group. During the past 30 days, on how many different days did you have any of the pills in the circle group? *IF RESPONDENT NOT SURE HOW MANY DAYS, ASK FOR AND ENTER HIS/HER BEST GUESS.*

_____ (WRITE NUMBER OF DIFFERENT DAYS)

X HAD PILLS FROM CIRCLE GROUP BUT NOT SURE OF HOW MANY DIFFERENT DAYS AND WILL NOT GUESS

Y NO PILLS FROM CIRCLE GROUP IN PAST 30 DAYS

18
19

21. There is one brand of pill at the bottom of column three, in the group marked with a square. On how many different days during the past 30 days -- if any -- did you take this brand of pill? *IF RESPONDENT NOT SURE HOW MANY DAYS, ASK FOR AND ENTER HIS/HER BEST GUESS.*

_____ (WRITE NUMBER OF DIFFERENT DAYS)

X HAVE HAD THE PILL SHOWN IN SQUARE GROUP BUT NOT SURE OF NUMBER OF DIFFERENT DAYS AND WILL NOT GUESS

Y DID NOT USE PILL FROM SQUARE GROUP IN PAST 30 DAYS

20
21

22. Please look carefully at the whole card, and pick out all of the different pills that you have ever tried, just to see how they could work, or to enjoy the feeling, or for any nonmedical reason. You can either say the names of the pills to me, or tell me the numbers which are next to them.

- | | | |
|----------------|--------------------|-----|
| 1 VALIUM | 9 MEPROSPAN | |
| 2 LIBRIUM | 10 MILTOWN | |
| 3 LIBRITABS | 11 EQUANIL | |
| 4 SK-LYGEN 157 | 12 MEPROBAMATE | 158 |
| 5 SERAX | 13 VISTARIL | |
| 6 TRANXENE | 14 ATARAX | |
| 7 ATIVAN | 15 BENADRYL | |
| 8 VERSTRAN | 16 OTHER, NOT SURE | |
| | 17 NONE TRIED | |

IF ONE OR MORE PILLS ON Q. 22, ASK:

22a. About how old were you the first time you took any of these kinds of pills to see what they were like, or to enjoy the feeling, or for any other nonmedical reason?

_____ (AGE WHEN FIRST TOOK)
 NOT SURE, CAN'T GUESS

159-
160

TAKE BACK CARD C

HAND RESPONDENT CARD D

23. Please have a close look at all of the pills on this card. These pills are amphetamines and other stimulants. (PAUSE WHILE RESPONDENT LOOKS.) Doctors sometimes prescribe these for losing weight. But besides the medical uses, people sometimes take them on their own, to make them feel more wide-awake, peppy, and alert.

	<u>YES</u>	<u>NO</u>	<u>NOT SURE</u>	
a. Did you ever take any of these kinds of pills just to see what it was like and how it would work?	1	2	3	16.
b. Did you ever take any of these kinds of pills just to enjoy the feeling they give you?	1	2	3	16.
c. Did you ever take any of these pills for some <u>other</u> nonmedical reason, and not because you needed it?	1	2	3	16.

INTERVIEWER: IF "NO" ON ALL THREE ABOVE, SKIP TO Q. 31. IF ANY YESSES OR NOT SURES GO ON TO Q. 24.

24. When was the most recent time you took any of these pills for nonmedical reasons?

- GO TO Q. 25 ←
- | | | |
|---|----------------------------|----|
| 1 | WITHIN THE PAST WEEK | |
| 2 | WITHIN THE PAST MONTH | |
| 3 | WITHIN THE PAST SIX MONTHS | 16 |
| 4 | SIX MONTHS TO A YEAR AGO | |
| 5 | MORE THAN A YEAR AGO | |
| 6 | MORE THAN TWO YEARS AGO | |
| 7 | MORE THAN FIVE YEARS AGO | |
| 8 | NOT SURE | |
- SKIP TO Q. 29

25. Still looking at Card D, please concentrate on just the pills in the first column with the triangle at the top. During the past 30 days, on how many different days did you have any of the pills in the group marked with a triangle? We are not asking for names of pills, just for the number of different days that you had any of the pills in the triangle group.

INTERVIEWER: IF RESPONDENT TOOK PILLS IN TRIANGLE GROUP ON ONE OR MORE DAYS BUT IS NOT SURE OF HOW MANY DAYS, ASK FOR AND ENTER HIS/HER BEST GUESS.

_____ (WRITE NUMBER OF DIFFERENT DAYS)

- X HAD PILLS FROM TRIANGLE GROUP BUT NOT SURE OF HOW MANY DIFFERENT DAYS AND WILL NOT GUESS
Y NO PILLS FROM TRIANGLE GROUP IN PAST 30 DAYS

165-
166

26. Still looking at Card D, now please concentrate just on the pills in the group with the star at the top. During the past 30 days, on how many different days did you have any of the pills in the group marked with a star? IF RESPONDENT TOOK PILLS IN STAR GROUP BUT NOT SURE HOW MANY DAYS, ASK FOR AND ENTER HIS/HER BEST GUESS.

_____ (WRITE NUMBER OF DIFFERENT DAYS)

- X HAD PILLS FROM STAR GROUP BUT NOT SURE HOW MANY DIFFERENT DAYS AND WILL NOT GUESS
Y NO PILLS FROM STAR GROUP IN PAST 30 DAYS

167-
168

27. As you can see there is one brand of pill at the bottom of column two in the group marked with a circle. On how many different days during the past 30 days -- if any -- did you take this brand of pill? IF RESPONDENT NOT SURE HOW MANY DAYS, ASK FOR AND ENTER HIS/HER BEST GUESS.

_____ (WRITE NUMBER OF DIFFERENT DAYS)

- X HAVE HAD THE PILL SHOWN IN CIRCLE GROUP BUT NOT SURE OF NUMBER OF DIFFERENT DAYS AND WILL NOT GUESS
Y DID NOT USE PILL FROM CIRCLE GROUP IN PAST 30 DAYS

169-
170

28. And there is also just one brand of pill at the bottom of column three in the group marked with a square. On how many different days during the past 30 days -- if any -- did you take this brand of pill? IF RESPONDENT NOT SURE HOW MANY DAYS, ASK FOR AND ENTER HIS/HER BEST GUESS.

_____ (WRITE NUMBER OF DIFFERENT DAYS)

- X HAVE HAD THE PILL SHOWN IN SQUARE GROUP BUT NOT SURE OF NUMBER OF DIFFERENT DAYS AND WILL NOT GUESS
Y DID NOT USE PILL FROM SQUARE GROUP IN PAST 30 DAYS

171-
172

PILLS
12

29. Please look carefully at the card, and pick out all of the different pills that you have ever tried, just to see how they would work, or to enjoy the feeling, or for any nonmedical reason. You can either say the names of the pills to me, or tell me the numbers which are next to them.

- | | | |
|-----------------------------|---------------------------|--------------------|
| 1 DEXEDRINE | 8 METHEDRINE | 15 PRE-SATE |
| 2 DEXAMYL | 9 OBEDRIN-L.A. | 16 IONAMIN |
| 3 ESKATROL | 10 TENUATE | 17 PONDIMIN |
| 4 BENZEDRINE ¹⁷³ | 11 TEPANIL ¹⁷⁴ | 18 VORANIL |
| 5 BIPHETAMINE | 12 DIDREX | 19 SANOREX |
| 6 DESOXYN | 13 PLEGINE | 20 RITALIN |
| 7 DEXTROAMPHETAMINE | 14 PRELUDIN | 21 CYLERT |
| | | 22 OTHER, NOT SURE |
| | | 23 NONE TRIED |

IF ONE OR MORE PILLS ON Q. 29, ASK:

30. About how old were you the first time you took any of these kinds of pills to see what they were like, or to enjoy the feeling, or for any other nonmedical reason?

_____ (AGE WHEN FIRST TOOK)

X NOT SURE, CAN'T GUESS

TAKE BACK CARD D

HAND RESPONDENT CARD E

31. Please have a good look at all of the pills on this card. (PAUSE) Sometimes doctors prescribe these pills to relieve pain. But besides the medical uses, people sometimes take these pills on their own to see how they work or just to feel good.

	<u>YES</u>	<u>NO</u>	<u>NOT SURE</u>	
a. Did you ever take any of these kinds of pills just to see what it was like and how it would work?	1	2	3	205
b. Did you ever take any of these kinds of pills just to enjoy the feeling they give you?	1	2	3	206
c. Did you ever take any of these pills for some <u>other</u> nonmedical reason, and not because you needed it?	1	2	3	207

← INTERVIEWER: IF "NO" ON ALL THREE ABOVE, SKIP TO PAGE 16. IF ANY YESES OR NOT SURES, GO ON TO Q. 32.

32. When was the most recent time you took any of these pills for nonmedical reasons?

- GO TO Q. 33 ←
- 1 WITHIN THE PAST WEEK
 - 2 WITHIN THE PAST MONTH
 - 3 WITHIN THE PAST SIX MONTHS
 - 4 SIX MONTHS TO A YEAR AGO
 - 5 MORE THAN A YEAR AGO
 - 6 MORE THAN TWO YEARS AGO
 - 7 MORE THAN FIVE YEARS AGO
 - 8 NOT SURE
- SKIP TO Q. 37
- 208

33. Still looking at Card E, please concentrate on just the pills in the first column with the triangle at the top. During the past 30 days, on how many different days did you have any of the pills in the group marked with a triangle? We are not asking for names of pills, just for the number of different days that you had any of the pills in the triangle group.

INTERVIEWER: IF RESPONDENT TOOK PILLS IN TRIANGLE GROUP ONE OR MORE DAYS BUT IS NOT SURE OF HOW MANY DAYS, ASK FOR AND ENTER HIS/HER BEST GUESS.

_____ (WRITE NUMBER OF DIFFERENT DAYS)

- X HAD PILLS FROM TRIANGLE GROUP BUT NOT SURE OF HOW MANY DIFFERENT DAYS AND WILL NOT GUESS
Y NO PILLS FROM TRIANGLE GROUP IN PAST 30 DAYS

20.
21

34. Now please concentrate on the pills in the second column with the star at the top. During the past 30 days, on how many different days did you have any of the pills in the group marked with a star? *IF RESPONDENT TOOK PILLS IN STAR GROUP BUT NOT SURE HOW MANY DAYS, ASK FOR AND ENTER HIS/HER BEST GUESS.*

_____ (WRITE NUMBER OF DIFFERENT DAYS)

- X HAD PILLS FROM STAR GROUP BUT NOT SURE OF HOW MANY DIFFERENT DAYS AND WILL NOT GUESS
Y NO PILLS FROM STAR GROUP IN PAST 30 DAYS

21
21

35. Now, the same question for the pills in the group marked with a circle. Please look just at what is in the circle group. During the past 30 days, on how many different days did you have any of the pills in the circle group? *IF RESPONDENT NOT SURE HOW MANY DAYS, ASK FOR AND ENTER HIS/HER BEST GUESS.*

_____ (WRITE NUMBER OF DIFFERENT DAYS)

- X HAD PILLS FROM CIRCLE GROUP BUT NOT SURE OF HOW MANY DIFFERENT DAYS AND WILL NOT GUESS
Y NO PILLS FROM CIRCLE GROUP IN PAST 30 DAYS

21
21

36. As you can see there is one pill at the bottom of column 3 in the group marked with a square. On how many different days during the past 30 days -- if any -- did you take this pill? *IF RESPONDENT NOT SURE HOW MANY DAYS, ASK FOR AND ENTER HIS/HER BEST GUESS.*

_____ (WRITE NUMBER OF DIFFERENT DAYS)

- X HAVE HAD THE PILL SHOWN IN SQUARE GROUP BUT NOT SURE OF NUMBER OF DIFFERENT DAYS AND WILL NOT GUESS
Y DID NOT USE THE PILL FROM SQUARE GROUP IN PAST 30 DAYS

21
21

37. Please look carefully at the card, and pick out all of the different pills that you have ever tried, just to see how they would work, or to enjoy the feeling, or for any nonmedical reason. You can either say the names of the pills to me, or tell me the numbers which are next to them.

- | | |
|--|-------------------------|
| 1 DARVON | 10 TYLENOL WITH CODEINE |
| 2 DOLENE | 11 CODEINE |
| 3 SK-65 217 | 12 DOLOPHINE |
| 4 PROPOXYPHENE | 13 WESTODONE |
| 5 LERITINE | 14 METHADONE |
| 6 LEVO-DROMORAN | 15 TALWIN |
| 7 PERCODAN | 16 OTHER, NOT SURE |
| 8 DEMEROL | 17 NONE TRIED |
| 9 DILAUDID | |

218

IF ONE OR MORE PILLS ON Q. 37, ASK:

38. About how old were you the first time you took any of these kinds of pills to see what they were like, or to enjoy the feeling, or for any other nonmedical reason?

_____ (AGE WHEN FIRST TOOK)

X NOT SURE, CAN'T GUESS

219-
220

Please give me back Card E, and let's go on.

TAKE BACK CARD E -- GO ON TO NEXT PAGE

HAND RESPONDENT: THE PINK ANSWER SHEET #1

A PEN

LARGE RETURN ENVELOPE

READ THE FOLLOWING:

The next questions are about alcoholic beverages. The questions are set up so that I will not know the answers that you give.

After I read each question to you, do not show me what your answer is. Just mark it on your answer sheet.

When we finish this page, I will ask you to put it in the envelope. I will not see it. At the end of the interview, I shall ask you to seal the envelope.

No one will ever be able to connect your answers to you.

Now let's start. READ THE QUESTION NUMBER -- "Question A-1" -- AS PART OF THE QUESTION.

Question A-1. About how long ago was the first time that you had a drink?

Draw a circle around the number that is next to the first answer you come to that fits you.

We have set up every question so that you can answer it whether or not you have ever used alcohol.

Each question has an answer category that fits you.

As we go through these, please be sure you mark an answer for each question. That is the only way we know that you looked at the answer categories.

Question A-2. Please look at Question A-2 which asks you to write in the age that shows about how old you were at the time you had your first drink. If you are not sure, please give your best guess; or circle the "X" if you have never had an alcoholic drink.

READ EACH QUESTION NUMBER OUT LOUD AND THEN READ THE QUESTION.

Question A-3. When was the most recent time that you had a drink? About how long ago was that?

Question A-4. Thinking over the past 30 days, on about how many different days did you have one or more drinks? Please write your answer on your answer sheet. Do not tell me the answer.

Question A-5. Over the past 30 days, what is the most you had to drink on any one day? If you did not have any drinks during the past 30 days, please circle the "X."

Question A-6. Still thinking of the most drinks which you have had on any one day -- the answer which you just gave -- mark your answer sheet to show the number of different days on which you had this number of drinks.

KEEP READING

Sometimes, when we use this answer sheet system, things get mixed up. So we have added the last two questions on the answer sheet for you to fill out.

Question A-7. This asks you "Did you understand each question on this page?" Please circle a "1" for a "Yes" answer and a "2" for a "No" answer.

On this answer sheet for alcoholic beverages, I am allowed to ask you about Question A-7. Please tell me if you answered "Yes" or "No" to that question.

RECORD WHAT THE RESPONDENT SAID HE/SHE ANSWERED.

1 YES 2 NO 3 SOMETHING ELSE 221

IF "NO," PLEASE FIND OUT WHICH QUESTIONS RESPONDENT DID NOT UNDERSTAND AND CIRCLE THEIR NUMBER OR NUMBERS BELOW:

A-1 A-2 A-3 A-4 A-5 A-6 222

FIND OUT WHAT WAS THE MATTER. GO OVER THE QUESTIONS AGAIN THAT HE OR SHE NEEDS HELP WITH, AND HAVE HIM/HER ANSWER THEM.

Question A-8. Asks you did you mark an answer for each question on the page. Please tell me if you answered "Yes" or "No" to that question.

RECORD WHAT THE RESPONDENT SAID HE/SHE ANSWERED.

1 YES 2 NO 3 SOMETHING ELSE 223

We have to have answers to each question so that the computer knows that I asked it. Even if you have never had a drink there is a place for you to answer every question.

HAVE RESPONDENT COMPLETE EACH QUESTION WHICH HE OR SHE DID NOT ANSWER YET. WHEN YOU ARE SATISFIED, TELL HIM/HER TO PUT THE ANSWER SHEET IN THE ENVELOPE, AND KEEP THE ENVELOPE AND THE PEN. DO NOT LET RESPONDENT SEAL THE ENVELOPE UNTIL THE END OF THE INTERVIEW.

HAND RESPONDENT YELLOW ANSWER SHEET #2 AND GO ON TO THE QUESTIONS ON MARIHUANA.

READ ALOUD:

This answer sheet is for questions on marihuana and hashish. I will read the questions to you as you read them to yourself. Please stay with me for these questions.

REMEMBER TO SAY "Question M-1," "Question M-2," ETC. BEFORE THE APPROPRIATE QUESTIONS.

Question M-1. Have you ever known someone who used marihuana or hashish? Please look at the answer space for Question M-1. Circle the number in front of the answer category that applies.

Question M-2. About how old were you when you first had a chance to try either marihuana or hash if you wanted to? Please look at the answer space for Question M-2. Write in your age in the space, to show how old you were at that time.

If you never had a chance to try marihuana or hash, circle the "X" in front of the answer category "never had a chance to try."

Question M-3. We ask everybody to answer every question on the answer sheet. No Question M-3. About how long ago was the first time you tried marihuana or hash? Circle the number in front of the first category that applies. If you are not sure which of two answer categories is the correct answer for you, just circle both of them. There is also an "X" to circle if you have never used marihuana or hash.

Question M-4. About how old were you the first time you tried marihuana or hash? Write your age at that time in the answer space for M-4, or circle the "X" if you have never used marihuana or hash.

Question M-5. At the time that you first tried marihuana or hash, how would you describe the kind of area that you were living in? Please refer to your answer sheet and circle the number next to the type of area that best describes where you were living at the time.

Question M-6. As you can see, the next question is "When was the most recent time that you used marihuana or hash?" Please circle the first number that shows your answer. If you are not sure which of two categories is correct, circle both of them. If you have never used marihuana or hash, circle the "X" in the answer space for M-6.

Question M-7. In the past 30 days, on how many different days did you use marihuana or hash? Write the number of different days in the blank space for M-7 or circle the "X" if you did not use marihuana or hash in the past 30 days.

Question M-8. In the space for M-8 please circle a number to show roughly, just a good guess, about how many times in your life have you used marihuana or hash. If you have used both marihuana and hash, just try to add together the number of times, and circle the number that goes with the answer category that is closest to the correct answer. If you have never used marihuana or hash, circle the "X" next to the answer category that says "no times."

READ TO RESPONDENT. Because I am not allowed to see your answer sheet, the last two questions on the page are the only way to make sure I have explained the system correctly.

Question M-9. Please circle a number in front of the "Yes" or the "No" and tell me which number you circled.

RECORD WHAT THE RESPONDENT SAID HE/SHE ANSWERED.

1 YES 2 NO 3 SOMETHING ELSE 224

IF "NO" FIND OUT WHICH QUESTIONS RESPONDENT DID NOT UNDERSTAND AND CIRCLE THEIR NUMBER(S):

M-1 M-2 M-3 M-4 M-5 M-6 M-7 M-8 225

FIND OUT WHAT WAS THE MATTER. GO OVER THE QUESTIONS AGAIN THAT HE/SHE NEEDS HELP WITH, AND HAVE HIM/HER ANSWER THEM.

Question 10. This is the last question on the page, number M-10. It asks if you have marked your answer to each question on this page. Please tell me if you circled a "Yes" or a "No" for M-10.

RECORD: 1 YES 2 NO 226

Remember I am not allowed to see or to know your answers to the first eight questions.

IF RESPONDENT ANSWERED "YES" ON M-10, SAY: Does that mean that you have marked an answer in every answer space?

IF RESPONDENT ANSWERED "NO" ON M-10, SAY: We have to have answers to each question so the computer knows that I asked it. Even if you have never tried marihuana or hash there is a place for you to show an answer for each question. (FOLLOW UP AS NEEDED.)

WHEN YOU ARE SATISFIED THAT EVERY QUESTION (M-1 THROUGH M-8) HAS BEEN ACCOUNTED FOR, HAVE RESPONDENT PUT ANSWER SHEET IN THE LARGE ENVELOPE WHICH YOU GAVE HIM/HER BEFORE THE ALCOHOL QUESTIONS, AND KEEP GOING.

HAND RESPONDENT GREEN ANSWER SHEET #3 FOR INHALANTS, AND SAY:

These next questions are about inhalants that people sniff or breathe in, to get high or to make them feel good. I am referring to things like lighter fluids, aerosol sprays like Pam, glue, amyl nitrite, "poppers," or locker room odorizers. You can see the whole list at the top of your answer sheet. The questions use the term "inhalant" which refers to any and all of the items at the top of the page. Be sure to answer every question.

KEEP ON READING

I would like to read each of these questions to you, as we have been doing. But if you would rather read the questions to yourself and answer each one as you go along, that is also acceptable as long as each question has the appropriate answer marked in the space. Just tell me what you would like me to do.

INDICATE IF YOU ARE READING THE QUESTIONS AS BEFORE OR IF THE RESPONDENT IS DOING IT BY HIMSELF/HERSELF.

- 1 INTERVIEWER READS ALOUD 2 RESPONDENT IS DOING IT HIMSELF/HERSELF

22

IF RESPONDENT IS DOING IT WITHOUT YOU, PLEASE SAY: Notice that there are questions on both sides of this answer sheet.

Question G-1. About how old were you when you first had a chance to sniff one of these inhalants to get high or to make you feel good? Please mark your answer sheet.

Question G-2. About how long ago was the first time you used one of these inhalants for kicks or to get high?

Question G-3. About how old were you the first time you sniffed one of these inhalants?

Question G-4. In the answer space for Question G-4, you can see a whole list of different inhalants. Please draw circles around the numbers for all of them that you have ever used for kicks or to get high.

Question G-5. Now go over the list again. Circle the numbers in front of the inhalants which you have used during the past 30 days to get high or to feel good.

RESPONDENT SHOULD TURN HIS/HER ANSWER SHEET OVER AT THIS POINT AND FINISH ON OTHER SIDE.

Question G-6. When was the most recent time that you used one of these inhalants to get high or to feel good?

HAND RESPONDENT GREY ANSWER SHEET #4 FOR HALLUCINOGENS.

IF RESPONDENT WANTS TO DO ANSWER SHEET ALONE AND YOU ARE SATISFIED THAT HE/SHE CAN DO A CAREFUL JOB WITHOUT YOUR HELP, GO AHEAD THAT WAY. OTHERWISE READ EACH QUESTION ALOUD.

The next questions are about LSD and other hallucinogens like phencyclidine (FEN-SIGH-KLAH-DEEN) or PCP, mescaline (MES-KA-LEEN), peyote (PAY-OH-TEE), Psilocybin (SILL-OH-SIGH-BIN) and DMT. There is a list of them printed at the top of your answer sheet.

- Question L-1. About how old were you when you first had a chance to try LSD or other hallucinogens if you wanted to?
- Question L-2. About how long ago was the first time you tried LSD or other hallucinogens?
- Question L-3. About how old were you the first time you tried LSD or other hallucinogens?
- Question L-4. When was the most recent time that you used LSD or other hallucinogens?
- Question L-5. In the past 30 days, on how many different days did you use LSD or other hallucinogens?
- Question L-6. In the answer space for L-6, please circle a number to show roughly, just a good guess, about how many times in your life have you used LSD or other hallucinogens?
- Question L-7. Before this interview, did you ever hear of something called PCP, or sometimes it is called "Angel Dust?" Please show your answer on the answer sheet.
- Question L-8. Have you ever used PCP or Angel Dust?
- Question L-9. In the past 30 days, on how many different days did you use PCP or Angel Dust?

READ THE NEXT TWO QUESTIONS ALOUD.

Question L-10. Please look at Question L-10. Circle a number in front of the "Yes" or the "No" to show if you understood every question on the page. What was your answer to that question?

RECORD RESPONSE TO L-10: 1 YES 2 NO 231

IF "NO," CIRCLE THE NUMBERS OF QUESTIONS RESPONDENT DID NOT UNDERSTAND:

L-1 L-2 L-3 L-4 L-5 L-6 L-7 L-8 L-9 232

Question L-11. And last, have you marked an answer for each question up to now? Answer Question L-11 on the answer sheet and tell me the answer.

RECORD: 1 YES 2 NO 233

WHEN YOU ARE SATISFIED THAT EACH QUESTION HAS BEEN ACCOUNTED FOR, HAVE RESPONDENT PUT ANSWER SHEET IN LARGE ENVELOPE AND KEEP GOING.

HAND RESPONDENT BLUE ANSWER SHEET #6 FOR HEROIN.

These next questions are about heroin. Be sure and read the answer sheet carefully because you will find some questions in this section that are not asked any place else.

Question H-1. Have you ever known someone who has used heroin?

Question H-2. About how old were you when you first had a chance to try heroin if you wanted to?

Question H-3. About how long ago was the first time you tried heroin?

Question H-4. About how old were you the first time you tried heroin?

Question H-5. When was the most recent time that you used heroin?

Question H-6. In the past 30 days, on how many different days did you use heroin?

Question H-7. In the answer space for H-7, please circle a number to show roughly, just a good guess, about how many times in your life have you used heroin?

Question H-8. How many of your close friends, if any, know for sure that you have ever used heroin?

Question H-9. How many of these close friends, who know you have used heroin, live in a college dormitory, or on a military base, in jail, or a drug rehabilitation center, or have no definite address?

RESPONDENT SHOULD TURN HIS/HER ANSWER SHEET OVER AT THIS POINT.

Question H-10. Have you ever taken heroin with a needle?

READ THE NEXT TWO QUESTIONS OUT LOUD.

Question H-11. Please circle a number in front of the "Yes" or the "No" for Question H-11 to show if you understood every question on the page. Did you circle a "Yes" or "No"?

RECORD ANSWER: 1 YES 2 NO

237

IF "NO" CIRCLE THE NUMBERS OF THE QUESTIONS RESPONDENT DID NOT UNDERSTAND.

H-1 H-2 H-3 H-4 H-5 H-6 H-7 H-8 H-9 H-10

238

Question H-12. Last, have you marked an answer for each question up to now?

RECORD: 1 YES 2 NO

239

WHEN YOU ARE SATISFIED THAT EACH QUESTION HAS BEEN ACCOUNTED FOR, HAVE RESPONDENT PUT ANSWER SHEET IN LARGE ENVELOPE.

HAND RESPONDENT IVORY ANSWER SHEET #7 AND SAY:

As you can see, this answer sheet is different from the others. First, read all of the items. Then if there are any drugs on that list which you have never tried, just mark an "X" in the blank space in front of them.

Then, find the drug or substance which was the very first one which you ever tried in your lifetime. Put the number one in the blank space to the left of that drug.

Next, find the drug that was the second one which you ever tried in your life and put the number two in the blank space next to it.

Keep on going. Put the number three in the blank space next to the drug which is the third drug on the list that you ever tried during your lifetime.

Please do the rest of them, so that every drug has a number next to it, or the letter "X" to show you have never tried it.

PAUSE WHILE RESPONDENT DOES TASK. THEN ASK: Is there a number or the letter "X" in front of each drug on the list? MAKE SURE RESPONDENT HAS ACCOUNTED FOR EACH ITEM ON THE LIST.

HAVE RESPONDENT PUT THE LAST ANSWER SHEET (IVORY #7) IN THE ENVELOPE. MAKE SURE THE ENVELOPE STAYS OPEN AND IS NOT SEALED UNTIL THE VERY END, BECAUSE YOU STILL HAVE TO PUT THE QUESTIONNAIRE IN IT AT THE END OF THE INTERVIEW.

THEN GO ON TO Q. 39, ON THE NEXT PAGE.

39. At this time we are going to talk about some of the good and bad effects that marihuana has on people who use it. First the good things. Can you tell me what good effects marihuana has on people who use it? (PROBE: What benefits do you think marihuana users believe that they get from smoking marihuana?)

24
24
24

40. Now the other side -- what are some of the bad effects that marihuana has on people who use it?

24
24
24

HAND RESPONDENT BUFF ANSWER SHEET #8

41. Now we are going to get a little more specific. People have different ideas about marihuana and driving. For instance, what if someone really got high on marihuana shortly before driving a car. Do you think this would cause the person to drive less well than he or she usually does or would it make no difference?

- 1 WOULD CAUSE A PERSON TO DRIVE LESS WELL
- 2 MAKE NO DIFFERENCE
- 3 QUALIFIED (e.g., HARD TO TELL, NEED TO KNOW MORE)
- 4 NO OPINION

SAY TO RESPONDENT: Please look at question 41a and 41b on the answer sheet. Answer "yes" or "no" to both of the two statements.

SAY TO RESPONDENT: On your answer sheet, look in the box that has questions 41a and 41b. There is also a big letter "X" in the box. Please draw a circle around this big "X."

24

INTERVIEWER, FOR YOUR INFORMATION, HERE IS THE TEXT ON THE ANSWER SHEET FOR 41a AND 41b:

- 41a. Getting really high on marihuana caused me to drive less well than I usually do (at least once).
- 41b. Getting really high on marihuana caused someone I know to drive less well than he or she usually does (at least once).

INTERVIEWER: GO ON TO Q. 4

42. Now think about someone who only takes one or two puffs of marihuana shortly before driving. Do you think that this would cause the person to drive less well than he or she usually does or would it make no difference?

1 WOULD CAUSE A PERSON
TO DRIVE LESS WELL

SAY TO RESPONDENT: Please look at question 42a and 42b on the answer sheet. Answer "yes" or "no" to both of the two statements.

248

2 MAKE NO DIFFERENCE
3 QUALIFIED (e.g., HARD
TO TELL, NEED TO KNOW
MORE)
4 NO OPINION

SAY TO RESPONDENT: On your answer sheet, look in the box that has questions 42a and 42b. There is also a big letter "X" in the box. Please draw a circle around this big "X."

INTERVIEWER, FOR YOUR INFORMATION, HERE IS THE TEXT ON THE ANSWER SHEET FOR 42a AND 42b:

42a. Taking only one or two puffs of marihuana shortly before driving has made me drive less well than I usually do (at least once).

42b. Taking only one or two puffs of marihuana shortly before driving has made someone I know drive less well than he or she usually does (at least once).

ASK EVERYBODY

43. Let me introduce the next question by telling you about some imaginary persons. All of them are the kinds of people who work hard on the job or around the house because they have certain goals for themselves or for their families. Thinking of these kinds of people, do you think that their chances of becoming involved in using marihuana are the same as everybody else, more than everybody else, or less than everybody else?

1 SAME AS EVERYBODY ELSE
2 MORE THAN EVERYBODY ELSE
3 LESS THAN EVERYBODY ELSE
4 QUALIFIED (e.g., HARD TO TELL, NEED TO KNOW MORE)
5 NO OPINION

249

44. Now suppose that one by one, each of these hard-working people starts experimenting with marihuana. After a while, the first one, whom we will call Terry, is smoking marihuana every day, and at night, is almost always high.

Do you think it is likely that this kind of steady use of marihuana will make a hard-working person like Terry stop caring and not try as hard, or do you think that it will make no difference?

1 WILL MAKE TERRY STOP CARING

SAY TO RESPONDENT: Please look at question 44a and 44b on the answer sheet. Answer "yes" or "no" to both of the two statements.

2 WILL MAKE NO DIFFERENCE

3 QUALIFIED (e.g., HARD TO TELL, NEED TO KNOW MORE)

4 NO OPINION

SAY TO RESPONDENT: On your answer sheet, look in the box that has questions 44a and 44b. There is also a big letter "X" in the box. Please draw a circle around this big "X."

250

INTERVIEWER, FOR YOUR INFORMATION, HERE IS THE TEXT ON THE ANSWER SHEET FOR 44a AND 44b:

44a. There was a time when steady use of marihuana made me stop caring and not try as hard.

44b. There was a time when steady use of marihuana made someone I know stop caring and not try as hard.

45. The second hard-working person we are thinking of, whom we will call Pat, smokes less than Terry. Pat smokes a little marihuana every night and enough more on weekends to stay high.

Do you think it is likely that such use of marihuana will make a hard-working person like Pat stop caring and not try as hard, or do you think that it will make no difference?

1 WILL MAKE PAT STOP CARING

SAY TO RESPONDENT: Please look at question 45a and 45b on the answer sheet. Answer "yes" or "no" to both of the two statements.

2 WILL MAKE NO DIFFERENCE

3 QUALIFIED (e.g., HARD TO TELL, NEED TO KNOW MORE)

4 NO OPINION

SAY TO RESPONDENT: On your answer sheet, look in the box that has questions 45a and 45b. There is also a big letter "X" in the box. Please draw a circle around this big "X."

251

INTERVIEWER, FOR YOUR INFORMATION, HERE IS THE TEXT ON THE ANSWER SHEET FOR 45a AND 45b:

45a. There was a time when smoking a little marihuana every night and staying high on weekends made me stop caring and not try as hard.

45b. There was a time when smoking a little marihuana every night and staying high on weekends made someone I know stop caring and not try as hard.

TELL RESPONDENT TO TURN HIS/HER ANSWER SHEET OVER AT THIS POINT AND FINISH ON THE OTHER SIDE.

46. The third hard-working person, Robin, smokes marihuana only on weekends and never stays high for long. Do you think it is likely that this kind of occasional use will make a hard-working person like Robin stop caring and not try as hard, or do you think it will make no difference?

1 WILL MAKE ROBIN STOP CARING

SAY TO RESPONDENT: Please look at question 46a and 46b on the answer sheet. Answer "yes" or "no" to both of the two statements.

2 WILL MAKE NO DIFFERENCE

3 QUALIFIED (e.g., HARD TO TELL, NEED TO KNOW MORE)

4 NO OPINION

SAY TO RESPONDENT: On your answer sheet, look in the box that has questions 46a and 46b. There is also a big letter "X" in the box. Please draw a circle around this big "X."

252

INTERVIEWER, FOR YOUR INFORMATION, HERE IS THE TEXT ON THE ANSWER SHEET FOR 46a AND 46b:

46a. There was a time when smoking marihuana only on weekends made me stop caring and not try as hard.

46b. There was a time when smoking marihuana only on weekends made someone I know stop caring and not try as hard.

47. For the last few questions of this kind, we are going to talk about driving again, but this time driving in connection with alcoholic beverages, instead of marihuana.

Some people think that having four or five drinks of alcoholic beverages shortly before driving a car would make a person drive badly. Others think this would make no difference. What do you think?

1 WOULD MAKE A PERSON
DRIVE BADLY

SAY TO RESPONDENT: Please look at question 47a and 47b on the answer sheet. Answer "yes" or "no" to both of the two statements.

2 MAKE NO DIFFERENCE
3 QUALIFIED (e.g., HARD
TO TELL, NEED TO KNOW
MORE)
4 NO OPINION

SAY TO RESPONDENT: On your answer sheet, look in the box that has questions 47a and 47b. There is also a big letter "X" in the box. Please draw a circle around this big "X."

253

INTERVIEWER, FOR YOUR INFORMATION, HERE IS THE TEXT ON THE ANSWER SHEET FOR 47a AND 47b:

47a. *I remember a time when I had four or five drinks shortly before driving, and they made me drive badly.*

47b. *I know of a time when having four or five drinks shortly before driving made someone I know drive badly.*

48. What about people who have one or two drinks shortly before driving. Do you think that this will make them drive badly or do you think it will make no difference?

1 WOULD MAKE A PERSON
DRIVE BADLY

SAY TO RESPONDENT: Please look at question 48a and 48b on the answer sheet. Answer "yes" or "no" to both of the two statements.

2 MAKE NO DIFFERENCE

3 QUALIFIED (e.g., HARD
TO TELL, NEED TO KNOW
MORE)

4 NO OPINION

SAY TO RESPONDENT: On your answer sheet, look in the box that has questions 48a and 48b. There is also a big letter "X" in the box. Please draw a circle around this big "X."

254

INTERVIEWER, FOR YOUR INFORMATION, HERE IS THE TEXT ON THE ANSWER SHEET FOR 48a AND 48b:

48a. I remember a time when I had one or two drinks shortly before driving, and they made me drive badly.

48b. I know of a time when having one or two drinks shortly before driving, made someone I know drive badly.

THANK YOU. THIS ANSWER SHEET GOES IN THE ENVELOPE.

49. Suppose some friends got together for an hour or two after work before driving home for dinner. In this situation, how many drinks do you think the average person could have and still drive safely? (IF NEEDED: By a drink I mean either a can of beer, a glass of wine, or a shot of liquor.)

_____ DRINKS
X QUALIFIED (e.g., DEPENDS ON SITUATION, ON MOOD, ETC.)
Y NO OPINION

255

50. What about yourself. If you were getting together with friends like this for an hour or two, how many drinks could you have and still drive safely? (IF NEEDED: By a drink I mean either a can of beer, a glass of wine, or a shot of liquor.)

_____ DRINKS
X QUALIFIED (e.g., DEPENDS ON SITUATION, ON MOOD, ETC.)
Y NO OPINION

256

INTERVIEWER: THIS COMPLETES THE SECTION ON CONSEQUENCES QUESTIONS. GO ON TO THE CLASSIFICATION QUESTIONS STARTING WITH QUESTION 51.

ASK EVERYBODY

These questions are for statistical purposes only, to help us analyze the results of the study.

51. For about how long have you lived in or around this community, for about how many years? (IF FARM OR OPEN COUNTRY, SAY "AREA" INSTEAD OF COMMUNITY.)

_____ (WRITE IN NUMBER OF YEARS)

257-58

1 LESS THAN ONE YEAR

2 ALL MY LIFE

259

Y NOT SURE

HAND RESPONDENT CARD G

52. Sometimes this next question is already answered by what you just told me, but please help me with it.

Look at the description of area "A" on the card. Have you ever lived for a year or more, in an area that fits this description?

1 NO, NEVER LIVED IN AN AREA LIKE "A" FOR A YEAR OR MORE

2 YES, HAVE LIVED IN SUCH AN AREA FOR A YEAR OR MORE

260

3 NOT SURE

IF "YES" ON Q. 52, ASK:

53. Tell me, for each period in your life when you lived in an area like area "A" on the card, how old you were when you moved in and how old were you when you moved away. Remember, this goes back over your whole lifetime.

	<u>AGE WHEN MOVED IN</u>	<u>AGE WHEN MOVED AWAY</u>	
FROM AGE _____		TO AGE _____	261-64
FROM AGE _____		TO AGE _____	265-68
FROM AGE _____		TO AGE _____	269-72
X ALL MY LIFE -- SKIP TO Q. 58			273

54. Please read the second kind of area described on the card, area "B." Tell me if you have ever lived, for a year or more, in an area that fits the description of area "B."

1 NO, NEVER LIVED IN AN AREA LIKE "B" FOR A YEAR OR MORE

2 YES, HAVE LIVED IN SUCH AN AREA FOR A YEAR OR MORE 30

3 NOT SURE

IF "YES" ON Q. 54, ASK:

55. Tell me, for each period of your life when you lived in an area like area "B" on the card, how old you were when you moved in and how old were you when you moved away. Remember, this goes back over your whole lifetime.

<u>AGE WHEN MOVED IN</u>	<u>AGE WHEN MOVED AWAY</u>	
FROM AGE _____	TO AGE _____	306-
FROM AGE _____	TO AGE _____	310-
FROM AGE _____	TO AGE _____	314-
X ALL MY LIFE -- SKIP TO Q. 58		31

56. And last, please read the description of area "C" on the card. Tell me if you have ever lived, for a year or more, in an area that fits the description of area "C."

1 NO, NEVER LIVED IN AN AREA LIKE "C" FOR A YEAR OR MORE

2 YES, HAVE LIVED IN SUCH AN AREA FOR A YEAR OR MORE 31

3 NOT SURE

IF "YES" ON Q. 56, ASK:

57. Tell me, for each period of your life when you lived in an area like area "C" on the card, how old you were when you moved in and how old were you when you moved away. Remember, this goes back over your whole lifetime.

<u>AGE WHEN MOVED IN</u>	<u>AGE WHEN MOVED AWAY</u>	
FROM AGE _____	TO AGE _____	320-
FROM AGE _____	TO AGE _____	324-
FROM AGE _____	TO AGE _____	328-
X ALL MY LIFE		3:

58. INTERVIEWER: RECORD SEX OF RESPONDENT: 1 MALE 333
2 FEMALE

59. Would you please tell me how old you are? _____ AGE 334-
X NOT GIVEN 335

60. Are you of Spanish origin; that is, are you from a Spanish-American family? 336
1 YES
2 NO

IF "YES" ON Q. 60, ASK:

61. Which of these types of Spanish-Americans best describe you:
Puerto Rican, Mexican, or some other Spanish-American group?
1 PUERTO RICAN
2 MEXICAN
3 SOME OTHER GROUP
4 NOT SURE 337

IF "NO," HAND RESPONDENT CARD H AND ASK:

62. Which of the groups on this card best describes your family origin?
1 AMERICAN INDIAN
2 ALASKAN NATIVE
3 ASIAN
4 PACIFIC ISLANDER
5 WHITE
6 BLACK 338
7 OTHER: _____
(Specify)
8 NO ANSWER

TAKE BACK CARD H

INTERVIEWER: IF RESPONDENT IS AN ADULT, GO TO NEXT PAGE.

IF RESPONDENT IS A YOUTH, GO TO Q. 86 ON PAGE 43.

IF RESPONDENT IS AN ADULT:

63. Are you a student or taking any courses this year in a college or other kind of school?
- 1 YES 338
2 NO → SKIP TO Q. 66

IF "YES" ON Q. 63, ASK:

64. Is that a college or vocational school or what?
- 1 COLLEGE
2 COMMUNITY COLLEGE 340
3 VOCATIONAL SCHOOL
4 ADULT SCHOOL
5 HIGH SCHOOL
6 OTHER (specify): _____

65. Are you a full-time student or a part-time student?
- 1 FULL TIME 341
2 PART TIME

66. What is the last grade that you completed in school?

- 1 NO SCHOOLING
2 ELEMENTARY SCHOOL -- 8TH GRADE OR LESS
3 SOME HIGH SCHOOL
4 HIGH SCHOOL GRADUATE
5 SOME VOCATIONAL OR TECHNICAL SCHOOL 342
6 SOME COLLEGE
7 COLLEGE GRADUATE OR BEYOND
8 NO ANSWER

343-
344

67. Altogether, how many persons live here besides you?

 0 NO ONE ELSE -- GO TO Q. 73

68. Do you have any children under age 18 who live here with you? (Just count your own children or your spouse's -- do not count grandchildren or younger brothers or sisters.)

- 1 YES
2 NO -- SKIP TO Q. 72

345

IF "YES" ON Q. 68, ASK:

69. How many of your children or your spouse's children who live here are under six years of age?

(NUMBER)

346

X NO ANSWER

70. How many who are between six and eleven years old?

(NUMBER)

347

X NO ANSWER

71. How many who are twelve through seventeen years old?

(NUMBER)

348

X NO ANSWER

72. Please tell me what other types of persons live here by their relationship to you and how many of each type.

LIVE HERE?

PLEASE CIRCLE
A NUMBER TO
SHOW A "YES"
OR A "NO" FOR
EACH CATEGORY

- PARENTS OR PARENTS-IN-LAW
SPOUSE OR SPOUSE-TYPE PERSON
BROTHERS OR SISTERS
OTHER RELATIVES
FRIENDS OR ROOMMATES
OTHER PERSON(S)

- 1 YES ___ 2 NO
1 YES ___ 2 NO

349-50

51-52

53-54

55-56

57-58

359-60

IF YES,
GET NUM-
BER AND
WRITE IN

INTERVIEWER: MAKE SURE THAT TOTAL NUMBER GIVEN IN Qs. 69, 70, 71 AND 72 AGREES WITH NUMBER WHICH YOU WROTE DOWN FOR Q. 67 OR GO OVER QUESTION AGAIN.

73. Which of the following best describes your current status? Are you married, living as a couple, widowed, separated, divorced, or never married?

- 1 MARRIED
2 LIVING AS A COUPLE
3 WIDOWED
4 DIVORCED OR SEPARATED
5 NEVER MARRIED
6 NO ANSWER

361

74. Are you employed at the present time, either full time or part time?

1 YES

2 NO

362

IF "YES" ON Q. 74, ASK:

75. What is your job title? If you have more than one job, what is the title of your main job?

76. Could you please tell me what kind of work you do on your main job?
(INTERVIEWER: GET ENOUGH DETAIL SO WE CAN CLASSIFY JOB.)

77. What kind of business is that? What do they make or do where you work?

IF NOT CLEAR IF SELF-EMPLOYED, ASK:

78. Are you self-employed?

1 YES

2 NO

IF "NO," HAND RESPONDENT CARD I:

79. Which of the following best describes you?

- 1 HOUSEWIFE
- 2 STUDENT
- 3 UNEMPLOYED
- 4 RETIRED
- 5 DISABLED

365

TAKE BACK CARD I

GO TO NEXT PAGE

363-

364

GO TO NEXT PAGE

80. Is there someone other than yourself who would be considered the chief wage earner in this household?

1 YES (ASK Qs. 81, 82, 83)

2 NO, RESPONDENT IS CHIEF

3 NO WAGE EARNER IN THIS HOUSEHOLD

4 TWO OR MORE EQUAL WAGE EARNERS

GO TO NEXT PAGE

366

IF SOMEONE ELSE (NOT RESPONDENT) IS CHIEF WAGE EARNER, ASK:

81. What is his(her) job title? (If this person has more than one job, just answer for his or her main source of income.)

82. What kind of work does the chief wage earner do? (INTERVIEWER: GET ENOUGH DETAIL SO WE CAN CLASSIFY JOB.)

83. What kind of business is that? What do they make or do where he(she) works?

IF NOT CLEAR WHETHER SELF-EMPLOYED, ASK:

84. Is he(she) self-employed?

1 YES

2 NO

367-
368

HAND RESPONDENT CARD J

85. For statistical purposes, please tell me which of these groups includes your total family income before taxes for last year. Include your own income and that of any members of your immediate family who are living with you. Just give me the number.

- | | <u>ANNUAL</u> | <u>(WEEKLY)</u> |
|---|---------------------|-----------------|
| 1 | NO INCOME | |
| 2 | UNDER \$6,999 | (UNDER \$134) |
| 3 | \$7,000 - \$9,999 | (\$135-\$192) |
| 4 | \$10,000 - \$14,999 | (\$193-\$288) |
| 5 | \$15,000 - \$19,999 | (\$289-\$384) |
| 6 | \$20,000 - \$24,999 | (\$385-\$480) |
| 7 | \$25,000 - \$29,999 | (\$481-\$576) |
| 8 | \$30,000 - \$34,999 | (\$577-\$673) |
| 9 | \$35,000 OR MORE | (\$674 OR MORE) |

36

TAKE BACK CARD J

Thank you very much.

INTERVIEWER: NOW TO GO PAGE 45. FILL IT IN BY YOURSELF.

38

IF RESPONDENT IS A YOUTH:

86. Are you going to school this year?

- 1 YES
- 2 NO -- GO TO Q. 88

405

IF "YES" ON Q. 86, ASK:

87. Do you go to school full time (that is, do you take a regular schedule of courses), or are you going to school less than full time?

- 1 FULL TIME
- 2 PART TIME
- 3 NOT SURE

406

88. What is the last grade that you completed in school?

- 1 SEVENTH GRADE OR LESS
- 2 EIGHTH GRADE
- 3 NINTH GRADE
- 4 TENTH GRADE
- 5 ELEVENTH GRADE
- 6 TWELFTH GRADE (HIGH SCHOOL GRADUATE)
- 7 BEYOND HIGH SCHOOL
- 8 NO ANSWER, NOT SURE

407

89. How many people live here besides yourself?

(NUMBER)

408-
409

90. Who are these people; that is, what is their relationship to you?

	<u>LIVE HERE?</u>		
MOTHER OR STEPMOTHER	1 YES	2 NO	410
FATHER OR STEPFATHER	1 YES	2 NO	411
OLDER BROTHERS OR SISTERS	1 YES _____	2 NO	412-13
YOUNGER BROTHERS OR SISTERS	1 YES _____	2 NO	414-15
OTHER RELATIVES	1 YES _____	2 NO	416-17
OTHER PERSONS NOT RELATED TO YOU	1 YES _____	2 NO	418-19

IF YES,
GET NUM-
BER AND
WRITE IN

INTERVIEWEE: MAKE SURE THAT TOTAL NUMBER GIVEN IN Q. 90 AGREES WITH NUMBER WHICH YOU WRITE DOWN FOR ANSWER TO Q. 89 OR GO OVER QUESTION AGAIN.

91. Do you have any older brothers or sisters living somewhere else, not here?

- 1 YES
- 2 NO

420

92. Is the chief wage earner in this household employed at the present time, either full time or part time?

1 YES

3 NO CHIEF WAGE EARNER

2 NO

42

IF "YES" ON Q. 92, ASK:

IF "NO," HAND RESPONDENT CARD I AND ASK:

93. What is his(her) job title?

94. Could you please tell me what kind of work he(she) does? (INTERVIEWER: GET ENOUGH DETAIL SO WE CAN CLASSIFY JOB.)

95. What kind of business is that? What do they make or do there?

IF NOT CLEAR WHETHER SELF-EMPLOYED, ASK:

96. Is he(she) self-employed?

1 YES
2 NO

422-
423

97. Which of the following best describes the chief wage earner?

- 1 HOUSEWIFE
- 2 STUDENT
- 3 UNEMPLOYED
- 4 RETIRED
- 5 DISABLED

42

TAKE BACK CARD I

INTERVIEWER: TERMINATE INTERVIEW THAN GO ON TO NEXT PAGE AND FILL IT IN BY YOURSELF.

INTERVIEWER: THIS NEXT STEP IS VERY IMPORTANT. YOUR SIGNATURE ON THE FOLLOWING STATEMENT VERIFIES THAT YOU FOLLOWED INSTRUCTIONS FOR OBTAINING RESPONDENT CONSENT.

I have carried out the instructions for informing respondent (and respondent's parent, in the case of a youth) of his or her rights with respect to participating.

Interviewer Signature

Date

425-
426

LENGTH OF INTERVIEW: _____ MINUTES

INTERVIEWER I.D. #: _____

427-
430

BE SURE YOU HAVE FILLED IN LOCATION AND HOUSING UNIT NUMBERS ON FIRST PAGE.

INTERVIEWER: NOW ANSWER THE FOLLOWING QUESTIONS BY YOURSELF.

98. Circle one number below to show the kind of area that this household is in.

- 1 CITY -- Roughly 50,000 population or more
- 2 SUBURBS RIGHT AROUND THE CITY
- 3 TOWN -- ROUGHLY 25,000 to 50,000
- 4 SUBURBS RIGHT AROUND THE TOWN
- 5 TOWN -- Between 2,500 and 25,000 but not
part of a metropolitan area
- 6 A VILLAGE OR TOWN OF 2,500 or fewer
- 7 RURAL OR OPEN COUNTRY

431

PLEASE CONTINUE ON THE NEXT PAGE.

99. We want an idea of how much movement there is in and out of the area by people who are not residents, but who are around for some part of the year. Which is why we are asking you about the following things.

Within a radius of ten miles of this location, are there any of the following:

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>	
a. Any kind of military or naval base	1	2	3	432
b. A logging or mining camp	1	2	3	433
c. One or more colleges with students who live away from their regular home	1	2	3	434
d. A resort area which attracts vacation or business travelers	1	2	3	435
e. A temporary construction site for some big project	1	2	3	436
f. One or more ranches or farms with numerous hired hands	1	2	3	437
g. Farms, orchards, vineyards, or other agricultural areas that employ migrant workers part of the year	1	2	3	438
h. Anything else of this kind that could mean many temporary residents	1	2	3	439

100. What kind of household is this interview being conducted in?

- 1 FREE STANDING, SINGLE FAMILY HOUSE ON A FARM OR RANCH.
- 2 OTHER SINGLE FAMILY HOUSE
- 3 TWO OR THREE FAMILY HOUSE
- 4 APARTMENT (IN A BUILDING WITH FOUR OR MORE SEPARATE APARTMENTS)
- 5 MOBILE HOME
- 6 OTHER: _____

(WRITE IN THE TYPE)

101. Please estimate the respondent's understanding of the interview:

- 1 NO DIFFICULTY -- No language or reading problem
- 2 JUST A LITTLE DIFFICULTY -- Almost no language or reading problem
- 3 A FAIR AMOUNT OF DIFFICULTY -- Some language or reading problem
- 4 A LOT OF DIFFICULTY -- Considerable language or reading problem

441

102. How cooperative is the respondent -- very cooperative, fairly cooperative, not too cooperative, or openly hostile?

- 1 VERY COOPERATIVE
- 2 FAIRLY COOPERATIVE
- 3 NOT TOO COOPERATIVE
- 4 OPENLY HOSTILE

442

INTERVIEWER: IF THIS INTERVIEW IS WITH A YOUTH, AGE 12-17, ANSWER THE FOLLOWING:

103. During the interview we want to know whether it was completely private, which means no chance for parents to overhear, or whether a parent sat in the room or was in and out of the room so much as to possibly affect the privacy of the interview.

Circle a number between 1 and 10 below, to show how private the interview was.

1 COMPLETELY PRIVATE

2

3 MINOR DISTRACTIONS

4

5 PARENT IN ROOM AROUND 1/3 OF THE TIME

6

7 SERIOUS INTERRUPTIONS OF PRIVACY MORE THAN HALF OF THE TIME

8

9 CONSTANT PRESENCE OF PARENT

X NOT SURE

443

NOW CLOSE INTERVIEW BOOKLET. GIVE IT TO RESPONDENT TO PUT INTO THE LARGE ENVELOPE. ASK RESPONDENT TO SEAL ENVELOPE AND TO GO WITH YOU TO MAILBOX IF HE OR SHE WANTS TO.

BE SURE THAT VERIFICATION POSTCARD IS FILLED OUT BEFORE YOU LEAVE THE HOUSE.

Interview Form N

Location # _____
Housing Unit # _____
Time Started: _____

SEE INSTRUCTION MANUAL:

THE INFORMATION ENTERED ON THIS FORM WILL BE
HANDLED IN THE STRICTEST CONFIDENCE AND WILL
NOT BE RELEASED TO UNAUTHORIZED PERSONNEL.

OMB 68 S 79012
Expires: 12/31/79
RAC 4068
Form: N

CURRENT TRENDS

INTERVIEWER: RECORD WHETHER RESPONDENT IS AN ADULT OR A YOUTH 1 ADULT 112
2 YOUTH

IF RESPONDENT IS AN ADULT, READ PARAGRAPH "A" AND PARAGRAPH "B"

PARAGRAPH
A

Hello, I'm _____, and I'm working on a nationwide survey for Response Analysis Corporation of Princeton, New Jersey, sponsored by the U.S. Department of Health, Education, and Welfare. You should have received a letter from The George Washington University a few days ago, telling about this survey. (SHOW COPY OF LETTER, IF NECESSARY.) As is always true in our work, the answers which you give us will be kept strictly confidential. The results are a statistical tabulation of everyone's answers, and no names are ever connected with the survey. Most of the questions are about mood altering drugs of potential abuse, including alcohol and tobacco.

PARAGRAPH
B

I would like it understood between us that if I ask you any questions that you don't want to answer, obviously you don't have to. If it is all right with you, let's get started. (PAUSE TO GIVE RESPONDENT A CHANCE TO ASK QUESTIONS OR TERMINATE.) The results of this study will provide the Federal Government with its main source of information on drug experience, knowledge, and attitudes and will be used for important research and management purposes.

INTERVIEWER: AFTER READING PARAGRAPH "A" AND PARAGRAPH "B" TO RESPONDENT, GO TO Q. 1, TOP OF PAGE 2.

IF RESPONDENT IS A YOUTH, READ PARAGRAPH "A" (ABOVE) TO THE PARENT, THEN OBTAIN PARENTAL PERMISSION IN THE FOLLOWING WAY:

(HOLD OUT QUESTIONNAIRE IN A GESTURE OF OFFERING IT TO THE PARENT SO HE/SHE MAY TAKE IT IF HE/SHE WANTS TO, AND CONTINUE:) This is the questionnaire we will be using. (IF PARENT WANTS TO EXAMINE QUESTIONNAIRE, LET HIM/HER DO SO, ANSWER ANY QUESTIONS, AND THEN SAY:) If it is all right with you, we could get started. The results of this study will provide the Federal Government with its main source of information on drug experience, knowledge, and attitudes and will be used for important research and management purposes.

RECORD IF PARENT TOOK THE QUESTIONNAIRE FROM YOU: 1 YES → TAKE BACK 113
2 NO QUESTIONNAIRE

AFTER OBTAINING PARENTAL PERMISSION, READ PARAGRAPH "A" AND PARAGRAPH "B" (ABOVE) TO YOUTH WHO IS THE RESPONDENT.

SEE INSTRUCTION MANUAL:

THIS REPORT IS AUTHORIZED BY LAW (21 U.S.C. 1133, 21 U.S.C. 1172, AND 21 U.S.C. 1173). WHILE YOU ARE NOT REQUIRED TO RESPOND, YOUR COOPERATION IS NEEDED TO MAKE THE RESULTS OF THIS SURVEY COMPREHENSIVE, ACCURATE, AND TIMELY.

CIGARETTES

2

1. The first question is about smoking cigarettes. Would you say that people you know are smoking more or less than they used to -- or is it about the same?

- 1 MORE
- 2 LESS
- 3 ABOUT THE SAME
- 4 NO OPINION

114

2. About how old were you when you first tried a cigarette?

- _____ (ESTIMATED AGE)
- X I NEVER TRIED A CIGARETTE -- GO TO Q. 6

115

116

3. Have you smoked as many as five packs of cigarettes during your life?

- 1 YES
- 2 NO -- GO TO Q. 6
- 3 NOT SURE

117

4. When was the most recent time you had a cigarette?

- 1 IN THE PAST 30 DAYS
 - 2 WITHIN THE PAST SIX MONTHS
 - 3 WITHIN THE PAST YEAR
 - 4 MORE THAN A YEAR AGO
 - 5 NOT SURE
- } GO TO Q. 6

118

5. How many cigarettes have you smoked, on the average, during the past 30 days? Give me the average number per day.

- 1 LESS THAN ONE CIGARETTE A DAY
- 2 ONE TO FIVE CIGARETTES A DAY
- 3 ABOUT 1/2 PACK A DAY (6-15 CIGARETTES)
- 4 ABOUT A PACK A DAY (16-25 CIGARETTES)
- 5 ABOUT 1-1/2 PACKS A DAY (26-35 CIGARETTES)
- 6 TWO PACKS OR MORE A DAY (OVER 35 CIGARETTES)
- 7 NOT SURE

119

6. I am going to read you the names of some types of drugs or substances which are used as drugs. After I read each one, just tell me if you have ever heard of it. The first one is heroin. Have you ever heard of heroin?
(PRONUNCIATION GUIDE FOLLOWS EACH TERM BELOW.)

	<u>EVER HEARD OF?</u>			
	<u>YES</u>	<u>NO</u>	<u>NOT SURE</u>	
a. Heroin (<u>HEH</u> -ROW-IN)	1	2	3	120
b. Marihuana (MAR-uh- <u>HWAN</u> -A)	1	2	3	121
c. Cocaine (KO- <u>CANE</u>)	1	2	3	122
d. LSD (L-S-D)	1	2	3	123
e. Barbiturates (<u>BAR-BIT</u> -YOUR-ATES) <u>or</u> (<u>BAR-BIT</u> - <u>YOUR</u> -ATES)	1	2	3	124
f. Tranquilizers (<u>TRANK</u> -WILL-IZERS)	1	2	3	125
g. Amphetamines (AM- <u>FET</u> -AH-MEENS)	1	2	3	126

HAND RESPONDENT CARD A

7. Please read this list and tell me which things you think are addictive. That is, anybody who uses it regularly becomes physically and psychologically dependent on it, and can't get along without it. Just answer for all those you have heard about. (CIRCLE NUMBERS FOR AS MANY AS APPLY.)

- 1 HEROIN
- 2 ALCOHOL
- 3 MARIHUANA
- 4 TOBACCO
- 5 BARBITURATES
- 6 TRANQUILIZERS
- 7 AMPHETAMINES
- 8 LSD
- 9 COCAINE
- 10 NOTHING CIRCLED ABOVE

127

TAKE BACK CARD A

HAND RESPONDENT CARD E

8. Please have a good look at all of the pills on this card. These pills are barbiturates and other sedatives. (PAUSE WHILE RESPONDENT LOOKS.)

Sometimes doctors prescribe these pills to calm people down during the day or to help them sleep at night.

But besides the medical uses, people sometimes take these pills on their own, to help them relax, or just to feel good.

	<u>YES</u>	<u>NO</u>	<u>NOT SURE</u>	
a. Did you ever take any of these kinds of pills just to see what it was like and how it would work?	1	2	3	128
b. Did you ever take any of these kinds of pills just to enjoy the feeling they give you?	1	2	3	129
c. Did you ever take any of these pills for some <u>other</u> nonmedical reason, and not because you needed it?	1	2	3	130

INTERVIEWER: IF "NO" ON ALL THREE ABOVE, SKIP TO Q. 16, IF ANY YESSES OR NOT SURES, GO ON TO Q. 9.

9. When was the most recent time you took any of these for nonmedical reasons?

GO TO Q. 10 ←	1	WITHIN THE PAST WEEK	
	2	WITHIN THE PAST MONTH	
	3	WITHIN THE PAST SIX MONTHS	131
	4	SIX MONTHS TO A YEAR AGO	
	5	MORE THAN A YEAR AGO	
	6	MORE THAN TWO YEARS AGO	
	7	MORE THAN FIVE YEARS AGO	
	8	NOT SURE	

→ SKIP TO Q. 14

10. Still looking at Card B, please concentrate on just the pills in the first column with the triangle at the top. Just those pills. I am going to ask you the next question about these pills.

Here is the question. During the past 30 days on how many different days did you have any of the pills in the group marked with a triangle? We are not asking for names of pills, just for the number of different days that you had any of the pills in the triangle group.

INTERVIEWER: IF RESPONDENT TOOK PILLS IN TRIANGLE GROUP ON ONE OR MORE DAYS BUT IS NOT SURE OF HOW MANY DAYS, ASK FOR AND ENTER HIS/HER BEST GUESS.

_____ (WRITE NUMBER OF DIFFERENT DAYS)

X HAD PILLS FROM TRIANGLE GROUP BUT NOT SURE HOW MANY DIFFERENT DAYS AND WILL NOT GUESS

132-
133

Y NO PILLS FROM TRIANGLE GROUP IN PAST 30 DAYS

11. Now please concentrate just on the pills in the second column, with the star at the top. During the past 30 days, on how many different days did you have any of the pills in the group marked with a star? *IF RESPONDENT TOOK PILLS IN STAR GROUP BUT NOT SURE HOW MANY DAYS, ASK FOR AND ENTER HIS/HER BEST GUESS.*

_____ (WRITE NUMBER OF DIFFERENT DAYS)

X HAD PILLS FROM STAR GROUP BUT NOT SURE HOW MANY DIFFERENT DAYS AND WILL NOT GUESS

134-
135

Y NO PILLS FROM STAR GROUP IN PAST 30 DAYS

12. Now, the same question for the pills in the group marked with a circle. Please look just at what is in the circle group. During the past 30 days, on how many different days did you have any of the pills in the circle group? *IF RESPONDENT NOT SURE HOW MANY DAYS, ASK FOR AND ENTER HIS/HER BEST GUESS.*

_____ (WRITE NUMBER OF DIFFERENT DAYS)

X HAD PILLS FROM CIRCLE GROUP BUT NOT SURE OF HOW MANY DIFFERENT DAYS AND WILL NOT GUESS

136-
137

Y NO PILLS FROM CIRCLE GROUP IN PAST 30 DAYS

13. As you can see there is one brand of pill at the bottom of column three in the group marked with a square. On how many different days during the past 30 days -- if any -- did you take this brand of pill? *IF RESPONDENT NOT SURE HOW MANY DAYS, ASK FOR AND ENTER HIS/HER BEST GUESS.*

_____ (WRITE NUMBER OF DIFFERENT DAYS)

X HAVE HAD THE PILL SHOWN IN SQUARE GROUP BUT NOT SURE OF NUMBER OF DIFFERENT DAYS AND WILL NOT GUESS

138-
139

Y DID NOT USE PILL FROM SQUARE GROUP IN PAST 30 DAYS

PILLS

6

14. Please look carefully at the whole card, and pick out all of the different pills that you have ever tried, just to see how they would work, or to enjoy the feeling, or for any nonmedical reason. You can either say the names of the pills to me, or tell me the numbers which are next to them.

- | | | |
|--------------------------|----------------------------|---------------------------------|
| 1 BUTISOL | 10 PLACIDYL | 19 NEMBUTAL |
| 2 BUTICAPS | 11 DORIDEN | 20 CARBRITAL |
| 3 AMYTAL | 12 NOLUDAR | 21 SECONAL |
| 4 ESKABARB | 13 SOPOR | 22 TUINAL |
| 5 LUMINAL ¹⁴⁰ | 14 QUAALUDE ¹⁴¹ | 23 PENTOBARBITAL ¹⁴² |
| 6 MEBARAL | 15 PAREST | 24 SECOBARBITAL |
| 7 AMOBARBITAL | 16 NOCTEC | 25 DALMANE |
| 8 PHENOBARBITAL | 17 METHAQUALONE | 26 OTHER, NOT SURE |
| 9 ALURATE | 18 CHLORAL HYDRATE | 27 NONE TRIED |

IF ONE OR MORE PILLS ON Q. 14, ASK:

15. About how old were you the first time that you took any of these kinds of pills to see what they were like, or to enjoy the feeling, or for any other nonmedical reason?

_____ (AGE WHEN FIRST TOOK)

X NOT SURE, CAN'T GUESS

143-

144

TAKE BACK CARD B

AND RESPONDENT CARD C

16. Here is the next one. Please look at all of the pills on this card. These pills are tranquilizers. (PAUSE WHILE RESPONDENT LOOKS.) Doctors sometimes prescribe them to calm people down, quiet their nerves, or relax their muscles.

But besides the medical uses, people sometimes take these pills on their own, to help them relax, or just to feel good.

	<u>YES</u>	<u>NO</u>	<u>NOT SURE</u>	
a. Did you ever take any of these kinds of pills just to see what it was like and how it would work?	1	2	3	145
b. Did you ever take any of these kinds of pills just to enjoy the feeling they give you?	1	2	3	146
c. Did you ever take any of these pills for some <u>other</u> nonmedical reason, and not because you needed it?	1	2	3	147

INTERVIEWER: IF "NO" ON ALL THREE ABOVE, SKIP TO Q. 23. IF ANY YESES OR NOT SURES, GO ON TO Q. 17.

17. When was the most recent time you took any of these pills for nonmedical reasons?

- GO TO Q. 18 ←
- 1 WITHIN THE PAST WEEK
 - 2 WITHIN THE PAST MONTH
 - 3 WITHIN THE PAST SIX MONTHS
 - 4 SIX MONTHS TO A YEAR AGO
 - 5 MORE THAN A YEAR AGO
 - 6 MORE THAN TWO YEARS AGO
 - 7 MORE THAN FIVE YEARS AGO
 - 8 NOT SURE
- SKIP TO Q. 22
- 148

18. Still looking at Card C, please concentrate on just the pills in the first column with the triangle at the top. Just those pills. During the past 30 days, on how many different days did you have any of the pills in the group marked with a triangle? We are not asking for names of pills, just for the number of different days that you had any of the pills in the triangle group.

INTERVIEWER: *IF RESPONDENT TOOK PILLS IN TRIANGLE GROUP ON ONE OR MORE DAYS BUT IS NOT SURE OF HOW MANY DAYS, ASK FOR AND ENTER HIS/HER BEST GUESS.*

_____ (WRITE NUMBER OF DIFFERENT DAYS)

- X HAD PILLS FROM TRIANGLE GROUP BUT NOT SURE OF HOW MANY DIFFERENT DAYS AND WILL NOT GUESS
- Y NO PILLS FROM TRIANGLE GROUP IN PAST 30 DAYS

149-
150

19. Now please concentrate just on the pills in the second column, with the star at the top. During the past 30 days, on how many different days did you have any of the pills in the group marked with a star? *IF RESPONDENT TOOK PILLS IN STAR GROUP BUT NOT SURE HOW MANY DAYS, ASK FOR AND ENTER HIS/HER BEST GUESS.*

_____ (WRITE NUMBER OF DIFFERENT DAYS)

- X HAD PILLS FROM STAR GROUP BUT NOT SURE HOW MANY DIFFERENT DAYS AND WILL NOT GUESS
- Y NO PILLS FROM STAR GROUP IN PAST 30 DAYS

151-

20. Now, the same question for the pills in the group marked with a circle. Please look just at what is in the circle group. During the past 30 days, on how many different days did you have any of the pills in the circle group? *IF RESPONDENT NOT SURE HOW MANY DAYS, ASK FOR AND ENTER HIS/HER BEST GUESS.*

_____ (WRITE NUMBER OF DIFFERENT DAYS)

- X HAD PILLS FROM CIRCLE GROUP BUT NOT SURE OF HOW MANY DIFFERENT DAYS AND WILL NOT GUESS
- Y NO PILLS FROM CIRCLE GROUP IN PAST 30 DAYS

153-
154

21. There is one brand of pill at the bottom of column three, in the group marked with a square. On how many different days during the past 30 days -- if any -- did you take this brand of pill? *IF RESPONDENT NOT SURE HOW MANY DAYS, ASK FOR AND ENTER HIS/HER BEST GUESS.*

_____ (WRITE NUMBER OF DIFFERENT DAYS)

- X HAVE HAD THE PILL SHOWN IN SQUARE GROUP BUT NOT SURE OF NUMBER OF DIFFERENT DAYS AND WILL NOT GUESS
- Y DID NOT USE PILL FROM SQUARE GROUP IN PAST 30 DAYS

155-
156

22. Please look carefully at the whole card, and pick out all of the different pills that you have ever tried, just to see how they could work, or to enjoy the feeling, or for any nonmedical reason. You can either say the names of the pills to me, or tell me the numbers which are next to them.

- | | |
|--|--|
| 1 VALIUM | 9 MEPROSPAN |
| 2 LIBRIUM | 10 MILTOWN |
| 3 LIBRITABS | 11 EQUANIL |
| 4 SK-LYGEN | 12 MEPROBAMATE |
| 5 SERAX 157 | 13 VISTARIL 158 |
| 6 TRANXENE | 14 ATARAX |
| 7 ATIVAN | 15 BENADRYL |
| 8 VERSTRAN | 16 OTHER, NOT SURE |
| | 17 NONE TRIED |

IF ONE OR MORE PILLS ON Q. 22, ASK:

22a. About how old were you the first time you took any of these kinds of pills to see what they were like, or to enjoy the feeling, or for any other nonmedical reason?

_____ (AGE WHEN FIRST TOOK)

X NOT SURE, CAN'T GUESS

159-
160

TAKE BACK CARD C

HAND RESPONDENT CARD D

23. Please have a close look at all of the pills on this card. These pills are amphetamines and other stimulants. (PAUSE WHILE RESPONDENT LOOKS.) Doctors sometimes prescribe these for losing weight. But besides the medical uses, people sometimes take them on their own, to make them feel more wide-awake, peppy, and alert.

	<u>YES</u>	<u>NO</u>	<u>NOT SURE</u>	
a. Did you ever take any of these kinds of pills just to see what it was like and how it would work?	1	2	3	161
b. Did you ever take any of these kinds of pills just to enjoy the feeling they give you?	1	2	3	162
c. Did you ever take any of these pills for some <u>other</u> nonmedical reason, and not because you needed it?	1	2	3	163

← INTERVIEWER: IF "NO" ON ALL THREE ABOVE, SKIP TO Q. 31. IF ANY YESES OR NOT SURES, GO ON TO Q. 24.

24. When was the most recent time you took any of these pills for nonmedical reasons?

- GO TO Q. 25 ←
- 1 WITHIN THE PAST WEEK
 - 2 WITHIN THE PAST MONTH
 - 3 WITHIN THE PAST SIX MONTHS
 - 4 SIX MONTHS TO A YEAR AGO
 - 5 MORE THAN A YEAR AGO
 - 6 MORE THAN TWO YEARS AGO
 - 7 MORE THAN FIVE YEARS AGO
 - 8 NOT SURE
- SKIP TO Q. 29
- 164

25. Still looking at Card D, please concentrate on just the pills in the first column with the triangle at the top. During the past 30 days, on how many different days did you have any of the pills in the group marked with a triangle? We are not asking for names of pills, just for the number of different days that you had any of the pills in the triangle group.

INTERVIEWER: IF RESPONDENT TOOK PILLS IN TRIANGLE GROUP ON ONE OR MORE DAYS BUT IS NOT SURE OF HOW MANY DAYS, ASK FOR AND ENTER HIS/HER BEST GUESS.

_____ (WRITE NUMBER OF DIFFERENT DAYS)

- X HAD PILLS FROM TRIANGLE GROUP BUT NOT SURE OF HOW MANY DIFFERENT DAYS AND WILL NOT GUESS
Y NO PILLS FROM TRIANGLE GROUP IN PAST 30 DAYS

165-
166

26. Still looking at Card D, now please concentrate just on the pills in the group with the star at the top. During the past 30 days, on how many different days did you have any of the pills in the group marked with a star? IF RESPONDENT TOOK PILLS IN STAR GROUP BUT NOT SURE HOW MANY DAYS, ASK FOR AND ENTER HIS/HER BEST GUESS.

_____ (WRITE NUMBER OF DIFFERENT DAYS)

- X HAD PILLS FROM STAR GROUP BUT NOT SURE HOW MANY DIFFERENT DAYS AND WILL NOT GUESS
Y NO PILLS FROM STAR GROUP IN PAST 30 DAYS

167-
168

27. As you can see there is one brand of pill at the bottom of column two in the group marked with a circle. On how many different days during the past 30 days -- if any -- did you take this brand of pill? IF RESPONDENT NOT SURE HOW MANY DAYS, ASK FOR AND ENTER HIS/HER BEST GUESS.

_____ (WRITE NUMBER OF DIFFERENT DAYS)

- X HAVE HAD THE PILL SHOWN IN CIRCLE GROUP BUT NOT SURE OF NUMBER OF DIFFERENT DAYS AND WILL NOT GUESS
Y DID NOT USE PILL FROM CIRCLE GROUP IN PAST 30 DAYS

169-
170

28. And there is also just one brand of pill at the bottom of column three in the group marked with a square. On how many different days during the past 30 days -- if any -- did you take this brand of pill? IF RESPONDENT NOT SURE HOW MANY DAYS, ASK FOR AND ENTER HIS/HER BEST GUESS.

_____ (WRITE NUMBER OF DIFFERENT DAYS)

- X HAVE HAD THE PILL SHOWN IN SQUARE GROUP BUT NOT SURE OF NUMBER OF DIFFERENT DAYS AND WILL NOT GUESS
Y DID NOT USE PILL FROM SQUARE GROUP IN PAST 30 DAYS

171-
172

29. Please look carefully at the card, and pick out all of the different pills that you have ever tried, just to see how they would work, or to enjoy the feeling, or for any nonmedical reason. You can either say the names of the pills to me, or tell me the numbers which are next to them.

- | | | | |
|---------------------|----------------|--------------------|-----|
| 1 DEXEDRINE | 8 METHEDRINE | 15 PRE-SATE | |
| 2 DEXAMYL | 9 OBEDRIN-L.A. | 16 IONAMIN | |
| 3 ESKATROL 173 | 10 TENUATE 174 | 17 PONDIMIN | 175 |
| 4 BENZEDRINE | 11 TEPANIL | 18 VORANIL | |
| 5 BIPHETAMINE | 12 DIDREX | 19 SANOREX | |
| 6 DESOXYN | 13 PLEGINE | 20 RITALIN | |
| 7 DEXTROAMPHETAMINE | 14 PRELUDIN | 21 CYLERT | |
| | | 22 OTHER, NOT SURE | |
| | | 23 NONE TRIED | |

IF ONE OR MORE PILLS ON Q. 29, ASK:

30. About how old were you the first time you took any of these kinds of pills to see what they were like, or to enjoy the feeling, or for any other nonmedical reason?

_____ (AGE WHEN FIRST TOOK)

X NOT SURE, CAN'T GUESS

176-
177

TAKE BACK CARD D

PAND RESPONDENT CARD E

31. Please have a good look at all of the pills on this card. *(PAUSE)* Sometimes doctors prescribe these pills to relieve pain. But besides the medical uses, people sometimes take these pills on their own to see how they work or just to feel good.

	<u>YES</u>	<u>NO</u>	<u>NOT SURE</u>	
a. Did you ever take any of these kinds of pills just to see what it was like and how it would work?	1	2	3	205
b. Did you ever take any of these kinds of pills just to enjoy the feeling they give you?	1	2	3	206
c. Did you ever take any of these pills for some <u>other</u> nonmedical reason, and not because you needed it?	1	2	3	207

← INTERVIEWER: IF "NO" ON ALL THREE ABOVE, SKIP TO PAGE 16. IF ANY YESSES OR NOT SURES, GO ON TO Q. 32.

32. When was the most recent time you took any of these pills for nonmedical reasons?

GO TO Q. 33 ←

- 1 WITHIN THE PAST WEEK
- 2 WITHIN THE PAST MONTH
- 3 WITHIN THE PAST SIX MONTHS
- 4 SIX MONTHS TO A YEAR AGO
- 5 MORE THAN A YEAR AGO
- 6 MORE THAN TWO YEARS AGO
- 7 MORE THAN FIVE YEARS AGO
- 8 NOT SURE

208

→ SKIP TO Q. 37

33. Still looking at Card E, please concentrate on just the pills in the first column with the triangle at the top. During the past 30 days, on how many different days did you have any of the pills in the group marked with a triangle? We are not asking for names of pills, just for the number of different days that you had any of the pills in the triangle group.

INTERVIEWER: IF RESPONDENT TOOK PILLS IN TRIANGLE GROUP ONE OR MORE DAYS BUT IS NOT SURE OF HOW MANY DAYS, ASK FOR AND ENTER HIS/HER BEST GUESS.

_____ (WRITE NUMBER OF DIFFERENT DAYS)

X HAD PILLS FROM TRIANGLE GROUP BUT NOT SURE OF HOW MANY DIFFERENT DAYS AND WILL NOT GUESS

Y NO PILLS FROM TRIANGLE GROUP IN PAST 30 DAYS

209-
210

34. Now please concentrate on the pills in the second column with the star at the top. During the past 30 days, on how many different days did you have any of the pills in the group marked with a star? IF RESPONDENT TOOK PILLS IN STAR GROUP BUT NOT SURE HOW MANY DAYS, ASK FOR AND ENTER HIS/HER BEST GUESS.

_____ (WRITE NUMBER OF DIFFERENT DAYS)

X HAD PILLS FROM STAR GROUP BUT NOT SURE OF HOW MANY DIFFERENT DAYS AND WILL NOT GUESS

Y NO PILLS FROM STAR GROUP IN PAST 30 DAYS

35. Now, the same question for the pills in the group marked with a circle. Please look just at what is in the circle group. During the past 30 days, on how many different days did you have any of the pills in the circle group? IF RESPONDENT NOT SURE HOW MANY DAYS, ASK FOR AND ENTER HIS/HER BEST GUESS.

_____ (WRITE NUMBER OF DIFFERENT DAYS)

X HAD PILLS FROM CIRCLE GROUP BUT NOT SURE OF HOW MANY DIFFERENT DAYS AND WILL NOT GUESS

Y NO PILLS FROM CIRCLE GROUP IN PAST 30 DAYS

213-
214

36. As you can see there is one pill at the bottom of column 3 in the group marked with a square. On how many different days during the past 30 days -- if any -- did you take this pill? IF RESPONDENT NOT SURE HOW MANY DAYS, ASK FOR AND ENTER HIS/HER BEST GUESS.

_____ (WRITE NUMBER OF DIFFERENT DAYS)

X HAVE HAD THE PILL SHOWN IN SQUARE GROUP BUT NOT SURE OF NUMBER OF DIFFERENT DAYS AND WILL NOT GUESS

Y DID NOT USE THE PILL FROM SQUARE GROUP IN PAST 30 DAYS

215-
216

27. Please look carefully at the card, and pick out all of the different pills that you have ever tried, just to see how they would work, or to enjoy the feeling, or for any nonmedical reason. You can either say the names of the pills to me, or tell me the numbers which are next to them.

- | | |
|------------------|-------------------------|
| 1 DARVON | 10 TYLENOL WITH CODEINE |
| 2 DOLENE | 11 CODEINE |
| 3 SK-65 217 | 12 DOLOPHINE |
| 4 PROPOXYPHENE | 13 WESTODONE |
| 5 LERITINE | 14 METHADONE |
| 6 LEVO-DROMORAN | 15 TALWIN |
| 7 PERCODAN | 16 OTHER, NOT SURE |
| 8 DEMEROL | 17 NONE TRIED |
| 9 DILAUDID | |

218

IF ONE OR MORE PILLS ON Q. 37, ASK:

38. About how old were you the first time you took any of these kinds of pills to see what they were like, or to enjoy the feeling, or for any other nonmedical reason?

_____ (AGE WHEN FIRST TOOK)

X NOT SURE, CAN'T GUESS

219-
220

Please give me back Card E, and let's go on.

TAKE BACK CARD E -- GO ON TO NEXT PAGE

HAND RESPONDENT: THE PINK ANSWER SHEET #1

A PEN

LARGE RETURN ENVELOPE

READ THE FOLLOWING:

The next questions are about alcoholic beverages. The questions are set up so that I will not know the answers that you give.

After I read each question to you, do not show me what your answer is. Just mark it on your answer sheet.

When we finish this page, I will ask you to put it in the envelope. I will not see it. At the end of the interview, I shall ask you to seal the envelope.

No one will ever be able to connect your answers to you.

Now let's start. READ THE QUESTION NUMBER -- "Question A-1" -- AS PART OF THE QUESTION.

Question A-1. About how long ago was the first time that you had a drink?

Draw a circle around the number that is next to the first answer you come to that fits you.

We have set up every question so that you can answer it whether or not you have ever used alcohol.

Each question has an answer category that fits you.

As we go through these, please be sure you mark an answer for each question. That is the only way we know that you looked at the answer categories.

Question A-2. Please look at Question A-2 which asks you to write in the age that shows about how old you were at the time you had your first drink. If you are not sure, please give your best guess; or circle the "X" if you have never had an alcoholic drink.

READ EACH QUESTION NUMBER OUT LOUD AND THEN READ THE QUESTION.

Question A-3. When was the most recent time that you had a drink? About how long ago was that?

Question A-4. Thinking over the past 30 days, on about how many different days did you have one or more drinks? Please write your answer on your answer sheet. Do not tell me the answer.

Question A-5. Over the past 30 days, what is the most you had to drink on any one day? If you did not have any drinks during the past 30 days, please circle the "X."

Question A-6. Still thinking of the most drinks which you have had on any one day -- the answer which you just gave -- mark your answer sheet to show the number of different days on which you had this number of drinks.

KEEP READING

Sometimes, when we use this answer sheet system, things get mixed up. So we have added the last two questions on the answer sheet for you to fill out.

Question A-7. This asks you "Did you understand each question on this page?" Please circle a "1" for a "Yes" answer and a "2" for a "No" answer.

On this answer sheet for alcoholic beverages, I am allowed to ask you about Question A-7. Please tell me if you answered "Yes" or "No" to that question.

RECORD WHAT THE RESPONDENT SAID HE/SHE ANSWERED.

1 YES 2 NO 3 SOMETHING ELSE 221

IF "NO," PLEASE FIND OUT WHICH QUESTIONS RESPONDENT DID NOT UNDERSTAND AND CIRCLE THEIR NUMBER OR NUMBERS BELOW:

A-1 A-2 A-3 A-4 A-5 A-6 222

FIND OUT WHAT WAS THE MATTER. GO OVER THE QUESTIONS AGAIN THAT HE OR SHE NEEDS HELP WITH, AND HAVE HIM/HER ANSWER THEM.

Question A-8. Asks you did you mark an answer for each question on the page. Please tell me if you answered "Yes" or "No" to that question.

RECORD WHAT THE RESPONDENT SAID HE/SHE ANSWERED.

1 YES 2 NO 3 SOMETHING ELSE 223

We have to have answers to each question so that the computer knows that I asked it. Even if you have never had a drink there is a place for you to answer every question.

HAVE RESPONDENT COMPLETE EACH QUESTION WHICH HE OR SHE DID NOT ANSWER YET. WHEN YOU ARE SATISFIED, TELL HIM/HER TO PUT THE ANSWER SHEET IN THE ENVELOPE, AND KEEP THE ENVELOPE AND THE PEN. DO NOT LET RESPONDENT SEAL THE ENVELOPE UNTIL THE END OF THE INTERVIEW.

HAND RESPONDENT YELLOW ANSWER SHEET #2 AND GO ON TO THE QUESTIONS ON MARIHUANA.

READ ALOUD:

This answer sheet is for questions on marihuana and hashish. I will read the questions to you as you read them to yourself. Please stay with me for these questions.

REMEMBER TO SAY "Question M-1," "Question M-2," ETC. BEFORE THE APPROPRIATE QUESTIONS.

Question M-1. Have you ever known someone who used marihuana or hashish? Please look at the answer space for Question M-1. Circle the number in front of the answer category that applies.

Question M-2. About how old were you when you first had a chance to try either marihuana or hash if you wanted to? Please look at the answer space for Question M-2. Write in your age in the space, to show how old you were at that time.

If you never had a chance to try marihuana or hash, circle the "X" in front of the answer category "never had a chance to try."

Question M-3. We ask everybody to answer every question on the answer sheet. Now Question M-3. About how long ago was the first time you tried marihuana or hash? Circle the number in front of the first category that applies. If you are not sure which of two answer categories is the correct answer for you, just circle both of them. There is also an "X" to circle if you have never used marihuana or hash.

Question M-4. About how old were you the first time you tried marihuana or hash? Write your age at that time in the answer space for M-4, or circle the "X" if you have never used marihuana or hash.

Question M-5. At the time that you first tried marihuana or hash, how would you describe the kind of area that you were living in? Please refer to your answer sheet and circle the number next to the type of area that best describes where you were living at the time.

Question M-6. As you can see, the next question is "When was the most recent time that you used marihuana or hash?" Please circle the first number that shows your answer. If you are not sure which of two categories is correct, circle both of them. If you have never used marihuana or hash, circle the "X" in the answer space for M-6.

Question M-7. In the past 30 days, on how many different days did you use marihuana or hash? Write the number of different days in the blank space for M-7 or circle the "X" if you did not use marihuana or hash in the past 30 days.

Question M-8. In the space for M-8 please circle a number to show roughly, just a good guess, about how many times in your life have you used marihuana or hash. If you have used both marihuana and hash, just try to add together the number of times, and circle the number that goes with the answer category that is closest to the correct answer. If you have never used marihuana or hash, circle the "X" next to the answer category that says "no times."

READ TO RESPONDENT. Because I am not allowed to see your answer sheet, the last two questions on the page are the only way to make sure I have explained the system correctly.

Question M-9. Please circle a number in front of the "Yes" or the "No" and tell me which number you circled.

RECORD WHAT THE RESPONDENT SAID HE/SHE ANSWERED.

1 YES 2 NO 3 SOMETHING ELSE

224

IF "NO" FIND OUT WHICH QUESTIONS RESPONDENT DID NOT UNDERSTAND AND CIRCLE THEIR NUMBER(S):

M-1 M-2 M-3 M-4 M-5 M-6 M-7 M-8

225

FIND OUT WHAT WAS THE MATTER. GO OVER THE QUESTIONS AGAIN THAT HE/SHE NEEDS HELP WITH, AND HAVE HIM/HER ANSWER THEM.

Question 10. This is the last question on the page, number M-10. It asks if you have marked your answer to each question on this page. Please tell me if you circled a "Yes" or a "No" for M-10.

RECORD: 1 YES 2 NO

226

Remember I am not allowed to see or to know your answers to the first eight questions.

IF RESPONDENT ANSWERED "YES" ON M-10, SAY: Does that mean that you have marked an answer in every answer space?

IF RESPONDENT ANSWERED "NO" ON M-10, SAY: We have to have answers to each question so the computer knows that I asked it. Even if you have never tried marihuana or hash there is a place for you to show an answer for each question. (FOLLOW UP AS NEEDED.)

WHEN YOU ARE SATISFIED THAT EVERY QUESTION (M-1 THROUGH M-8) HAS BEEN ACCOUNTED FOR, HAVE RESPONDENT PUT ANSWER SHEET IN THE LARGE ENVELOPE WHICH YOU GAVE HIM/HER BEFORE THE ALCOHOL QUESTIONS, AND KEEP GOING.

HAND RESPONDENT GREEN ANSWER SHEET #3 FOR INHALANTS, AND SAY:

These next questions are about inhalants that people sniff or breathe in, to get high or to make them feel good. I am referring to things like lighter fluids, aerosol sprays like Pam, glue, amyl nitrite, "poppers," or locker room odorizers. You can see the whole list at the top of your answer sheet. The questions use the term "inhalant" which refers to any and all of the items at the top of the page. Be sure to answer every question.

KEEP ON READING

I would like to read each of these questions to you, as we have been doing. But if you would rather read the questions to yourself and answer each one as you go along, that is also acceptable as long as each question has the appropriate answer marked in the space. Just tell me what you would like me to do.

INDICATE IF YOU ARE READING THE QUESTIONS AS BEFORE OR IF THE RESPONDENT IS DOING IT BY HIMSELF/HERSELF.

1 INTERVIEWER READS ALOUD

2 RESPONDENT IS DOING IT HIMSELF/HERSELF

227

IF RESPONDENT IS DOING IT WITHOUT YOU, PLEASE SAY: Notice that there are questions on both sides of this answer sheet.

Question G-1. About how old were you when you first had a chance to sniff one of these inhalants to get high or to make you feel good? Please mark your answer sheet.

Question G-2. About how long ago was the first time you used one of these inhalants for kicks or to get high?

Question G-3. About how old were you the first time you sniffed one of these inhalants?

Question G-4. In the answer space for Question G-4, you can see a whole list of different inhalants. Please draw circles around the numbers for all of them that you have ever used for kicks or to get high.

Question G-5. Now go over the list again. Circle the numbers in front of the inhalants which you have used during the past 30 days to get high or to feel good.

RESPONDENT SHOULD TURN HIS/HER ANSWER SHEET OVER AT THIS POINT AND FINISH ON OTHER SIDE.

Question G-6. When was the most recent time that you used one of these inhalants to get high or to feel good?

HAND RESPONDENT GREY ANSWER SHEET #4 FOR HALLUCINOGENS.

IF RESPONDENT WANTS TO DO ANSWER SHEET ALONE AND YOU ARE SATISFIED THAT HE/SHE CAN DO A CAREFUL JOB WITHOUT YOUR HELP, GO AHEAD THAT WAY. OTHERWISE READ EACH QUESTION ALOUD.

The next questions are about LSD and other hallucinogens like phencyclidine (FEN-SIGH-KLAH-DEEN) or PCP, mescaline (MES-KA-LEEN), peyote (PAY-OH-TEE), Psilocybin (SILL-OH-SIGH-BIN) and DMT. There is a list of them printed at the top of your answer sheet.

- Question L-1. About how old were you when you first had a chance to try LSD or other hallucinogens if you wanted to?
- Question L-2. About how long ago was the first time you tried LSD or other hallucinogens?
- Question L-3. About how old were you the first time you tried LSD or other hallucinogens?
- Question L-4. When was the most recent time that you used LSD or other hallucinogens?
- Question L-5. In the past 30 days, on how many different days did you use LSD or other hallucinogens?
- Question L-6. In the answer space for L-6, please circle a number to show roughly, just a good guess, about how many times in your life have you used LSD or other hallucinogens?
- Question L-7. Before this interview, did you ever hear of something called PCP, or sometimes it is called "Angel Dust?" Please show your answer on the answer sheet.
- Question L-8. Have you ever used PCP or Angel Dust?
- Question L-9. In the past 30 days, on how many different days did you use PCP or Angel Dust?

READ THE NEXT TWO QUESTIONS ALOUD.

Question L-10. Please look at Question L-10. Circle a number in front of the "Yes" or the "No" to show if you understood every question on the page. What was your answer to that question?

RECORD RESPONSE TO L-10: 1 YES 2 NO 231

IF "NO," CIRCLE THE NUMBERS OF QUESTIONS RESPONDENT DID NOT UNDERSTAND:

L-1 L-2 L-3 L-4 L-5 L-6 L-7 L-8 L-9 232

Question L-11. And last, have you marked an answer for each question up to now? Answer Question L-11 on the answer sheet and tell me the answer.

RECORD: 1 YES 2 NO 233

WHEN YOU ARE SATISFIED THAT EACH QUESTION HAS BEEN ACCOUNTED FOR, HAVE RESPONDENT PUT ANSWER SHEET IN LARGE ENVELOPE AND KEEP GOING.

AND RESPONDENT BLUE ANSWER SHEET #6 FOR HEROIN.

These next questions are about heroin. Be sure and read the answer sheet carefully because you will find some questions in this section that are not asked any place else.

Question H-1. Have you ever known someone who has used heroin?

Question H-2. About how old were you when you first had a chance to try heroin if you wanted to?

Question H-3. About how long ago was the first time you tried heroin?

Question H-4. About how old were you the first time you tried heroin?

Question H-5. When was the most recent time that you used heroin?

Question H-6. In the past 30 days, on how many different days did you use heroin?

Question H-7. In the answer space for H-7, please circle a number to show roughly, just a good guess, about how many times in your life have you used heroin?

Question H-8. How many of your close friends, if any, know for sure that you have ever used heroin?

Question H-9. How many of these close friends, who know you have used heroin, live in a college dormitory, or on a military base, in jail, or a drug rehabilitation center, or have no definite address?

RESPONDENT SHOULD TURN HIS/HER ANSWER SHEET OVER AT THIS POINT.

Question H-10. Have you ever taken heroin with a needle?

READ THE NEXT TWO QUESTIONS OUT LOUD.

Question H-11. Please circle a number in front of the "Yes" or the "No" for Question H-11 to show if you understood every question on the page. Did you circle a "Yes" or "No"?

RECORD ANSWER: 1 YES 2 NO 23.

IF "NO" CIRCLE THE NUMBERS OF THE QUESTIONS RESPONDENT DID NOT UNDERSTAND.

H-1 H-2 H-3 H-4 H-5 H-6 H-7 H-8 H-9 H-10 23.

Question H-12. Last, have you marked an answer for each question up to now?

RECORD: 1 YES 2 NO 23.

WHEN YOU ARE SATISFIED THAT EACH QUESTION HAS BEEN ACCOUNTED FOR, HAVE RESPONDENT PUT ANSWER SHEET IN LARGE ENVELOPE.

HAND RESPONDENT IVORY ANSWER SHEET #7 AND SAY:

As you can see, this answer sheet is different from the others. First, read all of the items. Then if there are any drugs on that list which you have never tried, just mark an "X" in the blank space in front of them.

Then, find the drug or substance which was the very first one which you ever tried in your lifetime. Put the number one in the blank space to the left of that drug.

Next, find the drug that was the second one which you ever tried in your life and put the number two in the blank space next to it.

Keep on going. Put the number three in the blank space next to the drug which is the third drug on the list that you ever tried during your lifetime.

Please do the rest of them, so that every drug has a number next to it, or the letter "X" to show you have never tried it.

PAUSE WHILE RESPONDENT DOES TASK. THEN ASK: Is there a number or the letter "X" in front of each drug on the list? MAKE SURE RESPONDENT HAS ACCOUNTED FOR EACH ITEM ON THE LIST.

HAVE RESPONDENT PUT THE LAST ANSWER SHEET (IVORY #7) IN THE ENVELOPE. MAKE SURE THE ENVELOPE STAYS OPEN AND IS NOT SEALED UNTIL THE VERY END, BECAUSE YOU STILL HAVE TO PUT THE QUESTIONNAIRE IN IT AT THE END OF THE INTERVIEW.

THEN GO ON TO Q. 39, ON THE NEXT PAGE.

39. Now, we would like you to think about people you know who live in regular households. Please do not include those people who live in a college dormitory, on a military base, in jail, in a drug rehabilitation center, or have no definite address. Ready?

Most of us know many people. But, usually only some of these, if any, are people that we consider to be close friends. About how many close friends would you say that you have? Remember, we are only interested in those close friends who live in regular households.

_____ NUMBER OF CLOSE FRIENDS LIVING IN REGULAR HOUSEHOLDS (ACCEPT ONLY A NUMBER) 24
24

0 NO CLOSE FRIENDS LIVING IN REGULAR HOUSEHOLDS → (GO TO Q. 51, TOP OF PAGE 31)

40. This next question is about your _____ (INSERT NUMBER FROM Q. 39) close friends who live in regular households. Keep the names of these people to yourself. We want to know about them, but we do not want to know who they are.

About how many of these close friends can you say for sure have ever used heroin? We want to know about them, but we do not want to know who they are, because we are going to ask you about their drug use.

_____ NUMBER OF CLOSE FRIENDS LIVING IN REGULAR HOUSEHOLDS WHO EVER USED HEROIN (ACCEPT ONLY A NUMBER) 24
24

0 NO CLOSE FRIENDS LIVING IN REGULAR HOUSEHOLDS WHO EVER USED HEROIN → (GO TO Q. 51, TOP OF PAGE 31)

INTERVIEWER: IF RESPONDENT HAS ONLY ONE CLOSE FRIEND WHO HAS USED HEROIN, GO TO Q. 41, TOP OF PAGE 30; IF MORE THAN ONE FRIEND, GO TO TOP OF NEXT PAGE.

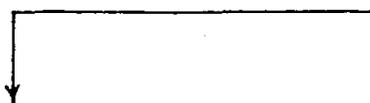
INTERVIEWER: IF MORE THAN ONE CLOSE FRIEND WHO USED HEROIN, READ THE FOLLOWING:

HAND RESPONDENT CARD F (INTERVIEWER: THERE IS NO PRINTED CARD F; JUST GIVE RESPONDENT A BLANK 5 x 8 CARD.)

On the card I gave you, I would like you to list the initials of your _____ (INSERT FROM Q. 40) close friends who live in regular households who you know for sure have ever used heroin. No one but you will ever see these initials. (WAIT UNTIL RESPONDENT MAKES LIST. IF RESPONDENT REFUSES TO USE CARD, HE/SHE MAY DO THIS PART IN HIS/HER HEAD.)

Now, please number the people on your list. Put the number "one" next to the initials of the first person on your list. Then put the number "two" next to the initials of the second person on your list, and so on until everyone on your list has a different number. (WAIT UNTIL RESPONDENT FINISHES NUMBERING.)

I only want to ask you about one of the persons on your list. (INTERVIEWER: USE TABLE BELOW TO SELECT CORRECT INDIVIDUAL.)



INTERVIEWER: CIRCLE NUMBER OF PERSON YOU ARE GOING TO ASK ABOUT. THAT IS THE ONLY PERSON TO ASK ABOUT. NO SUBSTITUTES.

IF THE NUMBER OF CLOSE FRIENDS IN Q. 40 IS:	ASK ABOUT PERSON NUMBER:
↓	↓
2	1
3	2
4	3
5	1
6	3
7	1
8+	2

Please draw a circle around the initials of the person number _____ (INSERT FROM TABLE); the remaining questions will be about this person.

41. Is this person male or female? 1 MALE
2 FEMALE 246
42. How old is this person now? Is he/she 12-17 years old, 18-25 years old, 26-34 years old, or more than 34 years old? 1 12-17 YEARS OLD
2 18-25 YEARS OLD
3 26-34 YEARS OLD
4 35+ YEARS OLD
5 NOT SURE 246
43. As far as you know, how long ago was the first time this person tried heroin? 1 WITHIN THE PAST MONTH
2 WITHIN THE PAST YEAR
3 MORE THAN A YEAR AGO
4 NOT SURE 247
44. As far as you know, when was the most recent time this person used heroin? 1 WITHIN THE PAST MONTH
2 WITHIN THE PAST YEAR
3 MORE THAN A YEAR AGO
4 NOT SURE 248

45. There are many different ways of knowing that another person has used heroin. Please tell me how you know for sure that this person has used heroin. (WRITE EXACTLY WHAT RESPONDENT SAYS. IF RESPONDENT SAYS "SOMEONE ELSE TOLD ME" OR "EVERYBODY KNOWS," RECORD VERBATIM, THEN PROBE: How do they know?)

249
250

46. Now, we would like you to think about this person's other close friends, besides yourself.

As far as you know, how many of this person's other close friends, besides yourself, know for sure that this person has ever used heroin? Remember, we are only interested in his/her close friends who live in regular households. (IF RESPONDENT FINDS QUESTION HARD TO ANSWER OR SAYS "ALL" OR "MANY OF HIS/HER CLOSE FRIENDS," SAY: We need to have a number; please give us your best estimate.)

_____ NUMBER OF CLOSE FRIENDS
LIVING IN REGULAR HOUSE-
HOLDS WHO KNOW

251
252

- 0 NO OTHER CLOSE FRIENDS
LIVING IN REGULAR HOUSE-
HOLDS WHO KNOW
- X COULD NOT MAKE AN ESTIMATE

INTERVIEWER: THIS FORM OF THE QUESTIONNAIRE GOES FROM Q. 46 ON THIS PAGE TO Q. 51 ON THE NEXT PAGE. NOTHING IS MISSING.

ASK EVERYBODY

These questions are for statistical purposes only, to help us analyze the results of the study.

51. For about how long have you lived in or around this community, for about how many years? (IF FARM OR OPEN COUNTRY, SAY "AREA" INSTEAD OF COMMUNITY.)

_____ (WRITE IN NUMBER OF YEARS)

1 LESS THAN ONE YEAR

2 ALL MY LIFE

Y NOT SURE

257-
258

259

HAND RESPONDENT CARD G

52. Sometimes this next question is already answered by what you just told me, but please help me with it.

Look at the description of area "A" on the card. Have you ever lived for a year or more, in an area that fits this description?

1 NO, NEVER LIVED IN AN AREA LIKE "A" FOR A YEAR OR MORE

2 YES, HAVE LIVED IN SUCH AN AREA FOR A YEAR OR MORE

3 NOT SURE

260

IF "YES" ON Q. 52, ASK:

53. Tell me, for each period in your life when you lived in an area like area "A" on the card, how old you were when you moved in and how old were you when you moved away. Remember, this goes back over your whole lifetime.

AGE WHEN
MOVED IN

AGE WHEN
MOVED AWAY

FROM AGE _____

TO AGE _____

261-64

FROM AGE _____

TO AGE _____

265-68

FROM AGE _____

TO AGE _____

269-72

X ALL MY LIFE -- SKIP TO Q. 58

273

54. Please read the second kind of area described on the card, area "B." Tell me if you have ever lived, for a year or more, in an area that fits the description of area "B."

- 1 NO, NEVER LIVED IN AN AREA LIKE "B" FOR A YEAR OR MORE
- 2 YES, HAVE LIVED IN SUCH AN AREA FOR A YEAR OR MORE
- 3 NOT SURE

305

IF "YES" ON Q. 54, ASK:

55. Tell me, for each period of your life when you lived in an area like area "B" on the card, how old you were when you moved in and how old were you when you moved away. Remember, this goes back over your whole lifetime.

	<u>AGE WHEN MOVED IN</u>	<u>AGE WHEN MOVED AWAY</u>	
FROM AGE _____		TO AGE _____	306-0
FROM AGE _____		TO AGE _____	310-1
FROM AGE _____		TO AGE _____	314-1
X ALL MY LIFE -- SKIP TO Q. 58			318

56. And last, please read the description of area "C" on the card. Tell me if you have ever lived, for a year or more, in an area that fits the description of area "C."

- 1 NO, NEVER LIVED IN AN AREA LIKE "C" FOR A YEAR OR MORE
- 2 YES, HAVE LIVED IN SUCH AN AREA FOR A YEAR OR MORE
- 3 NOT SURE

319

IF "YES" ON Q. 56, ASK:

57. Tell me, for each period of your life when you lived in an area like area "C" on the card, how old you were when you moved in and how old were you when you moved away. Remember, this goes back over your whole lifetime.

	<u>AGE WHEN MOVED IN</u>	<u>AGE WHEN MOVED AWAY</u>	
FROM AGE _____		TO AGE _____	320-2
FROM AGE _____		TO AGE _____	324-2
FROM AGE _____		TO AGE _____	328-2
X ALL MY LIFE			332

58. INTERVIEWER: RECORD SEX OF RESPONDENT: 1 MALE 333
2 FEMALE
59. Would you please tell me how old you are? _____ AGE 334-
X NOT GIVEN 335

60. Are you of Spanish origin; that is, are you from a Spanish-American family? 336
- 1 YES
2 NO

IF "YES" ON Q. 60, ASK:

61. Which of these types of Spanish-Americans best describe you:
Puerto Rican, Mexican, or some other Spanish-American group?
- 1 PUERTO RICAN
2 MEXICAN
3 SOME OTHER GROUP 337
4 NOT SURE

IF "NO," HAND RESPONDENT CARD II AND ASK:

62. Which of the groups on this card best describes your family origin? 338
- 1 AMERICAN INDIAN
2 ALASKAN NATIVE
3 ASIAN
4 PACIFIC ISLANDER
5 WHITE
6 BLACK
7 OTHER: _____
(Specify)
8 NO ANSWER
- TAKE BACK CARD II

INTERVIEWER: IF RESPONDENT IS AN ADULT, GO TO NEXT PAGE.
IF RESPONDENT IS A YOUTH, GO TO Q. 86 ON PAGE 39.

IF RESPONDENT IS AN ADULT:

63. Are you a student or taking any courses this year in a college or other kind of school?
- 1 YES
2 NO → SKIP TO Q. 66
- 339

IF "YES" ON Q. 63, ASK:

64. Is that a college or vocational school or what?
- 1 COLLEGE
2 COMMUNITY COLLEGE
3 VOCATIONAL SCHOOL
4 ADULT SCHOOL
5 HIGH SCHOOL
6 OTHER (specify): _____
- 340

65. Are you a full-time student or a part-time student?
- 1 FULL TIME
2 PART TIME
- 341

66. What is the last grade that you completed in school?
- 1 NO SCHOOLING
2 ELEMENTARY SCHOOL -- 8TH GRADE OR LESS
3 SOME HIGH SCHOOL
4 HIGH SCHOOL GRADUATE
5 SOME VOCATIONAL OR TECHNICAL SCHOOL
6 SOME COLLEGE
7 COLLEGE GRADUATE OR BEYOND
8 NO ANSWER
- 342

343-
344

57. Altogether, how many persons live here besides you?

0 NO ONE ELSE -- GO TO Q. 75

68. Do you have any children under age 18 who live here with you? (Just count your own children or your spouse's -- do not count grandchildren or younger brothers or sisters.)

- 1 YES
2 NO -- SKIP TO Q. 72

345

IF "YES" ON Q. 68, ASK:

69. How many of your children or your spouse's children who live here are under six years of age?

(NUMBER)

346

X NO ANSWER

70. How many who are between six and eleven years old?

(NUMBER)

347

X NO ANSWER

71. How many who are twelve through seventeen years old?

(NUMBER)

348

X NO ANSWER

72. Please tell me what other types of persons live here by their relationship to you and how many of each type.

LIVE HERE?

PLEASE CIRCLE
A NUMBER TO
SHOW A "YES"
OR A "NO" FOR
EACH CATEGORY

- PARENTS OR PARENTS-IN-LAW
SPOUSE OR SPOUSE-TYPE PERSON
BROTHERS OR SISTERS
OTHER RELATIVES
FRIENDS OR ROOMMATES
OTHER PERSON(S)

- 1 YES ___ 2 NO
1 YES ___ 2 NO

349-50

51-52

53-54

55-56

57-58

359-60

IF YES,
GET NUM-
BER AND
WRITE IN

INTERVIEWER: MAKE SURE THAT TOTAL NUMBER GIVEN IN Qs. 69, 70, 71 AND 72 AGREES WITH NUMBER WHICH YOU WROTE DOWN FOR Q. 67 OR GO OVER QUESTION AGAIN.

73. Which of the following best describes your current status? Are you married, living as a couple, widowed, separated, divorced, or never married?

- 1 MARRIED
2 LIVING AS A COUPLE
3 WIDOWED
4 DIVORCED OR SEPARATED
5 NEVER MARRIED
6 NO ANSWER

361

74. Are you employed at the present time, either full time or part time?

1 YES

2 NO

362

IF "YES" ON Q. 74, ASK:

75. What is your job title? If you have more than one job, what is the title of your main job?

76. Could you please tell me what kind of work you do on your main job?
(INTERVIEWER: GET ENOUGH DETAIL SO WE CAN CLASSIFY JOB.)

77. What kind of business is that? What do they make or do where you work?

IF NOT CLEAR IF SELF-EMPLOYED, ASK:

78. Are you self-employed?

1 YES

2 NO

363-
364

IF "NO," HAND RESPONDENT CARD I:

79. Which of the following best describes you?

- 1 HOUSEWIFE
- 2 STUDENT
- 3 UNEMPLOYED
- 4 RETIRED
- 5 DISABLED

365

TAKE BACK CARD I

GO TO NEXT PAGE

GO TO NEXT PAGE

90. Is there someone other than yourself who would be considered the chief wage earner in this household?

1 YES (ASK Qs. 81, 82, 83)

2 NO, RESPONDENT IS CHIEF

3 NO WAGE EARNER IN THIS HOUSEHOLD

4 TWO OR MORE EQUAL WAGE EARNERS

GO TO NEXT PAGE

366

IF SOMEONE ELSE (NOT RESPONDENT) IS CHIEF WAGE EARNER, ASK:

81. What is his(her) job title? (If this person has more than one job, just answer for his or her main source of income.)

82. What kind of work does the chief wage earner do? (INTERVIEWER: GET ENOUGH DETAIL SO WE CAN CLASSIFY JOB.)

83. What kind of business is that? What do they make or do where he(she) works?

IF NOT CLEAR WHETHER SELF-EMPLOYED, ASK:

84. Is he(she) self-employed?

1 YES

2 NO

367-
368

HAND RESPONDENT CARD J

85. For statistical purposes, please tell me which of these groups includes your total family income before taxes for last year. Include your own income and that of any members of your immediate family who are living with you. Just give me the number.

- | | <u>ANNUAL</u> | <u>(WEEKLY)</u> |
|---|---------------------|-----------------|
| 1 | NO INCOME | |
| 2 | UNDER \$6,999 | (UNDER \$134) |
| 3 | \$7,000 - \$9,999 | (\$135-\$192) |
| 4 | \$10,000 - \$14,999 | (\$193-\$288) |
| 5 | \$15,000 - \$19,999 | (\$289-\$384) |
| 6 | \$20,000 - \$24,999 | (\$385-\$480) |
| 7 | \$25,000 - \$29,999 | (\$481-\$576) |
| 8 | \$30,000 - \$34,999 | (\$577-\$673) |
| 9 | \$35,000 OR MORE | (\$674 OR MORE) |

369

TAKE BACK CARD J

Thank you very much.

INTERVIEWER: NOW TO GO PAGE 41. FILL IT IN BY YOURSELF.

IF RESPONDENT IS A YOUTH:

86. Are you going to school this year?

- 1 YES
- 2 NO -- GO TO Q. 88

405

IF "YES" ON Q. 86, ASK:

87. Do you go to school full time (that is, do you take a regular schedule of courses), or are you going to school less than full time?

- 1 FULL TIME
- 2 PART TIME
- 3 NOT SURE

406

88. What is the last grade that you completed in school?

- 1 SEVENTH GRADE OR LESS
- 2 EIGHTH GRADE
- 3 NINTH GRADE
- 4 TENTH GRADE
- 5 ELEVENTH GRADE
- 6 TWELFTH GRADE (HIGH SCHOOL GRADUATE)
- 7 BEYOND HIGH SCHOOL
- 8 NO ANSWER, NOT SURE

407

89. How many people live here besides yourself?

(NUMBER)

408-
409

90. Who are these people; that is, what is their relationship to you?

LIVE HERE?

- | | | | |
|----------------------------------|-------------|------|--------|
| MOTHER OR STEPMOTHER | 1 YES | 2 NO | 410 |
| FATHER OR STEPFATHER | 1 YES | 2 NO | 411 |
| OLDER BROTHERS OR SISTERS | 1 YES _____ | 2 NO | 412-13 |
| YOUNGER BROTHERS OR SISTERS | 1 YES _____ | 2 NO | 414-15 |
| OTHER RELATIVES | 1 YES _____ | 2 NO | 416-17 |
| OTHER PERSONS NOT RELATED TO YOU | 1 YES _____ | 2 NO | 418-19 |

IF YES,
GET NUM-
BER AND
WRITE IN

INTERVIEWER: MAKE SURE THAT TOTAL NUMBER GIVEN IN Q. 90 AGREES WITH NUMBER WHICH YOU WROTE DOWN FOR ANSWER TO Q. 89 OR GO OVER QUESTION AGAIN.

91. Do you have any older brothers or sisters living somewhere else, not here?

- 1 YES
- 2 NO

420

PLEASE GO TO NEXT PAGE

92. Is the chief wage earner in this household employed at the present time, either full time or part time?

- 1 YES
- 2 NO

3 NO CHIEF WAGE EARNER

421

IF "YES" ON Q. 92, ASK:

93. What is his(her) job title?

94. Could you please tell me what kind of work he(she) does? (INTERVIEWER: GET ENOUGH DETAIL SO WE CAN CLASSIFY JOB.)

95. What kind of business is that?
What do they make or do there?

IF NOT CLEAR WHETHER SELF-EMPLOYED, ASK:

96. Is he(she) self-employed?

- 1 YES
- 2 NO

422-
423

IF "NO," HAND RESPONDENT CARD I AND ASK:

97. Which of the following best describes the chief wage earner?

- 1 HOUSEWIFE
- 2 STUDENT
- 3 UNEMPLOYED
- 4 RETIRED
- 5 DISABLED

424

TAKE BACK CARD I

INTERVIEWER: TERMINATE INTERVIEW THAN GO ON TO NEXT PAGE AND FILL IT IN BY YOURSELF.

INTERVIEWER: THIS NEXT STEP IS VERY IMPORTANT. YOUR SIGNATURE ON THE FOLLOWING STATEMENT VERIFIES THAT YOU FOLLOWED INSTRUCTIONS FOR OBTAINING RESPONDENT CONSENT.

I have carried out the instructions for informing respondent (and respondent's parent, in the case of a youth) of his or her rights with respect to participating.

Interviewer Signature *Date*

425-
426

LENGTH OF INTERVIEW: _____ MINUTES INTERVIEWER I.D. #: _____

427-
430

BE SURE YOU HAVE FILLED IN LOCATION AND HOUSING UNIT NUMBERS ON FIRST PAGE.

INTERVIEWER: NOW ANSWER THE FOLLOWING QUESTIONS BY YOURSELF.

98. Circle one number below to show the kind of area that this household is in.

- 1 CITY -- Roughly 50,000 population or more
- 2 SUBURBS RIGHT AROUND THE CITY
- 3 TOWN -- ROUGHLY 25,000 to 50,000
- 4 SUBURBS RIGHT AROUND THE TOWN
- 5 TOWN -- Between 2,500 and 25,000 but not part of a metropolitan area
- 6 A VILLAGE OR TOWN OF 2,500 or fewer
- 7 RURAL OR OPEN COUNTRY

431

PLEASE CONTINUE ON THE NEXT PAGE.

99. We want an idea of how much movement there is in and out of the area by people who are not residents, but who are around for some part of the year. Which is why we are asking you about the following things.

Within a radius of ten miles of this location, are there any of the following:

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>	
a. Any kind of military or naval base	1	2	3	432
b. A logging or mining camp	1	2	3	433
c. One or more colleges with students who live away from their regular home	1	2	3	434
d. A resort area which attracts vacation or business travelers	1	2	3	435
e. A temporary construction site for some big project	1	2	3	436
f. One or more ranches or farms with numerous hired hands	1	2	3	437
g. Farms, orchards, vineyards, or other agricultural areas that employ migrant workers part of the year	1	2	3	438
h. Anything else of this kind that could mean many temporary residents	1	2	3	439

100. What kind of household is this interview being conducted in?

- 1 FREE STANDING, SINGLE FAMILY HOUSE ON A FARM OR RANCH
- 2 OTHER SINGLE FAMILY HOUSE
- 3 TWO OR THREE FAMILY HOUSE
- 4 APARTMENT (IN A BUILDING WITH FOUR OR MORE SEPARATE APARTMENTS) 140
- 5 MOBILE HOME
- 6 OTHER: _____
(WRITE IN THE TYPE)

101. Please estimate the respondent's understanding of the interview:

- 1 NO DIFFICULTY -- No language or reading problem
- 2 JUST A LITTLE DIFFICULTY -- Almost no language or reading problem
- 3 A FAIR AMOUNT OF DIFFICULTY -- Some language or reading problem
- 4 A LOT OF DIFFICULTY -- Considerable language or reading problem

441

102. How cooperative is the respondent -- very cooperative, fairly cooperative, not too cooperative, or openly hostile?

- 1 VERY COOPERATIVE
- 2 FAIRLY COOPERATIVE
- 3 NOT TOO COOPERATIVE
- 4 OPENLY HOSTILE

442

INTERVIEWER: IF THIS INTERVIEW IS WITH A YOUTH, AGE 12-17, ANSWER THE FOLLOWING:

103. During the interview we want to know whether it was completely private, which means no chance for parents to overhear, or whether a parent sat in the room or was in and out of the room so much as to possibly affect the privacy of the interview.

Circle a number between 1 and 10 below, to show how private the interview was.

1 COMPLETELY PRIVATE

2

3 MINOR DISTRACTIONS

4

5 PARENT IN ROOM AROUND 1/3 OF THE TIME

6

7 SERIOUS INTERRUPTIONS OF PRIVACY MORE THAN HALF OF THE TIME

8

9 CONSTANT PRESENCE OF PARENT

X NOT SURE

443

NOW CLOSE INTERVIEW BOOKLET. GIVE IT TO RESPONDENT TO PUT INTO THE LARGE ENVELOPE. ASK RESPONDENT TO SEAL ENVELOPE AND TO GO WITH YOU TO MAILBOX IF HE OR SHE WANTS TO.

BE SURE THAT VERIFICATION POSTCARD IS FILLED OUT BEFORE YOU LEAVE THE HOUSE.

Eight Answer Sheets

ALCOHOLIC BEVERAGES: Beer, wine, and
whiskey, gin, other "hard" liquorsA-1. About how long ago was the first
time you had a drink?

- 1 WITHIN THE PAST WEEK
- 2 WITHIN THE PAST MONTH
- 3 WITHIN THE PAST SIX MONTHS
- 4 SIX MONTHS TO A YEAR AGO
- 5 MORE THAN A YEAR AGO
- 6 MORE THAN TWO YEARS AGO
- 7 MORE THAN FIVE YEARS AGO
- 8 NOT SURE

X NEVER TRIED 505

A-2. About how old were you then?

Age: _____ 506-

X NEVER HAD A DRINK 507

A-3. When was the most recent time you
had a drink?

- 1 WITHIN THE PAST WEEK
- 2 WITHIN THE PAST MONTH
- 3 WITHIN THE PAST SIX MONTHS
- 4 SIX MONTHS TO A YEAR AGO
- 5 MORE THAN A YEAR AGO
- 6 MORE THAN TWO YEARS AGO
- 7 MORE THAN FIVE YEARS AGO
- 8 NOT SURE

X NEVER TRIED 508

A-4. In the past 30 days, on how many
different days did you have one or
more drinks?

Number of days: _____ 509-

X NO DAYS 510

A-5. Over the past 30 days, what is the
most you had to drink on any one
day?

- 1 ONE OR TWO DRINKS
 - 2 THREE OR FOUR DRINKS
 - 3 FIVE OR SIX DRINKS
 - 4 SEVEN OR EIGHT DRINKS 511
 - 5 NINE OR TEN DRINKS
 - 6 ELEVEN OR MORE DRINKS
- X NO DRINKS IN PAST 30 DAYS

A-6. On how many different days did you
have this number of drinks?

Number of days: _____ 512-

X NO DAYS 513

PLEASE STOP AND WAIT FOR THE INTER-
VIEWER TO ASK YOU THE QUESTIONS THAT
FOLLOW.A-7. Did you understand each question
on this page?

- 1 YES 514
- 2 NO

A-8. Did you mark an answer for each
question on this page?

- 1 YES, I MARKED AN ANSWER FOR
EACH QUESTION 515
- 2 NO, I DID NOT MARK AN ANSWER
FOR EACH QUESTION

THANK YOU

THIS ANSWER SHEET GOES IN THE ENVELOPE

PLEASE GO TO THE TOP OF THE NEXT COLUMN

MARIHUANA AND HASHISH

M-1. Have you ever known someone who has used marihuana or hashish?

- 1 YES 516
- 2 NO

M-2. How old were you when you first had a chance to try marihuana or hash if you wanted to?

Age: _____ 517-
518

X NEVER HAD A CHANCE TO TRY

M-3. About how long ago was the first time you tried marihuana or hash?

- 1 WITHIN THE PAST WEEK
- 2 WITHIN THE PAST MONTH
- 3 WITHIN THE PAST SIX MONTHS
- 4 SIX MONTHS TO A YEAR AGO
- 5 MORE THAN A YEAR AGO
- 6 MORE THAN TWO YEARS AGO
- 7 MORE THAN FIVE YEARS AGO
- 8 NOT SURE 519

X NEVER TRIED

M-4. About how old were you the first time you tried marihuana or hash?

Age: _____ 520-
521

X NEVER TRIED

M-5. At the time you first tried marihuana or hash, what kind of area were you living in?

- 1 FARM, RANCH, OR SMALL TOWN OF LESS THAN 2,500 POPULATION
- 2 RURAL TYPE AREA, 2,500 TO 25,000 POPULATION
- 3 TOWN OR CITY WITH POPULATION BETWEEN 25,000 AND 50,000
- 4 CITY WITH POPULATION OVER 50,000

X NEVER TRIED 522

M-6. When was the most recent time that you used marihuana or hash?

- 1 WITHIN THE PAST WEEK
- 2 WITHIN THE PAST MONTH
- 3 WITHIN THE PAST SIX MONTHS
- 4 SIX MONTHS TO A YEAR AGO
- 5 MORE THAN A YEAR AGO
- 6 MORE THAN TWO YEARS AGO
- 7 MORE THAN FIVE YEARS AGO
- 8 NOT SURE 523

X NEVER USED

M-7. In the past 30 days, on how many different days did you use marihuana or hash?

Number of days: _____ 524-
525

X NO DAYS

M-8. About how many times in your lifetime have you used marihuana or hash?

- 1 1 OR 2 TIMES
- 2 3 TO 10 TIMES
- 3 11 TO 99 TIMES 526
- 4 100 OR MORE TIMES
- X NO TIMES

PLEASE STOP AND WAIT FOR THE INTERVIEWER TO ASK YOU THE QUESTIONS THAT FOLLOW.

M-9. Did you understand each question on this page?

- 1 YES 527
- 2 NO

M-10. Did you mark an answer for each question on this page?

- 1 YES, I MARKED AN ANSWER FOR EACH QUESTION
- 2 NO, I DID NOT MARK AN ANSWER FOR EACH QUESTION 528

THANK YOU

THIS ANSWER SHEET GOES IN THE ENVELOPE

PLEASE GO TO THE TOP OF THE NEXT COLUMN

INHALANTS

1. Gasoline or lighter fluids
2. Spray paints
3. Other aerosol sprays (PAM or deodorants)
4. Shoe shine, glue, or toluene
5. Lacquer thinner, or other paint solvents
6. Amyl nitrite, "poppers"
7. Halothane, ether, or other anesthetics
8. Nitrous oxide, whippets
9. Locker room odorizer
10. Other substances used as inhalants

G-1. How old were you when you first had a chance to sniff one of these inhalants if you wanted to?

Age: _____ 529-
530

X NEVER HAD A CHANCE TO SNIFF

G-2. About how long ago was the first time you used one of these inhalants for kicks or to get high?

- 1 WITHIN THE PAST WEEK
- 2 WITHIN THE PAST MONTH
- 3 WITHIN THE PAST SIX MONTHS
- 4 SIX MONTHS TO A YEAR AGO
- 5 MORE THAN A YEAR AGO
- 6 MORE THAN TWO YEARS AGO
- 7 MORE THAN FIVE YEARS AGO
- 8 NOT SURE

531

X NEVER TRIED

G-3. About how old were you the first time you sniffed one of these inhalants?

Age: _____ 532-
533

X NEVER TRIED

PLEASE GO TO THE TOP OF THE NEXT COLUMN

G-4. The list of inhalants from the top of the page is printed again here. Draw a circle around the numbers of all the inhalants that you have ever used for kicks or to get high.

- 1 GASOLINE OR LIGHTER FLUID
- 2 SPRAY PAINT
- 3 OTHER AEROSOL SPRAYS
- 4 SHOE SHINE, GLUE, TOLUENE
- 5 LACQUER THINNER, OTHER PAINT SOLVENTS
- 6 AMYL NITRITE ("POPPERS")
- 7 HALOTHANE, ETHER, OTHER ANESTHETICS 534
- 8 NITROUS OXIDE, WHIPPETS
- 9 LOCKER ROOM ODORIZER
- X NEVER USED ANY TO GET HIGH

G-5. Please go over the list again. Circle the numbers in front of the inhalants which you have used during the past 30 days to get high or to feel good.

- 1 GASOLINE OR LIGHTER FLUID
- 2 SPRAY PAINT
- 3 OTHER AEROSOL SPRAYS
- 4 SHOE SHINE, GLUE, TOLUENE
- 5 LACQUER THINNER, OTHER PAINT SOLVENTS
- 6 AMYL NITRITE ("POPPERS") 535
- 7 HALOTHANE, ETHER, OTHER ANESTHETICS
- 8 NITROUS OXIDE, WHIPPETS
- 9 LOCKER ROOM ODORIZER
- X NEVER USED ANY TO GET HIGH



PLEASE TURN THIS PAGE OVER AND FINISH ON THE OTHER SIDE.

INHALANTS (continued)

1. Gasoline or lighter fluids
2. Spray paints
3. Other aerosol sprays (PAM or deodorants)
4. Shoe shine, glue, or toluene
5. Lacquer thinner, or other paint solvents
6. Amyl nitrite, "poppers"
7. Halothane, ether, or other anesthetics
8. Nitrous oxide, whippets
9. Locker room odorizer
10. Other substances used as inhalants

G-6. When was the most recent time that you used one of these inhalants to get high or to feel good?

- 1 WITHIN THE PAST WEEK
- 2 WITHIN THE PAST MONTH
- 3 WITHIN THE PAST SIX MONTHS
- 4 SIX MONTHS TO A YEAR AGO
- 5 MORE THAN A YEAR AGO
- 6 MORE THAN TWO YEARS AGO
- 7 MORE THAN FIVE YEARS AGO
- 8 NOT SURE 536
- X NEVER TRIED

G-7. About how many times in your life-time have you used an inhalant to get high or for kicks?

- 1 1 OR 2 TIMES
- 2 3 TO 10 TIMES
- 3 11 TO 99 TIMES 537
- 4 100 OR MORE TIMES
- X NO TIMES

G-8. Did you ever hear of locker room odorizer as an inhalant that some people use for kicks or to get high?

- 1 YES
- 2 NO 538
- 3 NOT SURE

G-9. Have you, yourself, ever used locker room odorizer as an inhalant?

- 1 YES
- 2 NO
- 3 NOT SURE 539

PLEASE STOP AND WAIT FOR THE INTERVIEWER TO ASK YOU THE QUESTIONS THAT FOLLOW.

G-10. Did you understand each question on both sides of this sheet?

- 1 YES
- 2 NO 540

G-11. Did you mark an answer for each question?

- 1 YES, I MARKED AN ANSWER FOR EACH QUESTION
- 2 NO, I DID NOT MARK AN ANSWER FOR EACH QUESTION 541

THANK YOU
THIS ANSWER SHEET GOES IN THE ENVELOPE

LSD, AND OTHER HALLUCINOGENS SUCH AS
PHENCYCLIDINE OR PCP, Mescaline, Peyote, Psilocybin, DMT

L-1. How old were you when you first had a chance to try LSD or other hallucinogens if you wanted to?
Age: _____ 542-
543
X NEVER HAD A CHANCE TO TRY

L-2. About how long ago was the first time you tried LSD or other hallucinogens?
1 WITHIN THE PAST WEEK
2 WITHIN THE PAST MONTH
3 WITHIN THE PAST SIX MONTHS
4 SIX MONTHS TO A YEAR AGO
5 MORE THAN A YEAR AGO
6 MORE THAN TWO YEARS AGO
7 MORE THAN FIVE YEARS AGO
8 NOT SURE 544
X NEVER TRIED

L-3. About how old were you the first time you tried LSD or other hallucinogens?
Age: _____ 545-
546
X NEVER TRIED

L-4. When was the most recent time that you used LSD or other hallucinogens?
1 WITHIN THE PAST WEEK
2 WITHIN THE PAST MONTH
3 WITHIN THE PAST SIX MONTHS
4 SIX MONTHS TO A YEAR AGO
5 MORE THAN A YEAR AGO
6 MORE THAN TWO YEARS AGO
7 MORE THAN FIVE YEARS AGO
8 NOT SURE 547
9 NEVER USED

PLEASE GO TO THE TOP OF THE NEXT COLUMN

L-5. In the past 30 days, on how many different days did you use LSD or other hallucinogens?
Number of days: _____ 548-
549
X NO DAYS

L-6. About how many times in your lifetime have you used LSD or other hallucinogens?
1 1 OR 2 TIMES
2 3 TO 10 TIMES
3 11 TO 99 TIMES 550
4 100 OR MORE TIMES
X NO TIMES

L-7. Did you ever hear of PCP, which is also called "Angel Dust"?
1 YES
2 NO 551

L-8. Have you ever used PCP, ("Angel Dust")?
1 YES
2 NO 552

L-9. In the past 30 days, on how many different days did you use PCP, ("Angel Dust")?
Number of days: _____ 553-
554
X NO DAYS

PLEASE STOP AND WAIT FOR THE INTERVIEWER TO ASK YOU THE QUESTIONS THAT FOLLOW.

L-10. Did you understand each question on this page?
1 YES
2 NO 555

L-11. Did you mark an answer for each question on this page?
1 YES, I MARKED AN ANSWER FOR EACH QUESTION
2 NO, I DID NOT MARK AN ANSWER FOR EACH QUESTION 556

THANK YOU

THIS ANSWER SHEET GOES IN THE ENVELOPE

COCAINE

C-1. How old were you when you first had a chance to try cocaine if you wanted to?

Age: _____ 557-
558

X NEVER HAD A CHANCE TO TRY

C-2. About how long ago was the first time you tried cocaine?

1 WITHIN THE PAST WEEK
 2 WITHIN THE PAST MONTH
 3 WITHIN THE PAST SIX MONTHS
 4 SIX MONTHS TO A YEAR AGO
 5 MORE THAN A YEAR AGO
 6 MORE THAN TWO YEARS AGO
 7 MORE THAN FIVE YEARS AGO
 8 NOT SURE 559

X NEVER TRIED

C-3. About how old were you the first time you tried cocaine?

Age: _____ 560-
561

X NEVER TRIED

C-4. When was the most recent time that you used cocaine?

1 WITHIN THE PAST WEEK
 2 WITHIN THE PAST MONTH
 3 WITHIN THE PAST SIX MONTHS
 4 SIX MONTHS TO A YEAR AGO
 5 MORE THAN A YEAR AGO
 6 MORE THAN TWO YEARS AGO
 7 MORE THAN FIVE YEARS AGO
 8 NOT SURE 562

X NEVER USED

C-5. In the past 30 days, on how many different days did you use cocaine?

Number of days: _____ 563-
564

X NO DAYS

C-6. About how many times in your life-time have you used cocaine?

1 1 OR 2 TIMES
 2 3 TO 10 TIMES 565
 3 11 TO 99 TIMES
 4 100 OR MORE TIMES
 X NO TIMES

PLEASE STOP AND WAIT FOR THE INTERVIEWER TO ASK YOU THE QUESTIONS THAT FOLLOW.

C-7. Did you understand each question on this page?

1 YES 566
 2 NO

C-8. Did you mark an answer for each question on this page?

1 YES, I MARKED AN ANSWER FOR EACH QUESTION
 2 NO, I DID NOT MARK AN ANSWER FOR EACH QUESTION 567

THANK YOU
THIS ANSWER SHEET GOES IN THE ENVELOPE

PLEASE GO TO THE TOP OF THE NEXT COLUMN

HEROIN

-1. Have you ever known someone who has used heroin?
 1 YES 605
 2 NO OR NOT SURE

H-2. How old were you when you first had a chance to try heroin if you wanted to?
 Age: _____ 606-607
 X NEVER HAD A CHANCE TO TRY

H-3. About how long ago was the first time you tried heroin?
 1 WITHIN THE PAST WEEK
 2 WITHIN THE PAST MONTH
 3 WITHIN THE PAST SIX MONTHS
 4 SIX MONTHS TO A YEAR AGO
 5 MORE THAN A YEAR AGO
 6 MORE THAN TWO YEARS AGO
 7 MORE THAN FIVE YEARS AGO
 8 NOT SURE 608
 X NEVER TRIED

H-4. About how old were you the first time you tried heroin?
 Age: _____ 609-610
 X NEVER TRIED

H-5. When was the most recent time that you used heroin?
 1 WITHIN THE PAST WEEK
 2 WITHIN THE PAST MONTH
 3 WITHIN THE PAST SIX MONTHS
 4 SIX MONTHS TO A YEAR AGO
 5 MORE THAN A YEAR AGO
 6 MORE THAN TWO YEARS AGO
 7 MORE THAN FIVE YEARS AGO
 8 NOT SURE 611
 9 NEVER USED

H-6. In the past 30 days, on how many different days did you use heroin?
 Number of days: _____ 612-613
 X NO DAYS

H-7. About how many times in your life-time have you used heroin?
 1 1 OR 2 TIMES
 2 3 TO 10 TIMES 614
 3 11 TO 99 TIMES
 4 100 OR MORE TIMES
 X NO TIMES

H-8. How many of your close friends, if any, know for sure that you have ever used heroin?
 Number of close friends who know: _____ 615-616
 X NEVER USED
 PLEASE LOOK AT THE ANSWER SPACE ABOVE, FOR Q. H-8. IF THE CORRECT ANSWER FOR YOU MEANS WRITING IN A NUMBER, DID YOU PUT A NUMBER IN THE BLANK SPACE? IF NOT, PLEASE GO BACK AND DO IT.

H-9. How many of these close friends who know you have ever used heroin live in a college dormitory, or on a military base, or in a jail, or in a drug rehabilitation center, or have no definite address?
 Number of close friends living in these places: _____
 X NEVER USED
 PLEASE MAKE SURE THAT YOU WROTE A NUMBER IN THE SPACE ABOVE, IF YOU WERE SUPPOSED TO. 617-18

PLEASE TURN THE PAGE OVER AND FINISH ON THE OTHER SIDE.



HEROIN (continued)

H-10. Have you ever taken heroin with a needle?

1 YES

2 NO

619

PLEASE STOP AND WAIT FOR THE INTERVIEWER
TO ASK YOU THE QUESTIONS THAT FOLLOW.

H-11. Did you understand each question on both sides of this sheet?

1 YES

2 NO

620

H-12. Did you mark an answer for each question?

1 YES, I MARKED AN ANSWER FOR EACH QUESTION

2 NO, I DID NOT MARK AN ANSWER FOR EACH QUESTION

621

THANK YOU

THIS ANSWER SHEET GOES IN THE ENVELOPE

SPECIAL QUESTION

Please wait for the interviewer to read the question to you, so that you know how to use the answer categories below.

___ Cocaine	622
___ LSD, other hallucinogens	623
___ Cigarettes	624
___ Heroin	625
___ Beer or wine	626
___ Hard liquor	627
___ Marihuana, hashish	628
___ Pills (<u>nonmedical</u> use of sedatives, tranquilizers, stimulants, and analgesics)	629
___ Inhalants	630

					X	
41a.	Getting really high on marihuana caused <u>me</u> to drive less well than I usually do (at least once).	1	YES	2	NO	3 NOT SURE 631
41b.	Getting really high on marihuana caused <u>someone I know</u> to drive less well than he or she usually does (at least once).	1	YES	2	NO	3 NOT SURE 632

					X	
42a.	Taking only one or two puffs of marihuana shortly before driving has made <u>me</u> drive less well than I usually do (at least once).	1	YES	2	NO	3 NOT SURE 633
42b.	Taking only one or two puffs of marihuana shortly before driving has made <u>someone I know</u> drive less well than he or she usually does (at least once).	1	YES	2	NO	3 NOT SURE 634

					X	
44a.	There was a time when steady use of marihuana made <u>me</u> stop caring and not try as hard.	1	YES	2	NO	3 NOT SURE 635
44b.	There was a time when steady use of marihuana made <u>someone I know</u> stop caring and not try as hard.	1	YES	2	NO	3 NOT SURE 636

					X	
45a.	There was a time when smoking a little marihuana every night and staying high on weekends made <u>me</u> stop caring and not try as hard.	1	YES	2	NO	3 NOT SURE 637
45b.	There was a time when smoking a little marihuana every night and staying high on weekends made <u>someone I know</u> stop caring and not try as hard.	1	YES	2	NO	3 NOT SURE 638

				X				
46a.	There was a time when smoking marihuana only on weekends made <u>me</u> stop caring and not try as hard.	1	YES	2	NO	3	NOT SURE	639

46b.	There was a time when smoking marihuana only on weekends made <u>someone I know</u> stop caring and not try as hard.	1	YES	2	NO	3	NOT SURE	640
------	--	---	-----	---	----	---	----------	-----

				X				
47a.	I remember a time when I had four or five drinks shortly before driving, and they made <u>me</u> drive badly.	1	YES	2	NO	3	NOT SURE	641

47b.	I know of a time when having four or five drinks shortly before driving made <u>someone I know</u> drive badly.	1	YES	2	NO	3	NOT SURE	642
------	---	---	-----	---	----	---	----------	-----

				X				
48a.	I remember a time when I had one or two drinks shortly before driving, and they made <u>me</u> drive badly.	1	YES	2	NO	3	NOT SURE	643

48b.	I know of a time when having one or two drinks shortly before driving made <u>someone I know</u> drive badly.	1	YES	2	NO	3	NOT SURE	644
------	---	---	-----	---	----	---	----------	-----

Pill Cards

B-I



1



BUTISOL®

2



BUTICAPS®

3



AMYTAL®

4



ESKABARB®

5



LUMINAL®

6



MEBARAL®

7 AMOBARBITAL

8 PHENOBARBITAL

9 ALURATE®

B-II



10



PERGIOLYL®

11



DORIDEN®

12



NOLUDAR®

13



SOPOR®

14



QUAALUDE®

15



PAREST®

16



NOCTEC®

17 METHAQUALONE

18 CHLORAL HYDRATE

B-III



19



NEMBUTAL®

20



CARBITAL®

21



SECONAL®

22



TUINAL®

23 PENTOBARBITAL

24 SECOBARBITAL

B-IV



25



DALMANE®

C-I



1



VALIUM®

2



LIBRIUM®

3



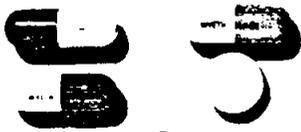
LIBRITABS®

4



SK-LYGEN®

5



SERAX®

6



TRANXENE®

7



ATIVAN®

8



VERSTRAN®

C-II



9



MEPROSPAN®

10



MILTOWN®

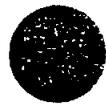
11



EQUANIL®

12 MEPROBAMATE

C-III

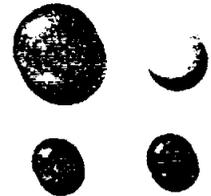


13



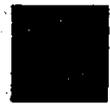
VISTARIL®

14



ATARAX®

C-IV

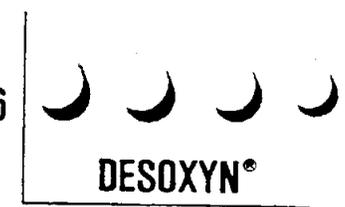


15



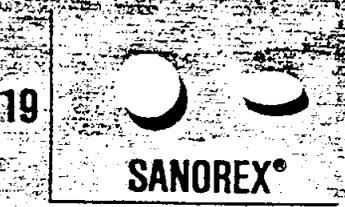
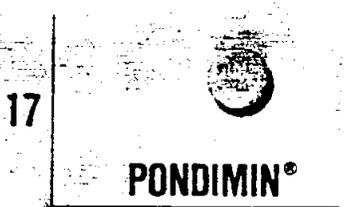
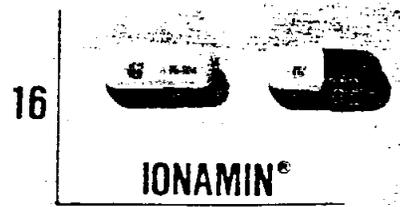
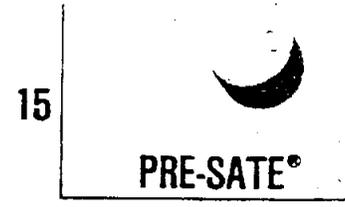
BENADRYL®

D-I



- 7 DEXTROAMPHETAMINE
- 8 METHEDRINE
- 9 OBEDRIN-LA.®

D-II



D-III



D-IV



E-I



DARVON®

2



DOLENE®

3



SK-65®

4 PROPOXYPHENE

E-II



5



LERITINE®

6



LEVO-DROMORAN®

7



PERCODAN®

8



DEMEROL®

9



DILAUDID®

10



TYLENOL WITH CODEINE®

11 CODEINE

E-III



12



DOLOPHINE®

13



WESTODONE®

14 METHADONE

E-IV



15



TALWIN®