

SAMHDA

SUBSTANCE ABUSE & MENTAL HEALTH DATA ARCHIVE

National Household Survey on Drug Abuse, 1982

*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

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Definitions

CBHSQ

Center for Behavioral Health Statistics and Quality

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SAMHDA

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APPENDIX C

Data Collection Instruments

- Interview Form N**
- Interview Core Form**
- Twelve Answer Sheets**
- Pill Cards**

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 09-30-0076
Expires: 5/31/82
RAC 4292
Form N(2)

CURRENT TRENDS

INTERVIEWER: RECORD WHETHER RESPONDENT IS AN ADULT OR A YOUTH 1 ADULT
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 and Human Services (which used to be called HEW). 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, 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 QUESTIONNAIRE
2 NO

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.

U.S. Department of Health and Human Services, Public Health Service,
Alcohol, Drug Abuse, and Mental Health Administration
National Institute on Drug Abuse

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 TOP OF NEXT PAGE

115-
116

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

- 1 YES
- 2 NO
- 8 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
- 8 NOT SURE

GO TO TOP OF NEXT PAGE

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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)
- 8 NOT SURE

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6. The next questions are about different types of drugs. I am going to read you the names of some drugs or drug types. After I read each one, just tell me whether you think more people are taking the drug now than was the case a few years ago. If I come to any drugs you haven't heard of, just let me know. The first drug is marijuana. So far as you know, are more people or fewer people using marijuana now than a few years ago? (Second, sedatives ... *REPEAT STEM.*)

	MORE PEOPLE USING?			
	<u>MORE</u>	<u>FEWER</u>	<u>NOT SURE/NEVER HEARD OF IT/OTHER</u>	
a. Marijuana (<u>MAR-UH-HWANA</u>)	1	2	3	12
b. Sedatives	1	2	3	12
c. Tranquilizers (<u>TRANK-WILL-IZERS</u>)	1	2	3	12
d. Amphetamines (<u>AM-FET-AH-MEENS</u>)	1	2	3	12
e. Cocaine (<u>KO-CANE</u>)	1	2	3	12
f. LSD (L-S-D)	1	2	3	12
g. Heroin (<u>HEH-ROW-IN</u>)	1	2	3	12

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/or psychologically dependent on it and can't get along without it. Just answer for those you have heard of.

- 1 ALCOHOL
- 2 MARIJUANA
- 3 SEDATIVES
- 4 TRANQUILIZERS
- 5 AMPHETAMINES
- 6 COCAINE
- 7 LSD
- 8 HEROIN
- 9 NOTHING CIRCLED ABOVE

12

TAKE BACK CARD A

ALCOHOL

4

The next questions are about alcohol; that is, beer, wine, and liquor, like whiskey or gin.

HAND RESPONDENT: THE ALCOHOL ANSWER SHEET (YELLOW)

ANSWER SHEET #1

A PEN

LARGE RETURN ENVELOPE

After I read each question to you, please mark your answer down on this answer sheet. When we finish this page, I will ask you to put it in the envelope, and at the end of the interview I'll remind you to seal the envelope. As you can see, these questions are set up so that I will not know what your answers are.

Now let's start:

Question A-1.

Think back to the first time in your life that you ever had an alcohol drink. Please don't include childhood sips that you might have had from an older person's drink. The first question (A-1) asks: About how old were you the first time you had a glass of beer or a drink of liquor, such as whiskey, gin, scotch, etc.? Please write in the age that shows how old you were at that time. If you can't remember exactly how old you were, give your best guess. Or, if you've never had a drink, just circle the "X."

Question A-2.

The next question (A-2) asks: When was the most recent time that you had an alcohol drink? Did you have a drink within the past month? If not, was it within the past six months? Just draw a circle around the number that is next to the first answer that fits you.

If you're not sure which of two answers fits you best, circle both numbers. As you can see, these questions are set up so that every person answers every question.

Question A-3.

Going to the top of the next column, the third question (A-3) asks: If you used alcohol during the past 30 days, on about how many different days did you have one or more drinks?

Please write the number of days on your answer sheet. If you did not have a drink during the past 30 days, just put down a "zero." Or, if you never had an alcohol drink, just circle the "X."

Question A-4.

The last question (A-4) asks: On those occasions when you have a drink, is it usually beer, wine, or "liquor" -- or some combination of these?

Please check back and make sure you have marked an answer to every question. We have to have your answer to every question even if you never had an alcohol drink. This is so the computer will know that I asked every question.

If any of the questions seemed confusing, please tell me and I'll try to explain it to you. (PAUSE ... HELP RESPONDENT, IF NECESSARY.) Please put your answer sheet in the envelope, but don't seal it yet, since there will be other answer sheets.

The second answer sheet is for questions on marijuana and hashish.

As I mentioned before, we need an answer for every question -- even if you've never tried marijuana. This is so that everyone can answer privately -- without telling me if they have or have not used a drug.

HAND RESPONDENT: THE MARIJUANA ANSWER SHEET (GREEN) ANSWER SHEET #2

Please start by thinking back to the first time you knew someone who had tried marijuana or hashish.

Question M-1. The first question (M-1) asks: About how old were you the first time you knew someone who had tried marijuana or hash? Write down how old you were at that time.

If you're not sure how old you were, try to estimate your approximate age at that time. If you've never known anyone who's tried it, just circle the "X."

Question M-2. The second question (M-2) asks: About how old were you when you first had a chance to try marijuana or hash if you wanted to?

Question M-3. And, for the third question (M-3), write down how old you were when you actually used marijuana or hash for the first time.

Question M-4. Now, think of all the times you've used marijuana, from the first time up to the most recent time; then, look at the answer categories for Question M-4 and circle a number to show, roughly, about how many times in your life you've used marijuana or hash.

Question M-5. Going to the top of the next column, Question M-5 asks: When was the most recent time that you used marijuana or hash? Circle the first answer that fits you.

Question M-6. The next question (M-6) asks: During the past 30 days, on about how many different days did you use marijuana or hash? If you're not sure, try to make a good guess. If it's no days, just put down a zero.

Question M-7. During the past 30 days, about how many marijuana cigarettes (joints, reefers) or the equivalent did you smoke a day on the average? (If you shared them with other people, count only the amount you smoked.) Circle the first answer that fits you.

Question M-8. Thinking back to before the past 30 days, was there ever a time when you used marijuana or hash every day or almost every day for as long as a month or more? Just as a guide, what we mean by "almost every day" is about 20 days out of a month.

Please turn your answer sheet over.

Question M-9.

Question M-9 asks: On the occasions when you have used marijuana or hash, about how often did you also have an alcohol drink at about the same time? Was this what you usually did, was it about half the time, occasionally, or what? Just as a guide, when we say "at about the same time," we mean within a couple of hours of each other.

Please check back and make sure that you've answered every question on the answer sheet. If you skipped a question, I'd be happy to read it to you again. Or, if any of the questions seemed confusing, let me know and I'll try to explain it.

(PAUSE ... HELP RESPONDENT, IF NECESSARY.)

Please put the answer sheet in the envelope.

The next set of questions will be about prescription-type pills. These pills can be bought in a drug store only if you have a doctor's prescription.

There will be separate questions for sedatives, tranquilizers, stimulants, and certain other pills. Sometimes doctors prescribe these kinds of pills for various medical purposes. Other times people take them for kicks or to get high or feel good -- or for other nonmedical reasons such as curiosity about the pill's effect.

In this study we are interested in both medical use and nonmedical use of these pills. We have separate questions for medical use and nonmedical use. Medical use means taking pills that were prescribed for you by a doctor. Nonmedical use means taking pills for kicks or to get high or for any other nonmedical reason.

We'll start by talking about medical use of barbiturates and other sedatives. As you may know, sedatives are often referred to as sleeping pills. Doctors sometimes prescribe these pills to help people go to sleep or to help them calm down during the day or for some other medical purpose.

GO TO TOP OF NEXT PAGE.

8. First, I need to know which sedatives -- if any -- were ever prescribed for you by a doctor.

FLIP TO CARD B (SEDATIVES); HOLD IT UP, BUT DON'T GIVE IT TO RESPONDENT YET.

This card shows most sedative pills that are usually available only under a doctor's prescription. When I give you the card, please go through it slowly and look at every pill. Each time you come to one that has been prescribed for you, you can either give me the name of the pill or you can just say the number that's next to it. Ready?

HAND RESPONDENT CARD B

(IF RESPONDENT IS AN ADULT, ADD: This includes your whole life, so think back over the years.)

(PAUSE ... CIRCLE ONLY THOSE PILLS THAT WERE PRESCRIBED FOR RESPONDENT BY A DOCTOR.)

- | | | | | | |
|-----------------|-----|--------------------|-----|--|-----|
| 1 BUTISOL | 128 | 10 PLACIDYL | 137 | 19 NEMBUTAL | 146 |
| 2 BUTICAPS | | 11 DORIDEN | | 20 CARBRITAL | |
| 3 AMYTAL | 130 | 12 NOLUDAR | 139 | 21 SECONAL | 148 |
| 4 ESKABARB | | 13 SOPOR | | 22 TUINAL | |
| 5 LUMINAL | 132 | 14 QUAALUDE | 141 | 23 PENTOBARBITAL | 150 |
| 6 MEBARAL | | 15 PAREST | | 24 SECOBARBITAL | |
| 7 AMO BARBITAL | 134 | 16 NOCTEC | 143 | 25 DALMANE | 152 |
| 8 PHENOBARBITAL | | 17 METHAQUALONE | | 26 OTHER PILL OF THIS TYPE, VOLUNTEERED: | 153 |
| 9 ALURATE | 136 | 18 CHLORAL HYDRATE | 145 | | |

(WRITE IN PILL NAME)

- 98 NOT SURE WHICH SEDATIVE PILL THE DOCTOR PRESCRIBED 154
- 99 "BORROWED" ONE OR MORE OF THESE PILLS TO USE FOR A MEDICAL PURPOSE, VOLUNTEERED (DO NOT CIRCLE "BORROWED" PILLS ABOVE.) 155

IF "BORROWED," ASK:

8a. When was the most recent time you "borrowed" one of these pills for a medical purpose? Was that within the past month or not?

- 1 WITHIN THE PAST MONTH
- 2 MORE THAN A MONTH AGO 156
- 8 NOT SURE

X NEVER HAD A PRESCRIPTION FOR A SEDATIVE -- SKIP TO PAGE 10, NONMEDICAL USE. 157

(IF SAID "BORROWED," REMIND RESPONDENT: The next questions are about the pills that the doctor prescribed for you.)

9. Now, please think back to the first time a doctor prescribed a sedative for you. (PAUSE) About how old were you at that time?

AGE: _____ YEARS OLD

98 NOT SURE

158
159

10. And when was the most recent time that you took a sedative under a doctor's prescription? Was that within the past month? If not, was it within the past six months or what?

- 1 WITHIN THE PAST MONTH (30 DAYS)
2 WITHIN THE PAST SIX MONTHS (BUT MORE THAN A MONTH AGO)
3 SIX MONTHS TO A YEAR AGO
4 MORE THAN A YEAR AGO
8 NOT SURE

160

11. Still talking only about sedatives that were prescribed for you by a doctor, was there ever a time when you took any one of them every day for more than two weeks -- that is, every day for 15 days or longer?

YES

2 NO -- GO TO TOP OF NEXT PAGE

161

12. Were you ever told to or did you ever have to cut down or stop taking these pills?

1 YES

2 NO

162

13. Was there ever a time when you found it hard to cut down or stop taking these pills?

YES

2 NO/NEVER TRIED TO CUT DOWN, ETC. -- GO TO TOP OF NEXT PAGE

3 OTHER: _____

163

IF "YES" OR "OTHER" ON Q. 13, ASK:

13a. People who have trouble cutting down on their own often go to a doctor or a clergyman or a counselor -- or some other professional. How about you? Did you ever get professional help of this kind -- or haven't you done that?

1 YES

2 NO, HAVEN'T

3 OTHER: _____

164

165

The next questions are about nonmedical use of sedatives; that is, taking these pills to get high or to enjoy the feeling or just for kicks or curiosity or for any other nonmedical purpose. This would include pills you got from a doctor's prescription if you also used those pills for a nonmedical reason.

MAKE SURE RESPONDENT TAKES SEDATIVE CARD IN HIS/HER HAND AGAIN.

So, please take another look at the sedatives on this card and keep it with you so you can refer to it. Again, we will use an answer sheet. As was true for the questions on alcohol and marijuana, everyone has to answer every question -- even if you never tried any drug. This is so everyone can answer privately.

HAND RESPONDENT SEDATIVES ANSWER SHEET (BUFF) ANSWER SHEET #3

Please stay with me as I read the questions out loud.

Question S-1. First, look at the short list of sedatives printed on the answer sheet. The first question (S-1) asks you to put a checkmark to the LEFT of each pill that you ever took for kicks or to get high or feel good -- or for any other nonmedical reason. (PAUSE) Now, please look at the sedatives card again. If you took one of the other pills on this card, please write down the number of that pill on the one of the lines next to where it says "Other Pills On the Sedative Card." If you took two other pills, notice there is a second line for the second number. If you never took any of the pills on the card for any nonmedical reason, just circle the "X" at the bottom of the list.

Question S-2. Now, still looking at the same list of pills, the second question asks you to put a checkmark to the RIGHT of each pill you took during the past month -- that is, during the past 30 days. Remember, on this answer sheet, we're only asking you about sedatives that you took for nonmedical reasons.

Question S-3. Question S-3, which is on the lower half of the page, asks: About how old were you the first time you took a sedative to get high or for any other nonmedical reason?

Question S-4. Now for the fourth question (S-4). Altogether, about how many times in your life have you taken sedatives to get high or for any other nonmedical reason?

Question S-5. Question S-5 asks: When was the most recent time you took a sedative to get high?

Question S-6. Question S-6 is: During the past 30 days, on about how many different days did you take sedatives to get high? If it's no days, just write down a zero.

Please turn your answer sheet over.

- Question S-7. Question S-7 asks: Thinking back over the times you've used sedatives for nonmedical purposes, were the pills you took ever prescribed for you by a doctor or did you always get them some other way?
- Question S-8. Still thinking of all the occasions when you took a sedative to get high, Question S-8 asks: Did you ever take one of these pills and smoke marijuana at around the same time? That is, did you ever use both of these within a couple of hours of each other?
- Question S-9. Then, going to the top of the next column, question S-9 asks: Was there ever a time when you found that you needed to take more of these pills in order to get the same effect or "high" as before?
- Question S-10. Still talking about nonmedical use, Question S-10 asks: Was there ever a time when you found it hard to stop taking these pills or had trouble cutting down on the amount you were taking?
- Question S-11. Now for the last question on this answer sheet (S-11). People who have trouble cutting down on their own often go to a doctor or a clergyman or a counselor -- or to some other professional who might help them stop taking these pills. How about you? Did you ever get professional help or haven't you done that?

Please check back and make sure you marked an answer for each question on both sides of the answer sheet. If there were any questions that weren't clear to you, I'd be happy to try to explain them.

(PAUSE ... HELP RESPONDENT, IF NECESSARY.)

Please put the answer sheet in the envelope.

TAKE BACK CARD B

FLIP TO CARD C (TRANQUILIZERS)

The next question is about taking tranquilizers under a doctor's prescription. Doctors sometimes prescribe tranquilizers to help people calm down or to relax their muscles or for some other medical purpose.

14. I need to know which tranquilizers have ever been prescribed for you by a doctor.

HOLD UP CARD C

When I hand you this card, please go through it slowly, looking at every pill. Each time you come to one that's been prescribed for you, you can either give me the pill name or just say the number that's next to it. Ready?

HAND RESPONDENT CARD C

(IF RESPONDENT IS AN ADULT, ADD: This includes your whole life, so think back over the years.)

(PAUSE ... CIRCLE ONLY THOSE PILLS THAT WERE PRESCRIBED FOR RESPONDENT BY A DOCTOR.)

- | | | | |
|-------------|-----|------------------------------|-----|
| 1 VALIUM | 205 | 9 MEPROSPAN | 213 |
| 2 LIBRIUM | | 10 MILTOWN | |
| 3 LIBRITABS | 207 | 11 EQUANIL | 215 |
| 4 SK-LYGEN | | 12 MEPROBAMATE | |
| 5 SERAX | 209 | 13 VISTARIL | 217 |
| 6 TRANXENE | | 14 ATARAX | |
| 7 ATIVAN | 211 | 15 BENADRYL | 219 |
| 8 VERSTRAN | 212 | 16 OTHER PILLS OF THIS TYPE, | 220 |
| | | VOLUNTEERED: | |

(WRITE IN PILL NAME)

- 98 NOT SURE WHICH TRANQUILIZER(S) THE DOCTOR PRESCRIBED 221
- 99 "BORROWED" ONE OR MORE OF THESE PILLS TO USE FOR A MEDICAL PURPOSE, 222
VOLUNTEERED (DO NOT CIRCLE "BORROWED" PILLS ABOVE.)

IF "BORROWED," ASK:

14a. When was the most recent time you "borrowed" one of these pills for a medical purpose? Was that within the past month or not?

- 1 WITHIN THE PAST MONTH
2 MORE THAN A MONTH AGO
8 NOT SURE

X NEVER HAD A PRESCRIPTION FOR A TRANQUILIZER -- SKIP TO PAGE 14, NONMEDICAL USE. 224

(IF SAID "BORROWED," REMIND RESPONDENT: The next questions are about the pills that the doctor prescribed for you.)

15. Now, please think back to the first time a doctor prescribed a tranquilizer for you. (PAUSE) About how old were you at that time?

AGE: _____ YEARS OLD

98 NOT SURE

225-
226

16. And when was the most recent time that you took a tranquilizer under a doctor's prescription? Was that within the past month? If not, was it within the past six months or what?

- 1 WITHIN THE PAST MONTH (30 DAYS)
- 2 WITHIN THE PAST SIX MONTHS (BUT MORE THAN A MONTH AGO)
- 3 SIX MONTHS TO A YEAR AGO
- 4 MORE THAN A YEAR AGO
- 8 NOT SURE

227

17. Still thinking only about tranquilizers that were prescribed for you by a doctor, was there ever a time when you took any one of them every day for more than two weeks -- that is, every day for 15 days or longer?

- 1 YES
- 2 NO -- GO TO TOP OF NEXT PAGE

228

18. Were you ever told to or did you ever have to cut down or stop taking these pills?

- 1 YES
- 2 NO

229

19. Was there ever a time when you found it hard to cut down or stop taking these pills?

- 1 YES
- 2 NO/NEVER TRIED TO CUT DOWN, ETC. -- GO TO TOP OF NEXT PAGE

230

3 OTHER: _____

IF "YES" OR "OTHER" ON Q. 19, ASK:

19a. People who have trouble cutting down on their own often go to a doctor or a clergyman or a counselor -- or to some other professional. How about you? Did you ever get professional help of this kind -- or haven't you done that?

- 1 YES
- 2 NO, HAVEN'T
- 3 OTHER: _____

231

The next questions are about nonmedical use of tranquilizers. Again, that means taking these pills to get high or to enjoy the feeling or just for kicks or curiosity or any other nonmedical reason. This would include pills you got from a doctor's prescription if you also used those pills for a nonmedical reason.

MAKE SURE RESPONDENT TAKES TRANQUILIZERS CARD IN HIS/HER HAND AGAIN.

Please take another look at the tranquilizers on this card and keep it with you so you can refer to it as I read you the next questions.

HAND RESPONDENT TRANQUILIZER ANSWER SHEET (SALMON)

ANSWER SHEET #4

Please use this answer sheet to mark down your answers to the next questions. As before, everyone has to mark an answer for each question -- even if you never tried any drug.

INTERVIEWER: IF RESPONDENT IS CATCHING ON VERY QUICKLY AND YOU ARE SURE HE CAN DO THIS ANSWER SHEET ON HIS OWN, ASK QUESTION 20. IF THERE IS ANY DOUBT, SKIP TO T-1 BELOW.

20. I would like to continue reading, but if you would rather fill out this answer sheet by yourself, that's OK too. Which way do you want to do it?

1 WANTS INTERVIEWER TO CONTINUE READING

2 WANTS TO DO IT HIMSELF/HERSELF

O.K. Be sure to mark an answer for each question. Remember there are questions on both sides of this answer sheet.

WAIT UNTIL RESPONDENT FINISHES ANSWER SHEET.

20a. Now please check back ... did you mark an answer for each question on both sides of this answer sheet?

1 YES

2 NO

233

If any of the questions weren't clear to you, I'd be happy to explain them. (PAUSE) Now put the answer sheet in the envelope.

TAKE BACK CARD C (TRANQUILIZERS)

FLIP TO CARD D (STIMULANTS)

SKIP TO PAGE 16 (STIMULANTS)

T-1. First, look at the short list of tranquilizers printed on the answer sheet. The first question (T-1) asks you to put a checkmark to the LEFT of each pill that you ever took to get high or feel good -- or for any other nonmedical reason. (PAUSE) Now, please look at the tranquilizer card again. If you took one of the other pills on this card, please write down the number of that pill on one of the lines next to where it says "Other Pills on the Tranquilizers Card." If you took two other pills, notice there is a second line for the second number. If you never took any of the pills on this card for a nonmedical reason, just circle the "X" at the bottom of the list.

- T-2. Now, still looking at the same list of pills, the second question asks you to put a checkmark to the right of each pill you took during the past month (that is, during the past 30 days). Remember, on this answer sheet, we're only asking you about tranquilizers that you took for nonmedical reasons.
- T-3. Question T-3, which is on the lower half of the page, asks: About how old were you the first time you took a tranquilizer to get high or for any other nonmedical reason?
- T-4. Now for the fourth question, T-4. Altogether, about how many times in your life have you taken tranquilizers to get high or for any other nonmedical reason?
- T-5. Question T-5 asks: When was the most recent time you took a tranquilizer to get high?
- T-6. Question T-6 is: During the past 30 days, on about how many different days did you take tranquilizers to get high?

Please turn your answer sheet over.

- T-7. Question T-7 asks: Thinking back over the times you've used tranquilizers for nonmedical purposes, were the pills you took ever prescribed for you by a doctor or did you always get them some other way?
- T-8. Still thinking of all the occasions when you took a tranquilizer to get high, Question T-8 asks: Did you ever take one of these pills and smoke marijuana at around the same time? That is, did you ever use both of these within a couple hours of each other?
- T-9. Then, going to the top of the next column, Question T-9 asks: Was there ever a time when you found that you needed to take more of these pills in order to get the same effect or "high" as before?
- T-10. Still talking about nonmedical use, Question T-10 asks: Was there ever a time when you found it hard to stop taking these pills or had trouble cutting down on the amount you were taking?
- T-11. Now for the last question on this answer sheet (T-11). People who have trouble cutting down on their own often go to a doctor or a clergyman or a counselor -- or to some other professional who might help them stop taking these pills. How about you? Did you ever get professional help or haven't you done that?

Please check back and make sure you marked an answer for each question on both sides of the answer sheet. If there were any questions that weren't clear to you, I'd be happy to try to explain them.

(PAUSE ... HELP RESPONDENT, IF NECESSARY.)

Please put the answer sheet in the envelope.

TAKE BACK CARD C

FLIP TO CARD D (STIMULANTS)

The next question is about taking amphetamines or other stimulants under a doctor's prescription. Doctors sometimes prescribe these pills to help people lose weight or for other medical purposes.

HOLD UP CARD D

21. When I hand you this card, go slowly through it and look at each pill. Then please tell me which ones were ever prescribed for you by a doctor.

HAND RESPONDENT CARD D

For each pill, you can either give me the pill name or you can just say the number that's next to it. (PAUSE)

CIRCLE ONLY THOSE PILLS THAT WERE PRESCRIBED FOR RESPONDENT BY A DOCTOR.

- | | | |
|-------------------------|------------------|--|
| 1 DEXEDRINE 234 | 8 METHEDRINE 241 | 15 PRE-SATE 248 |
| 2 DEXAMYL | 9 OBEDRIN-L.A. | 16 IONAMIN |
| 3 ESKATROL 236 | 10 TENUATE 243 | 17 PONDIMIN 250 |
| 4 BENZEDRINE | 11 TEPANIL | 18 YORANIL |
| 5 BIPHETAMINE 238 | 12 DIDREX 245 | 19 SANOREX 252 |
| 6 DESOXYN | 13 PLEGINE | 20 RITALIN |
| 7 DEXTROAMPHETAMINE 240 | 14 PRELUDIN 247 | 21 CYLERT 254 |
| | | 22 OTHER PILL OF THIS TYPE, VOLUNTEERED: 255 |

(WRITE IN PILL NAME)

- 98 NOT SURE WHICH PILL THE DOCTOR PRESCRIBED 256
- 99 "BORROWED" ONE OR MORE OF THESE PILLS TO USE FOR A MEDICAL PURPOSE, VOLUNTEERED (DO NOT CIRCLE "BORROWED" PILLS ABOVE.) 257

IF "BORROWED," ASK:

21a. When was the most recent time you "borrowed" one of these pills for a medical purpose? Was that within the past month or not?

- 1 WITHIN THE PAST MONTH 258
- 2 MORE THAN A MONTH AGO
- 8 NOT SURE

X NEVER HAD A PRESCRIPTION FOR THIS TYPE OF PILL -- SKIP TO PAGE 18 259

(IF SAID "BORROWED," REMIND RESPONDENT: The next questions are about the pills that the doctor prescribed for you.)

22. Now, please think back to the first time a doctor prescribed an amphetamine or other stimulant for you. (PAUSE) About how old were you at that time?

AGE: _____ YEARS OLD

98 NOT SURE

260-
261

23. And when was the most recent time that you took an amphetamine or other stimulant under a doctor's prescription? Was that within the past month? If not, was it within the past six months or what?

1 WITHIN THE PAST MONTH (30 DAYS)

2 WITHIN THE PAST SIX MONTHS (BUT MORE THAN A MONTH AGO)

3 SIX MONTHS TO A YEAR AGO

4 MORE THAN A YEAR AGO

8 NOT SURE

262

24. Still talking only about amphetamines or other stimulants that were prescribed for you by a doctor, was there ever a time when you took any one of them every day for more than two weeks -- that is, every day for 15 days or longer?

1 YES

2 NO -- GO TO TOP OF NEXT PAGE

263

25. Where you ever told to or did you ever have to cut down or stop taking these pills?

1 YES

2 NO

264

26. Was there ever a time when you found it hard to cut down or stop taking these pills?

1 YES

2 NO/NEVER TRIED TO CUT DOWN, ETC. -- GO TO TOP OF NEXT PAGE

265

3 OTHER: _____

IF "YES" OR "OTHER" ON Q. 26, ASK:

- 26a. People who have trouble cutting down on their own often go to a doctor or a clergyman or a counselor -- or to some other professional. How about you? Did you ever get professional help of this kind -- or haven't you done that?

1 YES

2 NO, HAVEN'T

3 OTHER: _____

266

STIMULANTS (NONMEDICAL)

18

The next questions are about nonmedical use of amphetamines or other stimulants. This would include pills you got from a doctor's prescription if you also used those pills for a nonmedical reason.

MAKE SURE THE RESPONDENT TAKES THE STIMULANTS CARD IN HIS/HER HAND AGAIN.

Please take another look at the pills on this card and keep it with you so you can refer to it.

HAND RESPONDENT STIMULANTS ANSWER SHEET (PINK)

ANSWER SHEET #5

Please use this to mark down your answers to the next questions.

INTERVIEWER: IF YOU THINK RESPONDENT CAN DO THIS ANSWER SHEET ON HIS/HER OWN, ASK QUESTION 27. IF THERE IS ANY DOUBT, SKIP TO ST-1 BELOW.

27. Would you rather fill out this answer sheet by yourself, or do you want me to read it?

1 WANTS INTERVIEWER TO READ

2 WANTS TO DO IT HIMSELF/HERSELF

WAIT UNTIL RESPONDENT FINISHES ANSWER SHEET.

Please check back and make sure you marked an answer to each question on both sides of the answer sheet. If any of the questions weren't clear, I'd be happy to explain them. (PAUSE) Now put the answer sheet in the envelope.

TAKE BACK CARD D (STIMULANTS)

FLIP TO CARD E (ANALGESICS/"PAINKILLERS")

SKIP TO PAGE 20

ST-1. First, look at the short list of amphetamines and other stimulants printed on the answer sheet. Put a checkmark to the LEFT of each pill that you ever took to get high or for any other nonmedical reason. (PAUSE) Now, please look at the stimulants card again. If you took one of the other pills on this card, write down the number of that pill. If you took two other pills, notice there is a second line for the second number. (If you never took any of the pills on the card for nonmedical reasons, just circle the "X" at the bottom of the list.)

ST-2. Now, still looking at the same list of pills, the second question asks you to put a checkmark to the RIGHT of each pill you took during the past month -- that is, during the past 30 days.

267

280:

- ST-3. Question ST-3, which is on the lower half of the page, asks: About how old were you the first time you ever took amphetamines or other stimulants to get high or for any other nonmedical reason?
- ST-4. Now, for the fourth question, ST-4. Altogether, about how many times in your life have you taken amphetamines or other stimulants to get high?
- ST-5. Question ST-5 asks: When was the most recent time you took an amphetamine or other stimulant to get high?
- ST-6. Question ST-6 is: During the past 30 days, on about how many different days did you take amphetamines or other stimulants to get high?

Please turn your answer sheet over.

- ST-7. Question ST-7 asks: Thinking back over the times you've used amphetamines or other stimulants for nonmedical purposes, were the pills you took ever prescribed for you by a doctor or did you always get them some other way?
- ST-8. Still thinking of all the occasions when you took stimulants to get high, Question ST-8 asks: Did you ever take one of these pills and smoke marijuana at the same time? That is, did you ever use both of these within a couple of hours of each other?
- ST-9. Then, going to the top of the next column, Question ST-9 asks: Was there ever a time when you found that you needed to take more of these pills in order to get the same effect or "high" as before?
- ST-10. Still thinking about nonmedical use, Question ST-10 asks: Was there ever a time when you found it hard to stop taking these pills or had trouble cutting down on the amount you were taking?
- ST-11. Now for the last question on this answer sheet (ST-11). People who have trouble cutting down on their own often to go a doctor or a clergyman or a counselor -- or to some other professional who might help them stop taking these pills. How about you? Did you ever get professional help of this kind or haven't you done that?

Please check back and make sure you marked an answer for each question on both sides of the answer sheet. If there were any questions that weren't clear to you, I'd be happy to try to explain them.

(PAUSE ... HELP RESPONDENT, IF NECESSARY.)

Please put the answer sheet in the envelope.

TAKE BACK CARD D

FLIP TO CARD E (ANALGESICS -- "PAINKILLERS")

The next question, is about taking painkilling pills under a doctor's prescription. Unlike aspirin and other painkillers you can buy in any store, these painkillers are usually available only if you have a doctor's prescription.

28. When I hand you the next card, please go slowly through it and look at each pill. Then tell me which ones were ever prescribed for you by a doctor.

HAND RESPONDENT CARD E

For each pill, you can either give me the name or you can just say the number that's next to it. (PAUSE)

CIRCLE ONLY THOSE PILLS THAT WERE PRESCRIBED FOR RESPONDENT BY A DOCTOR.

- | | | | | | |
|---|---------------|-----|----|--|-----|
| 1 | DARVON | 305 | 10 | TYLENOL WITH CODEINE | 314 |
| 2 | DOLENE | | 11 | CODEINE | |
| 3 | SK-65 | 307 | 12 | DOLOPHINE | 316 |
| 4 | PROPOXYPHENE | | 13 | WESTODONE | |
| 5 | LERITINE | 309 | 14 | METHADONE | 318 |
| 6 | LEVO-DROMORAN | | 15 | TALWIN | |
| 7 | PERCODAN | 311 | 16 | OTHER PILLS OF THIS TYPE, VOLUNTEERED: | 320 |
| 8 | DEMEROL | | | | |
| 9 | DILAUDID | 313 | | | |

(WRITE IN PILL NAME)

- 98 NOT SURE WHICH PILL THE DOCTOR PRESCRIBED 321
- 99 "BORROWED" ONE OR MORE OF THESE PILLS TO USE FOR A MEDICAL PURPOSE, VOLUNTEERED (DO NOT CIRCLE "BORROWED" PILLS ABOVE.) 322

IF "BORROWED," ASK:

28a. When was the most recent time you "borrowed" one of these pills for a medical purpose? Was that within the past month or not?

- 1 WITHIN THE PAST MONTH 323
- 2 MORE THAN A MONTH AGO
- 8 NOT SURE

X NEVER HAD A PRESCRIPTION FOR THIS TYPE OF PILL -- SKIP TO TOP OF PAGE 22 324

(IF SAID "BORROWED," REMIND RESPONDENT: The next questions are about the pills that the doctor prescribed for you.)

29. Now, please think back to the first time a doctor prescribed one of these pain-killing pills for you. (PAUSE) About how old were you at that time?

AGE: _____ YEARS OLD
98 NOT SURE

325-
326

30. And when was the most recent time that you took one of these pills under a doctor's prescription? Was that within the past month? If not, was it within the past six months or what?

1 WITHIN THE PAST MONTH (30 DAYS)
2 WITHIN THE PAST SIX MONTHS (BUT MORE THAN A MONTH AGO)
3 SIX MONTHS TO A YEAR AGO
4 MORE THAN A YEAR AGO
8 NOT SURE

327

31. Still talking only about painkilling pills that were prescribed for you by a doctor, was there ever a time when you took any one of them every day for more than two weeks -- that is, every day for 15 days or longer?

YES
2 NO -- GO TO TOP OF NEXT PAGE

328

32. Were you ever told to or did you ever have to cut down or stop taking these pills?

1 YES
2 NO

329

33. Was there ever a time when you found it hard to cut down or stop taking these pills?

YES
2 NO/NEVER TRIED TO CUT DOWN, ETC. -- GO TO TOP OF NEXT PAGE
 OTHER: _____

330

IF "YES" OR "OTHER" ON Q. 33, ASK:

- 33a. People who have trouble cutting down on their own often go to a doctor or a clergyman or a counselor -- or to some other professional. How about you? Did you ever get professional help of this kind or haven't you done that?

1 YES
2 NO, HAVEN'T
3 OTHER: _____

331

ANALGESICS (NONMEDICAL)

22

The next questions are about nonmedical use of these painkilling pills. This would include pills you got from a doctor's prescription if you also used those pills for a nonmedical reason.

MAKE SURE RESPONDENT TAKES UP ANALGESICS CARD IN HIS/HER HAND AGAIN.

So, please take another look at the pills on this card and keep it with you so you can refer to it.

HAND RESPONDENT ANALGESICS ANSWER SHEET (BLUE) ANSWER SHEET #6

Please use this answer sheet to mark down your answers to the next questions.

INTERVIEWER: IF YOU THINK RESPONDENT CAN DO THIS ANSWER SHEET ON HIS/HER OWN, ASK QUESTION 34. IF THERE IS ANY DOUBT, SKIP TO AN-1 BELOW.

34. Do you want me to read this one or would you rather fill it out by yourself?

- 1 WANTS INTERVIEWER TO READ
- 2 WANTS TO DO IT HIMSELF/HERSELF

WAIT UNTIL RESPONDENT FINISHES ANSWER SHEET.

Now, please check back and make sure you marked an answer for each question on both sides of the answer sheet. Then put it in the envelope.

TAKE BACK CARD E (ANALGESICS/"PAINKILLERS")

SKIP TO PAGE 24

332

- AN-1. First, look at the short list of pills printed on the answer sheet. Question AN-1 asks you to put a checkmark to the LEFT of each pill that you ever took to get high or for any other nonmedical reason. (PAUSE) Now, please look at this card again. If you took one of the other pills on this card, write down the number of that pill.
- AN-2. Now, still looking at the same list of pills, the second question asks you to put a checkmark to the RIGHT of each pill you took during the past month, that is, during the past 30 days.
- AN-3. Question AN-3 asks: About how old were you the first time you took one of these pills to get high or for any other nonmedical reason?
- AN-4. Altogether, about how many times in your life have you taken one of these pills to get high or for any other nonmedical reason?

- AN-5. When was the most recent time you took one of these pills to get high?
- AN-6. During the past 30 days, on about how many different days did you take one of these pills for kicks or to get high?

Please turn your answer sheet over.

- AN-7. Question AN-7 asks: Thinking back over the times you've used these pills for nonmedical purposes, were the pills you took ever prescribed for you by a doctor or did you always get them some other way?
- AN-8. Still thinking of all the occasions when you took one of these pills to get high, did you ever smoke marijuana at around the same time?
- AN-9. Question AN-9 asks: Was there ever a time when you found that you needed to take more pills in order to get the same effect or "high" as before?
- AN-10. Question AN-10 asks: Was there ever a time when you found it hard to stop taking these pills or had trouble cutting down on the amount you were taking?
- AN-11. Now for the last question on this answer sheet. People who have trouble cutting down on their own often go to a doctor or some other professional. How about you? Did you ever get professional help of this kind or haven't you done that?

Please check back and make sure you marked an answer for each question on the answer sheet. If there were any questions that weren't clear to you, I'd be happy to try to explain them. (PAUSE)

Please put the answer sheet in the envelope.

TAKE BACK CARD E

HAND RESPONDENT COCAINE ANSWER SHEET (GREEN) ANSWER SHEET #7

The next questions are about cocaine. Please stay with me, waiting as I read each question before marking your answer down.

- Question C-1. For the first question, please think back to the first time you knew someone who had tried cocaine, and then write down how old you were at that time.
- Question C-2. Then, for the second question, please think back to the first time you ever had a chance to try cocaine, if you wanted to. And please write down how old you were then.
- Question C-3. And for the third question, write down how old you were when you actually used cocaine for the first time.
- Question C-4. Now, please think of all the times you've used cocaine, from the first time up to the most recent time. Then look at the answer categories for Question C-4 and circle a number to show about how many times in your life you've used cocaine.
- Question C-5. Going to the top of the next column, Question C-5 asks: When was the most recent time that you used cocaine? Circle the first answer that fits you.
- Question C-6. The next question (C-6) asks: During the past 30 days, on about how many different days did you use cocaine? If it's no days, just put down a zero.
- Question C-7. Finally, thinking of the occasions when you have used cocaine, try to remember whether or not you smoked marijuana around the same time. Just as a guide, when we say "at around the same time," we mean within a couple of hours of each other. Question C-7 asks: On the occasions when you have used cocaine, about how often did you also smoke marijuana?

Please check back and make sure you have answered every question. If you have skipped one or aren't sure what it meant, I'd be glad to read it again or explain it to you. (PAUSE)

Please put the answer sheet in the envelope.

The next questions are about LSD and other hallucinogens like PCP, mescaline (MES-KA-LEEN) and peyote (PAY-OH-TEE).

HAND RESPONDENT LSD/HALLUCINOGEN ANSWER SHEET (PINK) ANSWER SHEET #8

IF YOU THINK RESPONDENT CAN HANDLE THE NEXT ANSWER SHEET ON HIS OWN, ASK QUESTION 35. IF THERE IS ANY DOUBT, SKIP TO QUESTION L-1 BELOW AND CONTINUE READING ALOUD.

35. Shall I read these questions to you, or do you want to do it on your own?

- 1 INTERVIEWER CONTINUE READING
- 2 RESPONDENT DOES IT HIMSELF/HERSELF

333

WAIT FOR RESPONDENT TO FINISH.

35a. Did you understand the last two questions?

- 1 YES
- 2 NO/NOT SURE

334

(HELP RESPONDENT, IF NECESSARY.)

Please make sure you marked an answer to every question, and then put it in the envelope.

GO TO TOP OF NEXT PAGE

- L-1. Question L-1: About how old were you when you first knew someone who had tried LSD or another hallucinogen?
- L-2. The second question asks: About how old were you when you first had a chance to try LSD or another hallucinogen if you wanted to?
- L-3. Then L-3. About how old were you the first time you actually used LSD or another hallucinogen?
- L-4. Then L-4: About how many times in your lifetime have you used LSD or another hallucinogen?
- L-5. Going to the top of the next column, when was the most recent time you used LSD or another hallucinogen? Circle the first answer that fits you.
- L-6. Question L-6 asks: During the past 30 days, on about how many different days did you use LSD or other hallucinogens?
- L-7. Question L-7 asks: On the occasions when you have used LSD or other hallucinogens, about how often did you also smoke marijuana at around the same time?
- L-8. Now, looking in the next box, Question L-8 asks: Have you ever tried PCP, which is sometimes called "Angel Dust"?
- L-9. And Question L-9 asks: When was the most recent time that you used PCP?

Please check back and make sure you answered every question on the page. Please put the answer sheet in the envelope.

SECOND DRUG TRIED (FORM N ONLY)

26

The next questions are about all the drugs we've talked about so far, except alcohol. These questions ask about nonmedical use only.

First, I'd like to explain that studies conducted in previous years have told us that -- not counting alcohol -- marijuana is the first drug that most people try.

Now, we're interested in knowing what is the second drug that most people try.

HAND RESPONDENT THE "SECOND DRUG TRIED" ANSWER SHEET (WHITE) ANSWER SHEET #2.

SEC-1. The first question on this answer sheet asks: If marijuana was the first drug you tried, what was the second drug you tried? Just draw a circle around the number next to the drug. (Remember, there's an answer category that fits you, even if you never tried any drug.)

SEC-2. Now, for the second question on this answer sheet. Please think back and try to remember -- just roughly -- about how many times you had used marijuana before you tried the drug you circled above. Then circle the number next to the answer that fits you best.

Make sure you answered both questions. Ask me if you have any questions. (PAUSE)

Please put the answer sheet in the envelope.

GO TO NEXT PAGE

The next questions are about heroin. Again, we will use an answer sheet.

HAND RESPONDENT THE HEROIN ANSWER SHEET (BLUE) ANSWER SHEET #10

IF YOU THINK RESPONDENT CAN HANDLE THE NEXT ANSWER SHEET ON HIS/HER OWN, ASK QUESTION 36. IF THERE IS ANY DOUBT, SKIP TO QUESTION H-1 BELOW AND CONTINUE READING ALOUD.

36. Shall I read these questions to you, or do you want to do it on your own?

- 1 INTERVIEWER CONTINUE READING
- 2 RESPONDENT DOES IT HIMSELF/HERSELF

33

WAIT FOR RESPONDENT TO FINISH.

Did you understand the last question? (*HELP RESPONDENT, IF NECESSARY.*) Please make sure you marked an answer to every question, and then put it in the envelope.

GO TO TOP OF NEXT PAGE.

- H-1. Question H-1 asks: About how old were you when you first knew someone who had tried heroin?
- H-2. The second question asks: About how old were you when you first had a chance to try heroin if you wanted to?
- H-3. The third question asks: About how old were you the first time you actually used heroin?
- H-4. Then Question H-4: About how many times in your lifetime have you used heroin?
- H-5. Going to the top of the next column, Question H-5 asks: When was the most recent time that you used heroin? Circle the first answer that fits you.
- H-6. Question H-6 asks: During the past 30 days, on about how many different days did you use heroin?
- H-7. Finally, have you ever used heroin with a needle?

Please check back and make sure you answered every question on heroin.
Then put the answer sheet in the envelope.

The next questions are a little different so please stay with me as I read and explain each one.

First, think back to the first time you tried each of the drugs we've talked about in this interview.

HAND RESPONDENT THE "FIRST-USE-IN-PAST-YEAR" ANSWER SHEET (BUFF) ANSWER SHEET #11

Question F-1. Question F-1 asks: Did you try any of these drugs for the first time during the past year?

Circle the "1" if you first tried marijuana during the past 12 months.

Next, think back to the first time you had a prescription for a pill that was on one of the cards; if that was within the past 12 months, circle the "2."

Then, how about the first time you took one of these pills for a nonmedical reason? Was that within the past year? If so, circle the "3."

Do you see how this goes? (HELP RESPONDENT, IF NECESSARY.)

Continue down the list circling numbers to show whether you first used cocaine, hallucinogens, or heroin during the past year.

If you never used any of these -- or if your first use occurred more than a year ago -- just circle the "X."

The other two questions on this answer sheet are about buying marijuana. We would appreciate your helping us out by answering these, but as always, if you don't want to answer a question, you don't have to.

Question F-2. Question F-2 asks: During the past 30 days, about how much marijuana have you purchased? (If you have purchased individual "joints," figure 20 "joints" equals about one-half ounce.)

Question F-3. During the past 30 days, about how much money did you pay for marijuana. Please fill in the total number of dollars you paid for marijuana.

Please check back and make sure that you've answered every question on the answer sheet. If you skipped a question, I'd be happy to read it to you again. Or, if any of the questions seemed confusing, let me know and I'll try to explain it.

(PAUSE ... HELP RESPONDENT, IF NECESSARY.)

Please put the answer sheet in the envelope.

The next questions apply to the pills on all the cards you've seen in this interview. These questions are about the different kinds of problems that people who take prescription-type pills could end up having -- whether or not they got the pills from a doctor -- and regardless of whether they were taking them to get high.

37. First, taking the kinds of pills you've seen on the cards could have some physical or emotional side effects. I am going to read a list of possible side effects. Did anyone you know who was taking any of the drugs shown on the pill cards have the following side effects?

	<u>YES</u>	<u>NO</u>	
a. <u>Became depressed or lost interest in things, as a result of their taking pills?</u>	1	2	336
b. Became argumentative with family or friends, as a result of their taking pills?	1	2	337
c. Had an automobile accident, as a result of their taking pills?	1	2	338
d. Had difficulty with school, studies or teachers, as a result of their taking pills?	1	2	339
e. Had trouble with job (work), as a result of their taking pills?	1	2	340

38. The next question is about a somewhat different kind of problem. For one reason or another, some people might take so many pills at one time that they would have to get emergency medical help right away. Maybe a friend would have to rush them to a hospital or they might call an emergency number. Have you ever known anyone who took so many pills at one time that they had to get emergency medical help right away? (Remember, we're only talking about the prescription-type pills that were shown on the cards.)

1 YES

2 NO

8 NOT SURE/OTHER

Now I would like you to use an answer sheet for similar questions about your own experience. Again, this includes your medical and nonmedical use of all the pills you've seen on the cards.

HAND RESPONDENT THE "ALL-PILLS" ANSWER SHEET (YELLOW)

ANSWER SHEET #12

P-1. Question P-1 asks: Which side effects have you had? As I read off each one, circle the number next to it if that side effect applies to you. Otherwise, circle the "X."

- (1) The first one is: Became depressed or lost interest in things, as a result of my taking the pills.
Circle the "1" or circle the "X."
- (2) The next one is: Became argumentative with family or friends, as a result of my taking the pills.
Circle the "2" or circle the "X."
- (3) Number 3 is: Had an automobile accident, as a result of my taking the pills.
- (4) Number 4 is: Had difficulty with school, studies or teachers, as a result of my taking the pills.
- (5) Number 5: Had trouble with job (work), as a result of my taking the pills.
- (6) Number 6: Took too many pills at one time and had to get emergency medical help right away.

P-2. Now I need to know which kinds of pills made you have the problems you just circled.

First, look back and note the number of the problem or problems you circled. Then, notice that Question P-2 has four columns -- one for each of the pill cards you have seen.

I will show you each pill card again for the last time. As I show you each card, I will ask you to find the pills that caused you the problems. Then you can write down the problem number next to that pill (or those pills).

Look carefully at the first column on the answer sheet -- the one where it says "Card B. Sedatives." When I show you Card B, put the number of your problem(s) next to the right pill name(s). Or, if you never had any of these problems because of taking sedatives, just circle the "X." Ready?

Here's Card B. (SHOW RESPONDENT CARD B. TAKE BACK CARD B.) Now the next column.

Here's Card C. (SHOW RESPONDENT CARD C. TAKE BACK CARD C.)

Here's Card D. (SHOW RESPONDENT CARD D. TAKE BACK CARD D.)

Here's Card E. (SHOW RESPONDENT CARD E. TAKE BACK CARD E.)

Please put your answer sheet in the envelope.

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	<i>(ACCEPT ONLY A NUMBER)</i>	
0	NO CLOSE FRIENDS LIVING IN REGULAR HOUSEHOLDS	--	<i>SKIP TO PAGE 34</i>

3
3

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	<i>(ACCEPT ONLY A NUMBER)</i>	
0	NO CLOSE FRIENDS LIVING IN REGULAR HOUSEHOLDS WHO EVER USED HEROIN	--	<i>SKIP TO PAGE 34</i>

3
3

INTERVIEWER: IF RESPONDENT HAS ONLY ONE CLOSE FRIEND WHO HAS USED HEROIN, GO TO Q. 41, TOP OF PAGE 33. IF MORE THAN ONE FRIEND, GO TO TOP OF NEXT PAGE.

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

GIVE RESPONDENT A SMALL BLANK WHITE 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	2
3	1
4	4
5	4
6+	4

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? 346
- 1 MALE
2 FEMALE
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? 347
- 1 12-17 YEARS OLD
2 18-25 YEARS OLD
3 26-34 YEARS OLD
4 35+ YEARS OLD
8 NOT SURE
43. As far as you know, how long ago was the first time this person tried heroin? 348
- 1 WITHIN THE PAST MONTH
2 WITHIN THE PAST YEAR
3 MORE THAN A YEAR AGO
8 NOT SURE
44. As far as you know, when was the most recent time this person used heroin? 349
- 1 WITHIN THE PAST MONTH
2 WITHIN THE PAST YEAR
3 MORE THAN A YEAR AGO
8 NOT SURE
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?*)

- 350-

351

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 HOUSEHOLDS WHO KNOW

352

353

0 NO OTHER CLOSE FRIENDS LIVING IN
REGULAR HOUSEHOLDS WHO KNOW

X COULD NOT MAKE AN ESTIMATE

ASK EVERYBODY

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

47. How long have you lived in this state -- for about how many years?

_____ (WRITE IN NUMBER OF YEARS)

- 1 LESS THAN ONE YEAR
- 2 ALL MY LIFE
- 3 ON AND OFF/MOVED IN AND MOVED OUT
- 8 NOT SURE

354-
355

356

HAND RESPONDENT CARD F

48. Which of the groups on this card best describes you?

- 1 AMERICAN INDIAN OR ALASKAN NATIVE
- 2 ASIAN OR PACIFIC ISLANDER
- 3 BLACK
- 4 HISPANIC
- 5 WHITE
- 8 NOT SURE/NO ANSWER

357

IF "HISPANIC," ASK:

48a. Which of these types of Spanish-American groups best describes you: Puerto Rican, Mexican, Cuban, or some other Spanish-American group?

- 1 PUERTO RICAN
- 2 MEXICAN
- 3 CUBAN
- 4 SOME OTHER GROUP: _____
- 8 NOT SURE

358

TAKE BACK CARD F

49. INTERVIEWER: RECORD SEX OF RESPONDENT

- 1 MALE
- 2 FEMALE

359

50. Please tell me how old you are.

_____ YEARS OLD

360-
361

INTERVIEWER: IF RESPONDENT IS AN ADULT AGED 18 OR OLDER, GO TO NEXT PAGE.

IF RESPONDENT IS A YOUTH (AGE 12 TO 17), SKIP TO Q. 60 ON PAGE 40.

IF RESPONDENT IS AN ADULT:

51. 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. 52 BELOW

362

IF "YES," ASK:

51a. Is that a college or vocational school or what?

- 1 COLLEGE
2 COMMUNITY COLLEGE
3 VOCATIONAL SCHOOL 362
4 ADULT SCHOOL
5 HIGH SCHOOL
6 OTHER (Specify:)

51b. Are you a full-time student or a part-time student?

- 1 FULL TIME
2 PART TIME 362

52. 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 362
5 VOCATIONAL/TECHNICAL SCHOOL BEYOND HIGH SCHOOL
6 SOME COLLEGE
7 COLLEGE GRADUATE OR BEYOND
8 NO ANSWER

53. Are you a veteran or a current member of the armed forces?

- 1 YES, A VETERAN (INCLUDES RESERVES)
2 YES, A CURRENT MEMBER ON ACTIVE DUTY 362
3 NO, NEITHER

54. 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 362
5 NEVER MARRIED
6 NO ANSWER

55. Have you been employed in the past month?

1 YES

2 NO

368

IF "YES" ON Q. 55, ASK:

HAND RESPONDENT CARD G

55a. Which of these best describes the kind of work you do? Just give me the number.

- 1 LABORER 369
- 2 SERVICE WORKERS
- 3 OPERATIVE OR SIMILAR WORK
- 4 CRAFTSMAN, FOREMAN, SKILLED WORKER
- 5 RETAIL OR OFFICE WORKER
- 6 MANAGER OR SIMILAR
- 7 BUSINESS EXECUTIVE OR PROFESSIONAL
- 8 OTHER: _____

TAKE BACK CARD G

GO TO NEXT PAGE

IF "NO" ON Q. 55, ASK:

HAND RESPONDENT CARD H

55b. Which of these describes you?

- 1 HOUSEWIFE
- 2 STUDENT
- 3 UNEMPLOYED 370
- 4 RETIRED
- 5 DISABLED
- 6 OTHER

TAKE BACK CARD H

GO TO NEXT PAGE

56. Altogether, how many people live here, including yourself?

1 ONLY MYSELF -- SKIP TO PAGE 39

IF MORE THAN ONE, WRITE TOTAL NUMBER OF RESIDENTS IN BOX:

↓
[]

40E
40E

THEN SAY: ←

I need to know who lives here besides yourself.

56a. First, do any of your own children or any of your spouse's children live here with you?

1 YES → How many (who live here) are:

2 NO

Under 12 years old? _____

12 to 17 years old? _____

18 or older? _____

(a)

407
40E
40E
41E

56b. Next, do you have a spouse, or a similar person who lives here with you?

1 YES → WRITE IN "1" → _____

2 NO

(b)

41E

56c. Now, for other types of people who might live here, just tell me how many there are as I read off this list:

- (c) Your parents or parents-in-law _____ (c) 41E
- (d) Your brothers and sisters _____ (d) 41E
- (e) Other relatives like grandchildren, grand-
parents, nieces, nephews, and so forth _____ (e) 41E
- (f) Friends or "roommates" _____ (f) 41E
- (g) Other kinds of people who aren't related to you _____ (g) 41E
- (h) (SELF) 1 (h)

INTERVIEWER: ADD UP (a) THROUGH (h) ABOVE: WRITE IN TOTAL

↓
[]

41E
41E

THEN MAKE SURE TOTAL GIVEN IN THIS BOX MATCHES TOTAL NUMBER OF RESIDENTS GIVEN IN BOX AT TOP OF PAGE. IF NECESSARY, GO OVER EACH QUESTION AGAIN WITH RESPONDENT.

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

- YES
- 2 NO, RESPONDENT IS CHIEF
- 3 NO WAGE EARNER IN THIS HOUSEHOLD
- 4 TWO OR MORE EQUAL WAGE EARNERS
- SKIP TO Q. 58 BELOW

419

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

57a. Which of these best describes his/her work:

HAND RESPONDENT CARD G

- 1 LABORER
- 2 SERVICE WORKER
- 3 OPERATIVE OR SIMILAR WORK
- 4 CRAFTSMAN, FOREMAN, SKILLED WORKER
- 5 RETAIL OR OFFICE WORKER
- 6 MANAGER OR SIMILAR
- 7 BUSINESS EXECUTIVE OR PROFESSIONAL
- 8 OTHER: _____

420

TAKE BACK CARD G

58. Aside from yourself, is anyone who lives here -- or an immediate member of the family -- a member of the armed forces?

- 1 YES, AN ACTIVE MEMBER LIVES HERE
- 2 YES, AN IMMEDIATE FAMILY MEMBER IS STATIONED ELSEWHERE
- 3 BOTH
- 4 NO

421

HAND RESPONDENT CARD I

59. 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 \$10,000	(UNDER \$192)
3	\$10,000 - \$19,999	(\$193 - \$384)
4	\$20,000 - \$29,999	(\$385 - \$576)
5	\$30,000 - \$39,999	(\$577 - \$769)
6	\$40,000 - \$49,999	(\$770 - \$962)
7	\$50,000 OR MORE	(\$963 OR MORE)
8	NOT SURE	
9	NO ANSWER	

422

TAKE BACK CARD I

Thank you very much.

TIME: _____

INTERVIEWER: GO TO PAGE 43. FILL IT IN BY YOURSELF.

IF RESPONDENT IS A YOUTH:

60. What is the last grade you completed in school?
- 1 SEVENTH GRADE OR LESS
 - 2 EIGHTH GRADE
 - 3 NINTH GRADE
 - 4 TENTH GRADE
 - 5 ELEVENTH GRADE
 - 6 TWELFTH GRADE
 - 7 BEYOND HIGH SCHOOL
 - 8 NOT SURE/NO ANSWER

423

61. Are you going to school this year?

YES

2 NO -- SKIP TO Q. 62 BELOW

424

IF "YES" ON Q. 61, ASK:

- 61a. Do you go to school full-time (that is, do you take a regular schedule of courses) or do you go less than full time?
- 1 FULL TIME
 - 2 PART TIME
 - 3 NOT SURE

425

- 61b. During an average week, about how much time do you spend on your homework?

- 1 NONE (OR NO HOMEWORK IS ASSIGNED)
- 2 5 HOURS OR LESS (PER WEEK)
- 3 6 TO 10 HOURS
- 4 11 TO 20 HOURS
- 5 MORE THAN 20 HOURS
- 8 NOT SURE/COULDN'T ESTIMATE

426

62. Not counting summer vacations, how many hours per week do you usually work in a paid or unpaid job?

- 1 NONE
- 2 5 HOURS OR LESS (PER WEEK)
- 3 6 TO 10 HOURS
- 4 11 TO 20 HOURS
- 5 MORE THAN 20 HOURS

427

63. And during a typical week, on about how many evenings do you go out for fun and recreation?

- 1 LESS THAN ONCE A WEEK
- 2 ABOUT ONCE A WEEK
- 3 TWO OR THREE EVENINGS
- 4 FOUR OR FIVE EVENINGS
- 5 EVERY NIGHT OR ALMOST EVERY NIGHT
- 8 NOT SURE/CAN'T ESTIMATE

428

64. And, about how often do you go out on a date or go to parties that both boys and girls attend? Is that about once a month, once a week, or what?

- 1 NEVER (I'M NOT OLD ENOUGH, ETC.)
- 2 ONCE A MONTH OR LESS
- 3 TWO OR THREE TIMES A MONTH
- 4 ABOUT ONCE A WEEK
- 5 TWO OR THREE TIMES A WEEK
- 6 FOUR OR MORE TIMES A WEEK
- 8 NOT SURE/CAN'T ESTIMATE

429

65. Altogether, how many people live here including yourself?

430
431

(TOTAL
NUMBER)

66. I need to know who these people are in relation to you; so as I read each type of person, just tell me how many there are.

HOW MANY?

a. <u>Younger</u> brothers and sisters	432	_____	(a)	WRITE DOWN A NUME FOR EACH CATE GORY THAT APPLI
b. <u>Older</u> brothers and sisters <u>who live here with you</u>	433	_____	(b)	
c. Mother or stepmother	434	_____	(c)	
d. Father or stepfather	435	_____	(d)	
e. Other relatives who live here	436	_____	(e)	
f. Other persons not related to you	437	_____	(f)	
g. (<u>SELF</u>)		1	(g)	

TOTAL

438
439

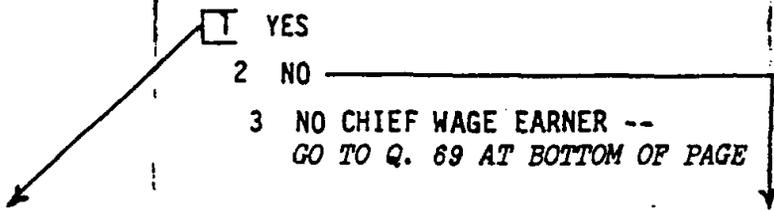
ADD (a) THROUGH (g). MAKE SURE TOTAL MATCHES NUMBER IN BOX ABOVE.

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

- 1 YES
- 2 NO

440

68. Is the chief wage earner in this household employed at the present time? That is, has he or she worked in the past month?



441

IF "YES" ON Q. 68, ASK:

HAND RESPONDENT CARD G

68a. Which of these best describes the work that he or she does?

- 1 LABORER
- 2 SERVICE WORKER 442
- 3 OPERATIVE OR SIMILAR WORK
- 4 CRAFTSMAN, FOREMAN, SKILLED WORKER
- 5 RETAIL OR OFFICE WORKER
- 6 MANAGER OR SIMILAR
- 7 BUSINESS EXECUTIVE OR PROFESSIONAL
- 8 OTHER: _____

TAKE BACK CARD G

IF "NO" ON Q. 68, ASK:

HAND RESPONDENT CARD H

68b. Which of these best describes the chief wage earner?

- 1 HOUSEWIFE
- 2 STUDENT 443
- 3 UNEMPLOYED
- 4 RETIRED
- 5 DISABLED
- 6 OTHER

TAKE BACK CARD H

69. Is anyone who lives here -- or an immediate member of the family -- a member of the armed forces?

- 1 YES, AN ACTIVE MEMBER LIVES HERE
- 2 YES, AN IMMEDIATE FAMILY MEMBER IS STATIONED ELSEWHERE
- 3 BOTH 444
- 4 NO

Thank you very much.

TIME: _____

INTERVIEWER: TERMINATE INTERVIEW, THEN GO ON TO NEXT PAGE AND FILL IT IN YOURSELF.

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

74. During the interview we want to know whether it was completely private, which means no chance for parents or other older persons 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 9 below, to show how private the interview was.

1 COMPLETELY PRIVATE

2

3 MINOR DISTRACTIONS BY PARENT/OLDER PERSON

4

5 PARENT/OLDER PERSON 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/OLDER PERSON

X NOT SURE

459

HAND QUESTIONNAIRE TO RESPONDENT TO PLACE IN LARGE ENVELOPE.

ASK RESPONDENT TO SEAL THE ENVELOPE -- AND TO GO WITH YOU TO THE MAILBOX IF HE/SHE WANTS TO.

COMPLETE VERIFICATION PROCEDURE.

MAIL ENVELOPE TO HEADQUARTERS.

Interview Core Form

Location # _____
Housing Unit # _____
Time Started: _____

SEE INSTRUCTION MANUAL:

OMB 09-30-0076
Expires: 5/31/82
RAC 4292
Core Form (1) -112

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

CURRENT TRENDS

INTERVIEWER: RECORD WHETHER RESPONDENT IS AN ADULT OR A YOUTH 1 ADULT 113
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 and Human Services (which used to be called HEW). 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, 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 QUESTIONNAIRE
2 NO

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.

U.S. Department of Health and Human Services, Public Health Service,
Alcohol, Drug Abuse, and Mental Health Administration
National Institute on Drug Abuse

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 TOP OF NEXT PAGE

115-
116

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

- 1 YES
- 2 NO
- 8 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
- 8 NOT SURE

GO TO TOP OF NEXT PAGE

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)
- 8 NOT SURE

119

6. The next questions are about different types of drugs. I am going to read you the names of some drugs or drug types. After I read each one, just tell me whether you think more people are taking the drug now than was the case a few years ago. If I come to any drugs you haven't heard of, just let me know. The first drug is marijuana. So far as you know, are more people or fewer people using marijuana now than a few years ago? (Second, sedatives ... *REPEAT STEM.*)

	MORE PEOPLE USING?			
	<u>MORE</u>	<u>FEWER</u>	<u>NOT SURE/NEVER HEARD OF IT/OTHER</u>	
a. Marijuana (MAR-UH- <u>HWANA</u>)	1	2	3	120
b. Sedatives	1	2	3	121
c. Tranquilizers (<u>TRANK</u> -WILL-IZERS)	1	2	3	122
d. Amphetamines (AM- <u>FET</u> -AH-MEENS)	1	2	3	123
e. Cocaine (KO- <u>CANE</u>)	1	2	3	124
f. LSD (L-S-D)	1	2	3	125
g. Heroin (<u>HEH</u> -ROW-IN)	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/or psychologically dependent on it and can't get along without it. Just answer for those you have heard of.

- 1 ALCOHOL
- 2 MARIJUANA
- 3 SEDATIVES
- 4 TRANQUILIZERS
- 5 AMPHETAMINES
- 6 COCAINE
- 7 LSD
- 8 HEROIN
- 9 NOTHING CIRCLED ABOVE

127

TAKE BACK CARD A

The next questions are about alcohol; that is, beer, wine, and liquor, like whiskey or gin.

HAND RESPONDENT: THE ALCOHOL ANSWER SHEET (YELLOW) ANSWER SHEET #1

A PEN

LARGE RETURN ENVELOPE

After I read each question to you, please mark your answer down on this answer sheet. When we finish this page, I will ask you to put it in the envelope, and at the end of the interview I'll remind you to seal the envelope. As you can see, these questions are set up so that I will not know what your answers are.

Now let's start:

Question A-1. Think back to the first time in your life that you ever had an alcohol drink. Please don't include childhood sips that you might have had from an older person's drink. The first question (A-1) asks: About how old were you the first time you had a glass of beer or a drink of liquor, such as whiskey, gin, scotch, etc.? Please write in the age that shows how old you were at that time. If you can't remember exactly how old you were, give your best guess. Or, if you've never had a drink, just circle the "X."

Question A-2. The next question (A-2) asks: When was the most recent time that you had an alcohol drink? Did you have a drink within the past month? If not, was it within the past six months? Just draw a circle around the number that is next to the first answer that fits you.

If you're not sure which of two answers fits you best, circle both numbers. As you can see, these questions are set up so that every person answers every question.

Question A-3. Going to the top of the next column, the third question (A-3) asks: If you used alcohol during the past 30 days, on about how many different days did you have one or more drinks?

Please write the number of days on your answer sheet. If you did not have a drink during the past 30 days, just put down a "zero." Or, if you never had an alcohol drink, just circle the "X."

Question A-4. The last question (A-4) asks: On those occasions when you have a drink, is it usually beer, wine, or "liquor" -- or some combination of these?

Please check back and make sure you have marked an answer to every question. We have to have your answer to every question even if you never had an alcohol drink. This is so the computer will know that I asked every question.

If any of the questions seemed confusing, please tell me and I'll try to explain it to you. (PAUSE ... HELP RESPONDENT, IF NECESSARY.) Please put your answer sheet in the envelope, but don't seal it yet, since there will be other answer sheets.

The second answer sheet is for questions on marijuana and hashish.

As I mentioned before, we need an answer for every question -- even if you've never tried marijuana. This is so that everyone can answer privately -- without telling me if they have or have not used a drug.

HAND RESPONDENT: THE MARIJUANA ANSWER SHEET (GREEN)

ANSWER SHEET #2

Please start by thinking back to the first time you knew someone who had tried marijuana or hashish.

Question M-1. The first question (M-1) asks: About how old were you the first time you knew someone who had tried marijuana or hash? Write down how old you were at that time.

If you're not sure how old you were, try to estimate your approximate age at that time. If you've never known anyone who's tried it, just circle the "X."

Question M-2. The second question (M-2) asks: About how old were you when you first had a chance to try marijuana or hash if you wanted to?

Question M-3. And, for the third question (M-3), write down how old you were when you actually used marijuana or hash for the first time.

Question M-4. Now, think of all the times you've used marijuana, from the first time up to the most recent time; then, look at the answer categories for Question M-4 and circle a number to show, roughly, about how many times in your life you've used marijuana or hash.

Question M-5. Going to the top of the next column, Question M-5 asks: When was the most recent time that you used marijuana or hash? Circle the first answer that fits you.

Question M-6. The next question (M-6) asks: During the past 30 days, on about how many different days did you use marijuana or hash? If you're not sure, try to make a good guess. If it's no days, just put down a zero.

Question M-7. During the past 30 days, about how many marijuana cigarettes (joints, reefers) or the equivalent did you smoke a day on the average? (If you shared them with other people, count only the amount you smoked.) Circle the first answer that fits you.

Question M-8. Thinking back to before the past 30 days, was there ever a time when you used marijuana or hash every day or almost every day for as long as a month or more? Just as a guide, what we mean by "almost every day" is about 20 days out of a month.

Please turn your answer sheet over.

Question M-9.

Question M-9 asks: On the occasions when you have used marijuana or hash, about how often did you also have an alcohol drink at about the same time? Was this what you usually did, was it about half the time, occasionally, or what? Just as a guide, when we say "at about the same time," we mean within a couple of hours of each other.

Please check back and make sure that you've answered every question on the answer sheet. If you skipped a question, I'd be happy to read it to you again. Or, if any of the questions seemed confusing, let me know and I'll try to explain it.

(PAUSE ... HELP RESPONDENT, IF NECESSARY.)

Please put the answer sheet in the envelope.

The next set of questions will be about prescription-type pills. These pills can be bought in a drug store only if you have a doctor's prescription.

There will be separate questions for sedatives, tranquilizers, stimulants, and certain other pills. Sometimes doctors prescribe these kinds of pills for various medical purposes. Other times people take them for kicks or to get high or feel good -- or for other *nonmedical* reasons such as curiosity about the pill's effect.

In this study we are interested in both medical use and nonmedical use of these pills. We have separate questions for medical use and nonmedical use. Medical use means taking pills that were prescribed for you by a doctor. Nonmedical use means taking pills for kicks or to get high or for any other *nonmedical* reason.

We'll start by talking about medical use of barbiturates and other sedatives. As you may know, sedatives are often referred to as sleeping pills. Doctors sometimes prescribe these pills to help people go to sleep or to help them calm down during the day or for some other medical purpose.

GO TO TOP OF NEXT PAGE.

RX SEDATIVES

8. First, I need to know which sedatives -- if any -- were ever prescribed for you by a doctor.

FLIP TO CARD B (SEDATIVES); HOLD IT UP, BUT DON'T GIVE IT TO RESPONDENT YET.

This card shows most sedative pills that are usually available only under a doctor's prescription. When I give you the card, please go through it slowly and look at every pill. Each time you come to one that has been prescribed for you, you can either give me the name of the pill or you can just say the number that's next to it. Ready?

HAND RESPONDENT CARD B

(IF RESPONDENT IS AN ADULT, ADD: This includes your whole life, so think back over the years.)

(PAUSE ... CIRCLE ONLY THOSE PILLS THAT WERE PRESCRIBED FOR RESPONDENT BY A DOCTOR.)

- | | | | | | |
|-----------------|-----|--------------------|-----|--|-----|
| 1 BUTISOL | 128 | 10 PLACIDYL | 137 | 19 NEMBUTAL | 146 |
| 2 BUTICAPS | | 11 DORIDEN | | 20 CARBRITAL | |
| 3 AMYTAL | 130 | 12 NOLUDAR | 139 | 21 SECONAL | 148 |
| 4 ESKABARB | | 13 SOPOR | | 22 TUINAL | |
| 5 LUMINAL | 132 | 14 QUAALUDE | 141 | 23 PENTOBARBITAL | 150 |
| 6 MEBARAL | | 15 PAREST | | 24 SECOBARBITAL | |
| 7 AMOBARBITAL | 134 | 16 NOCTEC | 143 | 25 DALMANE | 152 |
| 8 PHENOBARBITAL | | 17 METHAQUALONE | | 26 OTHER PILL OF THIS TYPE, VOLUNTEERED: | 153 |
| 9 ALURATE | 136 | 18 CHLORAL HYDRATE | 145 | | |

(WRITE IN PILL NAME)

98 NOT SURE WHICH SEDATIVE PILL THE DOCTOR PRESCRIBED 154

99 "BORROWED" ONE OR MORE OF THESE PILLS TO USE FOR A MEDICAL PURPOSE, VOLUNTEERED (DO NOT CIRCLE "BORROWED" PILLS ABOVE.) 155

IF "BORROWED," ASK:

8a. When was the most recent time you "borrowed" one of these pills for a medical purpose? Was that within the past month or not?

- 1 WITHIN THE PAST MONTH
- 2 MORE THAN A MONTH AGO 156
- 8 NOT SURE

X NEVER HAD A PRESCRIPTION FOR A SEDATIVE -- SKIP TO PAGE 10, NONMEDICAL USE. 157

(IF SAID "BORROWED," REMIND RESPONDENT: The next questions are about the pills that the doctor prescribed for you.)

9. Now, please think back to the first time a doctor prescribed a sedative for you. (PAUSE) About how old were you at that time?

AGE: _____ YEARS OLD

98 NOT SURE

158-
159

10. And when was the most recent time that you took a sedative under a doctor's prescription? Was that within the past month? If not, was it within the past six months or what?

- 1 WITHIN THE PAST MONTH (30 DAYS)
2 WITHIN THE PAST SIX MONTHS (BUT MORE THAN A MONTH AGO)
3 SIX MONTHS TO A YEAR AGO
4 MORE THAN A YEAR AGO
8 NOT SURE

160

11. Still talking only about sedatives that were prescribed for you by a doctor, was there ever a time when you took any one of them every day for more than two weeks -- that is, every day for 15 days or longer?

YES

2 NO -- GO TO TOP OF NEXT PAGE

161

12. Were you ever told to or did you ever have to cut down or stop taking these pills?

1 YES

2 NO

162

13. Was there ever a time when you found it hard to cut down or stop taking these pills?

YES

2 NO/NEVER TRIED TO CUT DOWN, ETC. -- GO TO TOP OF NEXT PAGE

3 OTHER: _____

163

IF "YES" OR "OTHER" ON Q. 13, ASK:

- 13a. People who have trouble cutting down on their own often go to a doctor or a clergyman or a counselor -- or some other professional. How about you? Did you ever get professional help of this kind -- or haven't you done that?

1 YES

2 NO, HAVEN'T

3 OTHER: _____

164

180

SEDATIVES (NONMEDICAL)

10

The next questions are about nonmedical use of sedatives; that is, taking these pills to get high or to enjoy the feeling or just for kicks or curiosity or for any other nonmedical purpose. This would include pills you got from a doctor's prescription if you also used those pills for a nonmedical reason.

MAKE SURE RESPONDENT TAKES SEDATIVE CARD IN HIS/HER HAND AGAIN.

So, please take another look at the sedatives on this card and keep it with you so you can refer to it. Again, we will use an answer sheet. As was true for the questions on alcohol and marijuana, everyone has to answer every question -- even if you never tried any drug. This is so everyone can answer privately.

HAND RESPONDENT SEDATIVES ANSWER SHEET (BUFF) ANSWER SHEET #3

Please stay with me as I read the questions out loud.

Question S-1. First, look at the short list of sedatives printed on the answer sheet. The first question (S-1) asks you to put a checkmark to the LEFT of each pill that you ever took for kicks or to get high or feel good -- or for any other nonmedical reason. (PAUSE) Now, please look at the sedatives card again. If you took one of the other pills on this card, please write down the number of that pill on the one of the lines next to where it says "Other Pills On the Sedative Card." If you took two other pills, notice there is a second line for the second number. If you never took any of the pills on the card for any nonmedical reason, just circle the "X" at the bottom of the list.

Question S-2. Now, still looking at the same list of pills, the second question asks you to put a checkmark to the RIGHT of each pill you took during the past month -- that is, during the past 30 days. Remember, on this answer sheet, we're only asking you about sedatives that you took for nonmedical reasons.

Question S-3. Question S-3, which is on the lower half of the page, asks: About how old were you the first time you took a sedative to get high or for any other nonmedical reason?

Question S-4. Now for the fourth question (S-4). Altogether, about how many times in your life have you taken sedatives to get high or for any other nonmedical reason?

Question S-5. Question S-5 asks: When was the most recent time you took a sedative to get high?

Question S-6. Question S-6 is: During the past 30 days, on about how many different days did you take sedatives to get high? If it's no days, just write down a zero.

Please turn your answer sheet over.

- Question S-7. Question S-7 asks: Thinking back over the times you've used sedatives for nonmedical purposes, were the pills you took ever prescribed for you by a doctor or did you always get them some other way?
- Question S-8. Still thinking of all the occasions when you took a sedative to get high, Question S-8 asks: Did you ever take one of these pills and smoke marijuana at around the same time? That is, did you ever use both of these within a couple of hours of each other?
- Question S-9. Then, going to the top of the next column, question S-9 asks: Was there ever a time when you found that you needed to take more of these pills in order to get the same effect or "high" as before?
- Question S-10. Still talking about nonmedical use, Question S-10 asks: Was there ever a time when you found it hard to stop taking these pills or had trouble cutting down on the amount you were taking?
- Question S-11. Now for the last question on this answer sheet (S-11). People who have trouble cutting down on their own often go to a doctor or a clergyman or a counselor -- or to some other professional who might help them stop taking these pills. How about you? Did you ever get professional help or haven't you done that?

Please check back and make sure you marked an answer for each question on both sides of the answer sheet. If there were any questions that weren't clear to you, I'd be happy to try to explain them.

(PAUSE ... HELP RESPONDENT, IF NECESSARY.)

Please put the answer sheet in the envelope.

TAKE BACK CARD B

FLIP TO CARD C (TRANQUILIZERS)

The next question is about taking tranquilizers under a doctor's prescription. Doctors sometimes prescribe tranquilizers to help people calm down or to relax their muscles or for some other medical purpose.

14. I need to know which tranquilizers have ever been prescribed for you by a doctor.

HOLD UP CARD C

When I hand you this card, please go through it slowly, looking at every pill. Each time you come to one that's been prescribed for you, you can either give me the pill name or just say the number that's next to it. Ready?

HAND RESPONDENT CARD C

(IF RESPONDENT IS AN ADULT, ADD: This includes your whole life, so think back over the years.)

(PAUSE ... CIRCLE ONLY THOSE PILLS THAT WERE PRESCRIBED FOR RESPONDENT BY A DOCTOR.)

- | | |
|-----------------|--|
| 1 VALIUM 205 | 9 MEPROSPAN 213 |
| 2 LIBRIUM | 10 MILTOWN |
| 3 LIBRITABS 207 | 11 EQUANIL 215 |
| 4 SK-LYGEN | 12 MEPROBAMATE |
| 5 SERAX 209 | 13 VISTARIL 217 |
| 6 TRANXENE | 14 ATARAX |
| 7 ATIVAN 211 | 15 BENADRYL 219 |
| 8 VERSTRAN 212 | 16 OTHER PILLS OF THIS TYPE, 220
VOLUNTEERED: |

(WRITE IN PILL NAME)

- 98 NOT SURE WHICH TRANQUILIZER(S) THE DOCTOR PRESCRIBED 221
- 99 "BORROWED" ONE OR MORE OF THESE PILLS TO USE FOR A MEDICAL PURPOSE, VOLUNTEERED (DO NOT CIRCLE "BORROWED" PILLS ABOVE.) 222

IF "BORROWED," ASK:

14a. When was the most recent time you "borrowed" one of these pills for a medical purpose? Was that within the past month or not?

- 1 WITHIN THE PAST MONTH
2 MORE THAN A MONTH AGO
8 NOT SURE

223

X NEVER HAD A PRESCRIPTION FOR A TRANQUILIZER -- SKIP TO PAGE 14, NONMEDICAL USE. 224

(IF SAID "BORROWED," REMIND RESPONDENT: The next questions are about the pills that the doctor prescribed for you.)

15. Now, please think back to the first time a doctor prescribed a tranquilizer for you. (PAUSE) About how old were you at that time?

AGE: _____ YEARS OLD
98 NOT SURE

225-
226

16. And when was the most recent time that you took a tranquilizer under a doctor's prescription? Was that within the past month? If not, was it within the past six months or what?

- 1 WITHIN THE PAST MONTH (30 DAYS)
- 2 WITHIN THE PAST SIX MONTHS (BUT MORE THAN A MONTH AGO)
- 3 SIX MONTHS TO A YEAR AGO
- 4 MORE THAN A YEAR AGO
- 8 NOT SURE

227

17. Still thinking only about tranquilizers that were prescribed for you by a doctor, was there ever a time when you took any one of them every day for more than two weeks -- that is, every day for 15 days or longer?

- 1 YES
- 2 NO -- GO TO TOP OF NEXT PAGE

228

18. Were you ever told to or did you ever have to cut down or stop taking these pills?

- 1 YES
- 2 NO

229

19. Was there ever a time when you found it hard to cut down or stop taking these pills?

- 1 YES
- 2 NO/NEVER TRIED TO CUT DOWN, ETC. -- GO TO TOP OF NEXT PAGE
- 3 OTHER: _____

230

IF "YES" OR "OTHER" ON Q. 19, ASK:

19a. People who have trouble cutting down on their own often go to a doctor or a clergyman or a counselor -- or to some other professional. How about you? Did you ever get professional help of this kind -- or haven't you done that?

- 1 YES
- 2 NO, HAVEN'T
- 3 OTHER: _____

231

The next questions are about nonmedical use of tranquilizers. Again, that means taking these pills to get high or to enjoy the feeling or just for kicks or curiosity or any other nonmedical reason. This would include pills you got from a doctor's prescription if you also used those pills for a nonmedical reason.

MAKE SURE RESPONDENT TAKES TRANQUILIZERS CARD IN HIS/HER HAND AGAIN.

Please take another look at the tranquilizers on this card and keep it with you so you can refer to it as I read you the next questions.

HAND RESPONDENT TRANQUILIZER ANSWER SHEET (SALMON) ANSWER SHEET #4

Please use this answer sheet to mark down your answers to the next questions. As before, everyone has to mark an answer for each question -- even if you never tried any drug.

INTERVIEWER: IF RESPONDENT IS CATCHING ON VERY QUICKLY AND YOU ARE SURE HE CAN DO THIS ANSWER SHEET ON HIS OWN, ASK QUESTION 20. IF THERE IS ANY DOUBT, SKIP TO T-1 BELOW.

20. I would like to continue reading, but if you would rather fill out this answer sheet by yourself, that's OK too. Which way do you want to do it?

1 WANTS INTERVIEWER TO CONTINUE READING

2 WANTS TO DO IT HIMSELF/HERSELF

O.K. Be sure to mark an answer for each question. Remember there are questions on both sides of this answer sheet.

WAIT UNTIL RESPONDENT FINISHES ANSWER SHEET.

20a. Now please check back ... did you mark an answer for each question on both sides of this answer sheet?

1 YES

2 NO

233

If any of the questions weren't clear to you, I'd be happy to explain them. (PAUSE) Now put the answer sheet in the envelope.

TAKE BACK CARD C (TRANQUILIZERS)

FLIP TO CARD D (STIMULANTS)

SKIP TO PAGE 16 (STIMULANTS)

T-1. First, look at the short list of tranquilizers printed on the answer sheet. The first question (T-1) asks you to put a checkmark to the LEFT of each pill that you ever took to get high or feel good -- or for any other nonmedical reason. (PAUSE) Now, please look at the tranquilizer card again. If you took one of the other pills on this card, please write down the number of that pill on one of the lines next to where it says "Other Pills on the Tranquilizers Card." If you took two other pills, notice there is a second line for the second number. If you never took any of the pills on this card for a nonmedical reason, just circle the "X" at the bottom of the list.

- T-2. Now, still looking at the same list of pills, the second question asks you to put a checkmark to the right of each pill you took during the past month (that is, during the past 30 days). Remember, on this answer sheet, we're only asking you about tranquilizers that you took for nonmedical reasons.
- T-3. Question T-3, which is on the lower half of the page, asks: About how old were you the first time you took a tranquilizer to get high or for any other nonmedical reason?
- T-4. Now for the fourth question, T-4. Altogether, about how many times in your life have you taken tranquilizers to get high or for any other nonmedical reason?
- T-5. Question T-5 asks: When was the most recent time you took a tranquilizer to get high?
- T-6. Question T-6 is: During the past 30 days, on about how many different days did you take tranquilizers to get high?
- Please turn your answer sheet over.
- T-7. Question T-7 asks: Thinking back over the times you've used tranquilizers for nonmedical purposes, were the pills you took ever prescribed for you by a doctor or did you always get them some other way?
- T-8. Still thinking of all the occasions when you took a tranquilizer to get high, Question T-8 asks: Did you ever take one of these pills and smoke marijuana at around the same time? That is, did you ever use both of these within a couple hours of each other?
- T-9. Then, going to the top of the next column, Question T-9 asks: Was there ever a time when you found that you needed to take more of these pills in order to get the same effect or "high" as before?
- T-10. Still talking about nonmedical use, Question T-10 asks: Was there ever a time when you found it hard to stop taking these pills or had trouble cutting down on the amount you were taking?
- T-11. Now for the last question on this answer sheet (T-11). People who have trouble cutting down on their own often go to a doctor or a clergyman or a counselor -- or to some other professional who might help them stop taking these pills. How about you? Did you ever get professional help or haven't you done that?

Please check back and make sure you marked an answer for each question on both sides of the answer sheet. If there were any questions that weren't clear to you, I'd be happy to try to explain them.

(PAUSE ... HELP RESPONDENT, IF NECESSARY.)

Please put the answer sheet in the envelope.

TAKE BACK CARD C

FLIP TO CARD D (STIMULANTS)

The next question is about taking amphetamines or other stimulants under a doctor's prescription. Doctors sometimes prescribe these pills to help people lose weight or for other medical purposes.

HOLD UP CARD D

21. When I hand you this card, go slowly through it and look at each pill. Then please tell me which ones were ever prescribed for you by a doctor.

HAND RESPONDENT CARD D

For each pill, you can either give me the pill name or you can just say the number that's next to it. (PAUSE)

CIRCLE ONLY THOSE PILLS THAT WERE PRESCRIBED FOR RESPONDENT BY A DOCTOR.

- | | | |
|-------------------------|------------------|--|
| 1 DEXEDRINE 234 | 8 METHEDRINE 241 | 15 PRE-SATE 248 |
| 2 DEXAMYL | 9 OBEDRIN-L.A. | 16 IONAMIN |
| 3 ESKATROL 236 | 10 TENUATE 243 | 17 PONDIMIN 250 |
| 4 BENZEDRINE | 11 TEPANIL | 18 VORANIL |
| 5 BIPHETAMINE 238 | 12 DIDREX 245 | 19 SANOREX 252 |
| 6 DESOXYN | 13 PLEGINE | 20 RITALIN |
| 7 DEXTROAMPHETAMINE 240 | 14 PRELUDIN 247 | 21 CYLERT 254 |
| | | 22 OTHER PILL OF THIS TYPE, VOLUNTEERED: 255 |

(WRITE IN PILL NAME)

- 98 NOT SURE WHICH PILL THE DOCTOR PRESCRIBED 256
- 99 "BORROWED" ONE OR MORE OF THESE PILLS TO USE FOR A MEDICAL PURPOSE, VOLUNTEERED (DO NOT CIRCLE "BORROWED" PILLS ABOVE.) 257

IF "BORROWED," ASK:

21a. When was the most recent time you "borrowed" one of these pills for a medical purpose? Was that within the past month or not?

- | | |
|-------------------------|-----|
| 1 WITHIN THE PAST MONTH | |
| 2 MORE THAN A MONTH AGO | 258 |
| 8 NOT SURE | |

X NEVER HAD A PRESCRIPTION FOR THIS TYPE OF PILL -- SKIP TO PAGE 18 259

(IF SAID "BORROWED," REMIND RESPONDENT: The next questions are about the pills that the doctor prescribed for you.)

22. Now, please think back to the first time a doctor prescribed an amphetamine or other stimulant for you. (PAUSE) About how old were you at that time?

AGE: _____ YEARS OLD
98 NOT SURE

260-
261

23. And when was the most recent time that you took an amphetamine or other stimulant under a doctor's prescription? Was that within the past month? If not, was it within the past six months or what?

- 1 WITHIN THE PAST MONTH (30 DAYS)
- 2 WITHIN THE PAST SIX MONTHS (BUT MORE THAN A MONTH AGO)
- 3 SIX MONTHS TO A YEAR AGO
- 4 MORE THAN A YEAR AGO
- 8 NOT SURE

262

24. Still talking only about amphetamines or other stimulants that were prescribed for you by a doctor, was there ever a time when you took any one of them every day for more than two weeks -- that is, every day for 15 days or longer?

- 1 YES
- 2 NO -- GO TO TOP OF NEXT PAGE

263

25. Where you ever told to or did you ever have to cut down or stop taking these pills?

- 1 YES
- 2 NO

264

26. Was there ever a time when you found it hard to cut down or stop taking these pills?

- 1 YES
- 2 NO/NEVER TRIED TO CUT DOWN, ETC. -- GO TO TOP OF NEXT PAGE
- 3 OTHER: _____

265

IF "YES" OR "OTHER" ON Q. 26, ASK:

26a. People who have trouble cutting down on their own often go to a doctor or a clergyman or a counselor -- or to some other professional. How about you? Did you ever get professional help of this kind -- or haven't you done that?

- 1 YES
- 2 NO, HAVEN'T
- 3 OTHER: _____

266

The next questions are about nonmedical use of amphetamines or other stimulants. This would include pills you got from a doctor's prescription if you also used those pills for a nonmedical reason.

MAKE SURE THE RESPONDENT TAKES THE STIMULANTS CARD IN HIS/HER HAND AGAIN.

Please take another look at the pills on this card and keep it with you so you can refer to it.

HAND RESPONDENT STIMULANTS ANSWER SHEET (PINK) ANSWER SHEET #5

Please use this to mark down your answers to the next questions.

INTERVIEWER: IF YOU THINK RESPONDENT CAN DO THIS ANSWER SHEET ON HIS/HER OWN, ASK QUESTION 27. IF THERE IS ANY DOUBT, SKIP TO ST-1 BELOW.

27. Would you rather fill out this answer sheet by yourself, or do you want me to read it?

- 1 WANTS INTERVIEWER TO READ
 2 WANTS TO DO IT HIMSELF/HERSELF

267

WAIT UNTIL RESPONDENT FINISHES ANSWER SHEET.

Please check back and make sure you marked an answer to each question on both sides of the answer sheet. If any of the questions weren't clear, I'd be happy to explain them. (PAUSE) Now put the answer sheet in the envelope.

TAKE BACK CARD D (STIMULANTS)

FLIP TO CARD E (ANALGESICS/"PAINKILLERS")

SKIP TO PAGE 20

ST-1. First, look at the short list of amphetamines and other stimulants printed on the answer sheet. Put a checkmark to the LEFT of each pill that you ever took to get high or for any other nonmedical reason. (PAUSE) Now, please look at the stimulants card again. If you took one of the other pills on this card, write down the number of that pill. If you took two other pills, notice there is a second line for the second number. (If you never took any of the pills on the card for nonmedical reasons, just circle the "X" at the bottom of the list.)

ST-2. Now, still looking at the same list of pills, the second question asks you to put a checkmark to the RIGHT of each pill you took during the past month -- that is, during the past 30 days.

- ST-3. Question ST-3, which is on the lower half of the page, asks: About how old were you the first time you ever took amphetamines or other stimulants to get high or for any other nonmedical reason?
- ST-4. Now, for the fourth question, ST-4. Altogether, about how many times in your life have you taken amphetamines or other stimulants to get high?
- ST-5. Question ST-5 asks: When was the most recent time you took an amphetamine or other stimulant to get high?
- ST-6. Question ST-6 is: During the past 30 days, on about how many different days did you take amphetamines or other stimulants to get high?

Please turn your answer sheet over.

- ST-7. Question ST-7 asks: Thinking back over the times you've used amphetamines or other stimulants for nonmedical purposes, were the pills you took ever prescribed for you by a doctor or did you always get them some other way?
- ST-8. Still thinking of all the occasions when you took stimulants to get high, Question ST-8 asks: Did you ever take one of these pills and smoke marijuana at the same time? That is, did you ever use both of these within a couple of hours of each other?
- ST-9. Then, going to the top of the next column, Question ST-9 asks: Was there ever a time when you found that you needed to take more of these pills in order to get the same effect or "high" as before?
- ST-10. Still thinking about nonmedical use, Question ST-10 asks: Was there ever a time when you found it hard to stop taking these pills or had trouble cutting down on the amount you were taking?
- ST-11. Now for the last question on this answer sheet (ST-11). People who have trouble cutting down on their own often to go a doctor or a clergyman or a counselor -- or to some other professional who might help them stop taking these pills. How about you? Did you ever get professional help of this kind or haven't you done that?

Please check back and make sure you marked an answer for each question on both sides of the answer sheet. If there were any questions that weren't clear to you, I'd be happy to try to explain them.

(PAUSE ... HELP RESPONDENT, IF NECESSARY.)

Please put the answer sheet in the envelope.

TAKE BACK CARD D

FLIP TO CARD E (ANALGESICS -- "PAINKILLERS")

The next question is about taking painkilling pills under a doctor's prescription. Unlike aspirin and other painkillers you can buy in any store, these painkillers are usually available only if you have a doctor's prescription.

28. When I hand you the next card, please go slowly through it and look at each pill. Then tell me which ones were ever prescribed for you by a doctor.

HAND RESPONDENT CARD E

For each pill, you can either give me the name or you can just say the number that's next to it. (PAUSE)

CIRCLE ONLY THOSE PILLS THAT WERE PRESCRIBED FOR RESPONDENT BY A DOCTOR.

- | | | | | | |
|---|---------------|-----|----|--|-----|
| 1 | DARVON | 305 | 10 | TYLENOL WITH CODEINE | 314 |
| 2 | DOLENE | | 11 | CODEINE | |
| 3 | SK-65 | 307 | 12 | DOLOPHINE | 316 |
| 4 | PROPOXYPHENE | | 13 | WESTODONE | |
| 5 | LERITINE | 309 | 14 | METHADONE | 318 |
| 6 | LEVO-DROMORAN | | 15 | TALWIN | |
| 7 | PERCODAN | 311 | 16 | OTHER PILLS OF THIS TYPE, VOLUNTEERED: | 320 |
| 8 | DEMEROL | | | | |
| 9 | DILAUDID | 313 | | | |

(WRITE IN PILL NAME)

- 98 NOT SURE WHICH PILL THE DOCTOR PRESCRIBED 321
- 99 "BORROWED" ONE OR MORE OF THESE PILLS TO USE FOR A MEDICAL PURPOSE, VOLUNTEERED (DO NOT CIRCLE "BORROWED" PILLS ABOVE.) 322

IF "BORROWED," ASK:

28a. When was the most recent time you "borrowed" one of these pills for a medical purpose? Was that within the past month or not?

- | | | |
|---|-----------------------|-----|
| 1 | WITHIN THE PAST MONTH | 323 |
| 2 | MORE THAN A MONTH AGO | |
| 8 | NOT SURE | |

X NEVER HAD A PRESCRIPTION FOR THIS TYPE OF PILL -- SKIP TO TOP OF PAGE 22 324

(IF SAID "BORROWED," REMIND RESPONDENT: The next questions are about the pills that the doctor prescribed for you.)

29. Now, please think back to the first time a doctor prescribed one of these pain-killing pills for you. (PAUSE) About how old were you at that time?

AGE: _____ YEARS OLD
98 NOT SURE

325-
326

30. And when was the most recent time that you took one of these pills under a doctor's prescription? Was that within the past month? If not, was it within the past six months or what?

1 WITHIN THE PAST MONTH (30 DAYS)
2 WITHIN THE PAST SIX MONTHS (BUT MORE THAN A MONTH AGO)
3 SIX MONTHS TO A YEAR AGO
4 MORE THAN A YEAR AGO
8 NOT SURE

327

31. Still talking only about painkilling pills that were prescribed for you by a doctor, was there ever a time when you took any one of them every day for more than two weeks -- that is, every day for 15 days or longer?

YES
2 NO -- GO TO TOP OF NEXT PAGE

328

32. Were you ever told to or did you ever have to cut down or stop taking these pills?

1 YES
2 NO

329

33. Was there ever a time when you found it hard to cut down or stop taking these pills?

YES
2 NO/NEVER TRIED TO CUT DOWN, ETC. -- GO TO TOP OF NEXT PAGE
3 OTHER: _____

330

IF "YES" OR "OTHER" ON Q. 33, ASK:

33a. People who have trouble cutting down on their own often go to a doctor or a clergyman or a counselor -- or to some other professional. How about you? Did you ever get professional help of this kind or haven't you done that?

1 YES
2 NO, HAVEN'T
3 OTHER: _____

331

The next questions are about nonmedical use of these painkilling pills. This would include pills you got from a doctor's prescription if you also used those pills for a nonmedical reason.

MAKE SURE RESPONDENT TAKES UP ANALGESICS CARD IN HIS/HER HAND AGAIN.

So, please take another look at the pills on this card and keep it with you so you can refer to it.

HAND RESPONDENT ANALGESICS ANSWER SHEET (BLUE) ANSWER SHEET #6

Please use this answer sheet to mark down your answers to the next questions.

INTERVIEWER: IF YOU THINK RESPONDENT CAN DO THIS ANSWER SHEET ON HIS/HER OWN, ASK QUESTION 34. IF THERE IS ANY DOUBT, SKIP TO AN-1 BELOW.

34. Do you want me to read this one or would you rather fill it out by yourself?

1 WANTS INTERVIEWER TO READ

2 WANTS TO DO IT HIMSELF/HERSELF

WAIT UNTIL RESPONDENT FINISHES ANSWER SHEET.

Now, please check back and make sure you marked an answer for each question on both sides of the answer sheet. Then put it in the envelope.

TAKE BACK CARD E (ANALGESICS/"PAINKILLERS")

SKIP TO PAGE 24

332

AN-1. First, look at the short list of pills printed on the answer sheet. Question AN-1 asks you to put a checkmark to the LEFT of each pill that you ever took to get high or for any other nonmedical reason. (PAUSE) Now, please look at this card again. If you took one of the other pills on this card, write down the number of that pill.

AN-2. Now, still looking at the same list of pills, the second question asks you to put a checkmark to the RIGHT of each pill you took during the past month, that is, during the past 30 days.

AN-3. Question AN-3 asks: About how old were you the first time you took one of these pills to get high or for any other nonmedical reason?

AN-4. Altogether, about how many times in your life have you taken one of these pills to get high or for any other nonmedical reason?

- AN-5. When was the most recent time you took one of these pills to get high?
- AN-6. During the past 30 days, on about how many different days did you take one of these pills for kicks or to get high?

Please turn your answer sheet over.

- AN-7. Question AN-7 asks: Thinking back over the times you've used these pills for nonmedical purposes, were the pills you took ever prescribed for you by a doctor or did you always get them some other way?
- AN-8. Still thinking of all the occasions when you took one of these pills to get high, did you ever smoke marijuana at around the same time?
- AN-9. Question AN-9 asks: Was there ever a time when you found that you needed to take more pills in order to get the same effect or "high" as before?
- AN-10. Question AN-10 asks: Was there ever a time when you found it hard to stop taking these pills or had trouble cutting down on the amount you were taking?
- AN-11. Now for the last question on this answer sheet. People who have trouble cutting down on their own often go to a doctor or some other professional. How about you? Did you ever get professional help of this kind or haven't you done that?

Please check back and make sure you marked an answer for each question on the answer sheet. If there were any questions that weren't clear to you, I'd be happy to try to explain them. (PAUSE)

Please put the answer sheet in the envelope.

TAKE BACK CARD E

HAND RESPONDENT COCAINE ANSWER SHEET (GREEN) ANSWER SHEET #7

The next questions are about cocaine. Please stay with me, waiting as I read each question before marking your answer down.

Question C-1. For the first question, please think back to the first time you knew someone who had tried cocaine, and then write down how old you were at that time.

Question C-2. Then, for the second question, please think back to the first time you ever had a chance to try cocaine, if you wanted to. And please write down how old you were then.

Question C-3. And for the third question, write down how old you were when you actually used cocaine for the first time.

Question C-4. Now, please think of all the times you've used cocaine, from the first time up to the most recent time. Then look at the answer categories for Question C-4 and circle a number to show about how many times in your life you've used cocaine.

Question C-5. Going to the top of the next column, Question C-5 asks: When was the most recent time that you used cocaine? Circle the first answer that fits you.

Question C-6. The next question (C-6) asks: During the past 30 days, on about how many different days did you use cocaine? If it's no days, just put down a zero.

Question C-7. Finally, thinking of the occasions when you have used cocaine, try to remember whether or not you smoked marijuana around the same time. Just as a guide, when we say "at around the same time," we mean within a couple of hours of each other. Question C-7 asks: On the occasions when you have used cocaine, about how often did you also smoke marijuana?

Please check back and make sure you have answered every question. If you have skipped one or aren't sure what it meant, I'd be glad to read it again or explain it to you. (PAUSE)

Please put the answer sheet in the envelope.

The next questions are about LSD and other hallucinogens like PCP, mescaline (MES-KA-LEEN) and peyote (PAY-OH-TEE).

HAND RESPONDENT LSD/HALLUCINOGEN ANSWER SHEET (PINK)

ANSWER SHEET #8

IF YOU THINK RESPONDENT CAN HANDLE THE NEXT ANSWER SHEET ON HIS OWN, ASK QUESTION 35. IF THERE IS ANY DOUBT, SKIP TO QUESTION L-1 BELOW AND CONTINUE READING ALOUD.

35. Shall I read these questions to you, or do you want to do it on your own?

- 1 INTERVIEWER CONTINUE READING
- 2 RESPONDENT DOES IT HIMSELF/HERSELF

333

WAIT FOR RESPONDENT TO FINISH.

35a. Did you understand the last two questions?

- 1 YES
- 2 NO/NOT SURE

334

(HELP RESPONDENT, IF NECESSARY.)

Please make sure you marked an answer to every question, and then put it in the envelope.

GO TO TOP OF NEXT PAGE

- L-1. Question L-1: About how old were you when you first knew someone who had tried LSD or another hallucinogen?
- L-2. The second question asks: About how old were you when you first had a chance to try LSD or another hallucinogen if you wanted to?
- L-3. Then L-3. About how old were you the first time you actually used LSD or another hallucinogen?
- L-4. Then L-4: About how many times in your lifetime have you used LSD or another hallucinogen?
- L-5. Going to the top of the next column, when was the most recent time you used LSD or another hallucinogen? Circle the first answer that fits you.
- L-6. Question L-6 asks: During the past 30 days, on about how many different days did you use LSD or other hallucinogens?
- L-7. Question L-7 asks: On the occasions when you have used LSD or other hallucinogens, about how often did you also smoke marijuana at around the same time?
- L-8. Now, looking in the next box, Question L-8 asks: Have you ever tried PCP, which is sometimes called "Angel Dust"?
- L-9. And Question L-9 asks: When was the most recent time that you used PCP?

Please check back and make sure you answered every question on the page. Please put the answer sheet in the envelope.

INTERVIEWER: THIS FORM SKIPS ANSWER SHEET #9.

DISCARD ANSWER SHEET #9

PLEASE GO TO NEXT PAGE.

The next questions are about heroin. Again, we will use an answer sheet.

HAND RESPONDENT THE HEROIN ANSWER SHEET (BLUE) **ANSWER SHEET #10**

IF YOU THINK RESPONDENT CAN HANDLE THE NEXT ANSWER SHEET ON HIS/HER OWN, ASK QUESTION 36. IF THERE IS ANY DOUBT, SKIP TO QUESTION H-1 BELOW AND CONTINUE READING ALOUD.

36. Shall I read these questions to you, or do you want to do it on your own?

1 INTERVIEWER CONTINUE READING

2 RESPONDENT DOES IT HIMSELF/HERSELF

WAIT FOR RESPONDENT TO FINISH.

Did you understand the last question? (HELP RESPONDENT, IF NECESSARY.) Please make sure you marked an answer to every question, and then put it in the envelope.

GO TO TOP OF NEXT PAGE.

335

H-1. Question H-1 asks: About how old were you when you first knew someone who had tried heroin?

H-2. The second question asks: About how old were you when you first had a chance to try heroin if you wanted to?

H-3. The third question asks: About how old were you the first time you actually used heroin?

H-4. Then Question H-4: About how many times in your lifetime have you used heroin?

H-5. Going to the top of the next column, Question H-5 asks: When was the most recent time that you used heroin? Circle the first answer that fits you.

H-6. Question H-6 asks: During the past 30 days, on about how many different days did you use heroin?

H-7. Finally, have you ever used heroin with a needle?

Please check back and make sure you answered every question on heroin.

Then put the answer sheet in the envelope.

The next questions are a little different so please stay with me as I read and explain each one.

First, think back to the first time you tried each of the drugs we've talked about in this interview.

HAND RESPONDENT THE "FIRST-USE-IN-PAST-YEAR" ANSWER SHEET (BUFF) ANSWER SHEET #11

Question F-1. Question F-1 asks: Did you try any of these drugs for the first time during the past year?

Circle the "1" if you first tried marijuana during the past 12 months.

Next, think back to the first time you had a prescription for a pill that was on one of the cards; if that was within the past 12 months, circle the "2."

Then, how about the first time you took one of these pills for a nonmedical reason? Was that within the past year? If so, circle the "3."

Do you see how this goes? (HELP RESPONDENT, IF NECESSARY.)

Continue down the list circling numbers to show whether you first used cocaine, hallucinogens, or heroin during the past year.

If you never used any of these -- or if your first use occurred more than a year ago -- just circle the "X."

The other two questions on this answer sheet are about buying marijuana. We would appreciate your helping us out by answering these, but as always, if you don't want to answer a question, you don't have to.

Question F-2. Question F-2 asks: During the past 30 days, about how much marijuana have you purchased? (If you have purchased individual "joints," figure 20 "joints" equals about one-half ounce.)

Question F-3. During the past 30 days, about how much money did you pay for marijuana? Please fill in the total number of dollars you paid for marijuana.

Please check back and make sure that you've answered every question on the answer sheet. If you skipped a question, I'd be happy to read it to you again. Or, if any of the questions seemed confusing, let me know and I'll try to explain it.

(PAUSE ... HELP RESPONDENT, IF NECESSARY.)

Please put the answer sheet in the envelope.

The next questions apply to the pills on all the cards you've seen in this interview. These questions are about the different kinds of problems that people who take prescription-type pills could end up having -- whether or not they got the pills from a doctor -- and regardless of whether they were taking them to get high.

37. First, taking the kinds of pills you've seen on the cards could have some physical or emotional side effects. I am going to read a list of possible side effects. Did anyone you know who was taking any of the drugs shown on the pill cards have the following side effects?

	<u>YES</u>	<u>NO</u>	
a. Became depressed or lost interest in things, <u>as a result</u> of their taking pills?	1	2	336
b. Became argumentative with family or friends, as a result of their taking pills?	1	2	337
c. Had an automobile accident, as a result of their taking pills?	1	2	338
d. Had difficulty with school, studies or teachers, as a result of their taking pills?	1	2	339
e. Had trouble with job (work), as a result of their taking pills?	1	2	340

38. The next question is about a somewhat different kind of problem. For one reason or another, some people might take so many pills at one time that they would have to get emergency medical help right away. Maybe a friend would have to rush them to a hospital or they might call an emergency number. Have you ever known anyone who took so many pills at one time that they had to get emergency medical help right away? (Remember, we're only talking about the prescription-type pills that were shown on the cards.)

- 1 YES
- 2 NO 341
- 8 NOT SURE/OTHER

Now I would like you to use an answer sheet for similar questions about your own experience. Again, this includes your medical and nonmedical use of all the pills you've seen on the cards.

HAND RESPONDENT THE "ALL-PILLS" ANSWER SHEET (YELLOW) ANSWER SHEET #12

P-1. Question P-1 asks: Which side effects have you had? As I read off each one, circle the number next to it if that side effect applies to you. Otherwise, circle the "X."

- (1) The first one is: Became depressed or lost interest in things, as a result of my taking the pills.
Circle the "1" or circle the "X."
- (2) The next one is: Became argumentative with family or friends, as a result of my taking the pills.
Circle the "2" or circle the "X."
- (3) Number 3 is: Had an automobile accident, as a result of my taking the pills.
- (4) Number 4 is: Had difficulty with school, studies or teachers, as a result of my taking the pills.
- (5) Number 5: Had trouble with job (work), as a result of my taking the pills.
- (6) Number 6: Took too many pills at one time and had to get emergency medical help right away.

P-2. Now I need to know which kinds of pills made you have the problems you just circled.

First, look back and note the number of the problem or problems you circled. Then, notice that Question P-2 has four columns -- one for each of the pill cards you have seen.

I will show you each pill card again for the last time. As I show you each card, I will ask you to find the pills that caused you the problems. Then you can write down the problem number next to that pill (or those pills).

Look carefully at the first column on the answer sheet -- the one where it says "Card B. Sedatives." When I show you Card B, put the number of your problem(s) next to the right pill name(s). Or, if you never had any of these problems because of taking sedatives, just circle the "X." Ready?

Here's Card B. (SHOW RESPONDENT CARD B. TAKE BACK CARD B.) Now the next column.

Here's Card C. (SHOW RESPONDENT CARD C. TAKE BACK CARD C.)

Here's Card D. (SHOW RESPONDENT CARD D. TAKE BACK CARD D.)

Here's Card E. (SHOW RESPONDENT CARD E. TAKE BACK CARD E.)

Please put your answer sheet in the envelope.

**INTERVIEWER: THIS FORM SKIPS QUESTIONS
39-46, PAGES 32 AND 33.**

ASK EVERYBODY

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

47. How long have you lived in this state -- for about how many years?

_____ (WRITE IN NUMBER OF YEARS)

- 1 LESS THAN ONE YEAR
- 2 ALL MY LIFE
- 3 ON AND OFF/MOVED IN AND MOVED OUT
- 8 NOT SURE

354-
355

356

HAND RESPONDENT CARD F

48. Which of the groups on this card best describes you?

- 1 AMERICAN INDIAN OR ALASKAN NATIVE
- 2 ASIAN OR PACIFIC ISLANDER
- 3 BLACK
- 4 HISPANIC
- 5 WHITE
- 8 NOT SURE/NO ANSWER

357

IF "HISPANIC," ASK:

48a. Which of these types of Spanish-American groups best describes you: Puerto Rican, Mexican, Cuban, or some other Spanish-American group?

- 1 PUERTO RICAN
- 2 MEXICAN
- 3 CUBAN
- 4 SOME OTHER GROUP: _____
- 8 NOT SURE

358

TAKE BACK CARD F

49. INTERVIEWER: RECORD SEX OF RESPONDENT

- 1 MALE
- 2 FEMALE

359

50. Please tell me how old you are.

_____ YEARS OLD

360-
361

INTERVIEWER: IF RESPONDENT IS AN ADULT AGED 18 OR OLDER, GO TO NEXT PAGE.

IF RESPONDENT IS A YOUTH (AGE 12 TO 17), SKIP TO Q. 60 ON PAGE 40.

IF RESPONDENT IS AN ADULT:

51. 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. 52 BELOW

362

IF "YES," ASK:

51a. 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:)

363

51b. Are you a full-time student or a part-time student?

- 1 FULL TIME
2 PART TIME

364

52. 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 VOCATIONAL/TECHNICAL SCHOOL BEYOND HIGH SCHOOL
6 SOME COLLEGE
7 COLLEGE GRADUATE OR BEYOND
8 NO ANSWER

365

53. Are you a veteran or a current member of the armed forces?

- 1 YES, A VETERAN (INCLUDES RESERVES)
2 YES, A CURRENT MEMBER ON ACTIVE DUTY
3 NO, NEITHER

366

54. 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

367

55. Have you been employed in the past month?

1 YES
 2 NO

368

IF "YES" ON Q. 55, ASK:

IF "NO" ON Q. 55, ASK:

HAND RESPONDENT CARD G

HAND RESPONDENT CARD H

55a. Which of these best describes the kind of work you do? Just give me the number.

55b. Which of these describes you?

- 1 LABORER 369
- 2 SERVICE WORKERS
- 3 OPERATIVE OR SIMILAR WORK
- 4 CRAFTSMAN, FOREMAN, SKILLED WORKER
- 5 RETAIL OR OFFICE WORKER
- 6 MANAGER OR SIMILAR
- 7 BUSINESS EXECUTIVE OR PROFESSIONAL
- 8 OTHER: _____

- 1 HOUSEWIFE
- 2 STUDENT
- 3 UNEMPLOYED 370
- 4 RETIRED
- 5 DISABLED
- 6 OTHER

TAKE BACK CARD G

TAKE BACK CARD H

GO TO NEXT PAGE

GO TO NEXT PAGE

56. Altogether, how many people live here, including yourself?

1 ONLY MYSELF -- SKIP TO PAGE 39

IF MORE THAN ONE, WRITE TOTAL NUMBER OF RESIDENTS IN BOX:

↓
[]

405-
406

THEN SAY: ←

I need to know who lives here besides yourself.

56a. First, do any of your own children or any of your spouse's children live here with you?

1 YES → How many (who live here) are:

407

2 NO

Under 12 years old? []

408

12 to 17 years old? []

(a)

409

18 or older? []

410

56b. Next, do you have a spouse, or a similar person who lives here with you?

1 YES → WRITE IN "1" → []

(b)

411

2 NO

56c. Now, for other types of people who might live here, just tell me how many there are as I read off this list:

(c) Your parents or parents-in-law []

(c)

412

(d) Your brothers and sisters []

(d)

413

(e) Other relatives like grandchildren, grand-
parents, nieces, nephews, and so forth []

(e)

414

(f) Friends or "roommates" []

(f)

415

(g) Other kinds of people who aren't related to you []

(g)

416

(h) (SELF) [1]

(h)

416

INTERVIEWER: ADD UP (a) THROUGH (h) ABOVE: WRITE IN TOTAL

↓
[]

417-
418

THEN MAKE SURE TOTAL GIVEN IN THIS BOX MATCHES TOTAL NUMBER OF RESIDENTS GIVEN IN BOX AT TOP OF PAGE. IF NECESSARY, GO OVER EACH QUESTION AGAIN WITH RESPONDENT.

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

- YES
 - 2 NO, RESPONDENT IS CHIEF
 - 3 NO WAGE EARNER IN THIS HOUSEHOLD
 - 4 TWO OR MORE EQUAL WAGE EARNERS
- SKIP TO Q. 58 BELOW

419

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

57a. Which of these best describes his/her work:

HAND RESPONDENT CARD G

- 1 LABORER
- 2 SERVICE WORKER
- 3 OPERATIVE OR SIMILAR WORK
- 4 CRAFTSMAN, FOREMAN, SKILLED WORKER
- 5 RETAIL OR OFFICE WORKER
- 6 MANAGER OR SIMILAR
- 7 BUSINESS EXECUTIVE OR PROFESSIONAL
- 8 OTHER: _____

420

TAKE BACK CARD G

58. Aside from yourself, is anyone who lives here -- or an immediate member of the family -- a member of the armed forces?

- 1 YES, AN ACTIVE MEMBER LIVES HERE
- 2 YES, AN IMMEDIATE FAMILY MEMBER IS STATIONED ELSEWHERE
- 3 BOTH
- 4 NO

421

HAND RESPONDENT CARD I

59. 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 \$10,000	(UNDER \$192)
3	\$10,000 - \$19,999	(\$193 - \$384)
4	\$20,000 - \$29,999	(\$385 - \$576)
5	\$30,000 - \$39,999	(\$577 - \$769)
6	\$40,000 - \$49,999	(\$770 - \$962)
7	\$50,000 OR MORE	(\$963 OR MORE)
8	NOT SURE	
9	NO ANSWER	

422

TAKE BACK CARD I

Thank you very much.

TIME: _____

INTERVIEWER: GO TO PAGE 43. FILL IT IN BY YOURSELF.

IF RESPONDENT IS A YOUTH:

60. What is the last grade you completed in school?
- 1 SEVENTH GRADE OR LESS
 - 2 EIGHTH GRADE
 - 3 NINTH GRADE
 - 4 TENTH GRADE
 - 5 ELEVENTH GRADE
 - 6 TWELFTH GRADE
 - 7 BEYOND HIGH SCHOOL
 - 8 NOT SURE/NO ANSWER

423

61. Are you going to school this year?

- YES
- 2 NO -- SKIP TO Q. 62 BELOW

424

IF "YES" ON Q. 61, ASK:

- 61a. Do you go to school full-time (that is, do you take a regular schedule of courses) or do you go less than full time?
- 1 FULL TIME
 - 2 PART TIME
 - 3 NOT SURE

425

- 61b. During an average week, about how much time do you spend on your homework?

- 1 NONE (OR NO HOMEWORK IS ASSIGNED)
- 2 5 HOURS OR LESS (PER WEEK)
- 3 6 TO 10 HOURS
- 4 11 TO 20 HOURS
- 5 MORE THAN 20 HOURS
- 8 NOT SURE/COULDN'T ESTIMATE

426

62. Not counting summer vacations, how many hours per week do you usually work in a paid or unpaid job?

- 1 NONE
- 2 5 HOURS OR LESS (PER WEEK)
- 3 6 TO 10 HOURS
- 4 11 TO 20 HOURS
- 5 MORE THAN 20 HOURS

427

63. And during a typical week, on about how many evenings do you go out for fun and recreation?

- 1 LESS THAN ONCE A WEEK
- 2 ABOUT ONCE A WEEK
- 3 TWO OR THREE EVENINGS
- 4 FOUR OR FIVE EVENINGS
- 5 EVERY NIGHT OR ALMOST EVERY NIGHT
- 8 NOT SURE/CAN'T ESTIMATE

428

64. And, about how often do you go out on a date or go to parties that both boys and girls attend? Is that about once a month, once a week, or what?

- 1 NEVER (I'M NOT OLD ENOUGH, ETC.)
- 2 ONCE A MONTH OR LESS
- 3 TWO OR THREE TIMES A MONTH
- 4 ABOUT ONCE A WEEK
- 5 TWO OR THREE TIMES A WEEK
- 6 FOUR OR MORE TIMES A WEEK
- 8 NOT SURE/CAN'T ESTIMATE

429

65. Altogether, how many people live here including yourself?

(TOTAL
NUMBER)

430-
431

66. I need to know who these people are in relation to you; so as I read each type of person, just tell me how many there are.

HOW MANY?

a. <u>Younger</u> brothers and sisters	432		(a)	WRIT. DOWN A NUMB. FOR EACH CATE- GORY THAT APPL.
b. <u>Older</u> brothers and sisters <u>who live here with you</u>	433		(b)	
c. Mother or stepmother	434		(c)	
d. Father or stepfather	435		(d)	
e. Other relatives who live here	436		(e)	
f. Other persons not related to you	437		(f)	
g. (<u>SELF</u>)		1	(g)	

TOTAL

438-
439

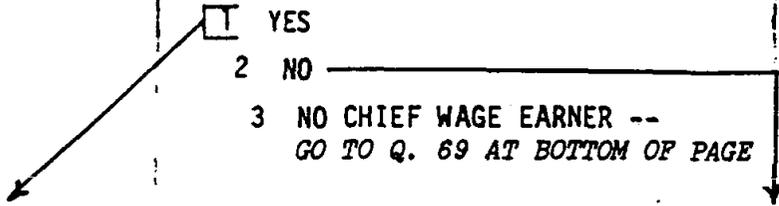
ADD (a) THROUGH (g). MAKE SURE TOTAL MATCHES NUMBER IN BOX ABOVE.

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

- 1 YES
- 2 NO

440

68. Is the chief wage earner in this household employed at the present time? That is, has he or she worked in the past month?



441

IF "YES" ON Q. 68, ASK:

HAND RESPONDENT CARD G

68a. Which of these best describes the work that he or she does?

- 1 LABORER
- 2 SERVICE WORKER 442
- 3 OPERATIVE OR SIMILAR WORK
- 4 CRAFTSMAN, FOREMAN, SKILLED WORKER
- 5 RETAIL OR OFFICE WORKER
- 6 MANAGER OR SIMILAR
- 7 BUSINESS EXECUTIVE OR PROFESSIONAL
- 8 OTHER: _____

TAKE BACK CARD G

IF "NO" ON Q. 68, ASK:

HAND RESPONDENT CARD H

68b. Which of these best describes the chief wage earner?

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

443

TAKE BACK CARD H

69. Is anyone who lives here -- or an immediate member of the family -- a member of the armed forces?

- 1 YES, AN ACTIVE MEMBER LIVES HERE
- 2 YES, AN IMMEDIATE FAMILY MEMBER IS STATIONED ELSEWHERE
- 3 BOTH
- 4 NO

444

Thank you very much.

TIME: _____

INTERVIEWER: TERMINATE INTERVIEW, THEN GO ON TO NEXT PAGE AND FILL IT IN YOURSELF.

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

Interviewer Signature *Date*

445-
446

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

450-
454

INTERVIEWER: NOW ANSWER THE FOLLOWING QUESTIONS BY YOURSELF.

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

- 1 CITY
- 2 TOWN
- 3 SUBURBS
- 4 A VILLAGE
- 5 RURAL OR OPEN COUNTRY

455

71. 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

456

72. 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

457

73. Based on your own judgment, record respondent's race:

- 1 BLACK
- 2 WHITE
- 3 OTHER
- 8 CAN'T TELL

458

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

PLEASE CONTINUE ON THE NEXT PAGE.

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

74. During the interview we want to know whether it was completely private, which means no chance for parents or other older persons 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 9 below, to show how private the interview was.

- 1 COMPLETELY PRIVATE
- 2
- 3 MINOR DISTRACTIONS BY PARENT/OLDER PERSON
- 4
- 5 PARENT/OLDER PERSON 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/OLDER PERSON
- X NOT SURE

459

HAND QUESTIONNAIRE TO RESPONDENT TO PLACE IN LARGE ENVELOPE.

ASK RESPONDENT TO SEAL THE ENVELOPE -- AND TO GO WITH YOU TO THE MAILBOX IF HE/SHE WANTS TO.

COMPLETE VERIFICATION PROCEDURE.

MAIL ENVELOPE TO HEADQUARTERS.

Twelve Answer Sheets

ALCOHOL

A-1. About how old were you the first time you had a glass of beer or wine or a drink with liquor, such as whiskey, gin, scotch, etc.?

Age: _____ 505-
X NEVER USED IT 506

A-2. When was the most recent time that you had a drink?

- 1 WITHIN THE PAST MONTH (30 DAYS)
 2 WITHIN THE PAST SIX MONTHS
 (BUT MORE THAN A MONTH AGO)
 3 SIX MONTHS TO A YEAR AGO
 4 MORE THAN A YEAR AGO 507
 8 NOT SURE
 X NEVER USED IT

A-3. If you used alcohol during the past 30 days, on how many different days did you have one or more drinks?

Number of days: _____ 508-
X NEVER USED IT 509

A-4. On those occasions when you have a drink, do you usually drink beer, wine, or liquor -- or a combination of these?

- 1 BEER
 2 WINE 510
 3 LIQUOR
 4 COMBINATION OF THESE/IT
 VARIES
 X NEVER USED IT

PLEASE GO TO THE TOP OF THE NEXT COLUMN

THANK YOU

THIS ANSWER SHEET GOES IN THE ENVELOPE

MARIJUANA AND HASHISH

M-1. About how old were you when you first knew someone who had tried marijuana or hashish?

Age: _____ 511-512

X NEVER KNEW ANYONE WHO TRIED IT

M-2. About how old were you when you first had a chance to try marijuana or hash if you wanted to?

Age: _____ 513-514

X NEVER HAD A CHANCE TO TRY

M-3. About how old were you the first time you actually used marijuana or hash?

Age: _____ 515-516

X NEVER USED IT

M-4. About how many times in your lifetime have you used marijuana or hash?

- 1 1 OR 2 TIMES
 2 3 TO 10 TIMES
 3 11 TO 99 TIMES 517
 4 100 OR MORE TIMES

X NEVER USED IT

M-5. When was the most recent time that you used marijuana or hash?

1 WITHIN THE PAST MONTH 518
 (30 DAYS)

2 WITHIN THE PAST SIX MONTHS
 (BUT MORE THAN A MONTH AGO)

3 SIX MONTHS TO A YEAR AGO

4 MORE THAN A YEAR AGO

X NEVER USED IT

M-6. During the past 30 days, on how many different days did you use marijuana or hash?

Number of days: _____ 519-520

X NEVER USED IT

M-7. During the past 30 days, about how many marijuana cigarettes (joints, reefers) did you smoke?

- 1 LESS THAN 1 A DAY
 2 1 A DAY
 3 2-3 A DAY 521
 4 4-6 A DAY
 5 7-10 A DAY
 6 11 OR MORE A DAY
 7 NONE IN PAST 30 DAYS

X NEVER USED IT

M-8. Not counting the past 30 days, was there ever a time when you used marijuana or hash almost every day for a month?

- 1 YES
 2 NO 522
 3 NOT SURE

X NEVER USED IT

PLEASE GO TO THE TOP OF THE NEXT COLUMN

PLEASE TURN ANSWER SHEET OVER

MARIJUANA AND HASHISH

M-9. On the occasions you have used marijuana or hash, about how often did you have an alcohol drink around the same time?

- 1 USUALLY**
- 2 ABOUT HALF THE TIME**
- 3 OCCASIONALLY**
- 4 RARELY**
- 5 NEVER**
- X NEVER USED MARIJUANA/HASH**

523

THANK YOU

THIS ANSWER SHEET GOES IN THE ENVELOPE

SEDATIVES (NONMEDICAL USE ONLY)

S-7. Thinking back over the times you took these pills for nonmedical purposes, were the pills you took ever prescribed for you by a doctor -- or did you always get them some other way?

- 1 PRESCRIBED BY DOCTOR FOR ME AT LEAST ONCE 552
2 ALWAYS GOT THEM SOME OTHER WAY
X NEVER TOOK ANY TO GET HIGH

S-8. Did you ever take one of these pills and also use marijuana on the same occasion?

- 1 YES 553
2 NO, NEVER ON THE SAME OCCASION
3 NEVER TRIED MARIJUANA
X NEVER TOOK SEDATIVES TO GET HIGH

PLEASE GO TO THE TOP OF THE NEXT COLUMN

S-9. Was there ever a time when you found that you needed to take more of these pills in order to get the same effect or "high"?

- 1 YES, I NEEDED MORE PILLS
2 NO 554
X NEVER TOOK ANY TO GET HIGH

S-10. Still talking about nonmedical use, was there ever a time when you found it hard to stop taking these pills or had trouble cutting down?

- 1 YES 555
2 NO, NEVER HAD TROUBLE/NEVER TRIED TO CUT DOWN
X NEVER TOOK ANY TO GET HIGH

S-11. People who have trouble cutting down on their own often go to a doctor or a clergyman or a counselor -- or to some other professional. How about you? Did you ever get professional help of this kind or haven't you done that?

- 1 YES 556
2 NO, NEVER GOT HELP/NEVER NEEDED HELP
X NEVER TOOK ANY TO GET HIGH

THANK YOU

PLEASE PUT THIS ANSWER SHEET IN THE ENVELOPE.

TRANQUILIZERS (NONMEDICAL USE)

T-1. Put a checkmark next to each pill you ever took for kicks or to get high -- or for any other nonmedical reason:

T-2. Put a checkmark next to each pill you took during the past month (30 days) for kicks or to get high -- or for any other nonmedical reason:

- 605 ___ VALIUM ___ 616
- 606 ___ LIBRIUM ___ 617
- 607 ___ BENADRYL ___ 618
- 608 ___ TRANXENE ___ 619
- 609 ___ EQUANIL ___ 620
- 610 ___ LIBRITABS ___ 621

611-612 (Pill #) ___ OTHER PILLS ON ___ (Pill #) 622-623

613-614 (Pill #) ___ TRANQUILIZERS CARD ___ (Pill #) 624-625

615 X NEVER TOOK TRANQUILIZERS TO GET HIGH OR FOR ANY OTHER NONMEDICAL REASON

Y NO USE IN PAST MONTH 626
X NEVER TOOK ANY TO GET HIGH

T-3. About how old were you the first time you took a tranquilizer to get high or for any other nonmedical reason?

627-
628

Age: _____

X NEVER TOOK ANY TO GET HIGH

T-5. When was the most recent time you took a tranquilizer to get high?

1 WITHIN THE PAST MONTH (30 DAYS) 630

2 WITHIN THE PAST SIX MONTHS (BUT MORE THAN 30 DAYS AGO)

3 SIX MONTHS TO A YEAR AGO

4 MORE THAN A YEAR AGO

X NEVER TOOK ANY TO GET HIGH

T-4. About how many times in your lifetime have you taken tranquilizers to get high?

- 1 1 OR 2 TIMES
- 2 3 TO 10 TIMES
- 3 11 TO 99 TIMES 629
- 4 100 OR MORE TIMES

X NEVER TOOK ANY TO GET HIGH

T-6. During the past 30 days, on how many days did you take tranquilizers to get high? 631-

Number of days: _____ 632

X NEVER TOOK ANY TO GET HIGH

TRANQUILIZERS (NONMEDICAL USE)

T-7. Thinking back over the times you took these pills for nonmedical purposes, were the pills you took ever prescribed for you by a doctor -- or did you always get them some other way?

- 1 PRESCRIBED BY A DOCTOR FOR ME AT LEAST ONCE 633
2 ALWAYS GOT THEM SOME OTHER WAY
X NEVER TOOK ANY TO GET HIGH

T-8. Did you ever take one of these pills and also use marijuana on the same occasion?

- 1 YES 634
2 NO, NEVER ON THE SAME OCCASION
3 NEVER TRIED MARIJUANA
X NEVER TOOK TRANQUILIZERS TO GET HIGH

PLEASE GO TO THE TOP OF THE NEXT COLUMN

T-9. Was there ever a time when you found that you needed to take more of these pills in order to get the same effect or "high"?

- 1 YES, I NEEDED MORE PILLS
2 NO 635
X NEVER TOOK ANY TO GET HIGH

T-10. Still talking about nonmedical use, was there ever a time when you found it hard to stop taking these pills or had trouble cutting down?

- 1 YES 636
2 NO, NEVER HAD TROUBLE/NEVER TRIED TO CUT DOWN
X NEVER TOOK ANY TO GET HIGH

T-11. People who have trouble cutting down on their own often go to a doctor or a clergyman or a counselor -- or to some other professional. How about you? Did you ever get professional help of this kind or haven't you done that?

- 1 YES 637
2 NO, NEVER GOT HELP/NEVER NEEDED HELP
X NEVER TOOK ANY TO GET HIGH

THANK YOU

PLEASE PUT THIS ANSWER SHEET IN THE ENVELOPE.

STIMULANTS (NONMEDICAL USE)
(DIET PILLS)

ST-1. Put a checkmark next to each pill you ever took for kicks or to get high -- or for any other nonmedical reason:

ST-2. Put a checkmark next to each pill you took during the past month (30 days) for kicks or to get high -- or for any other nonmedical reason:

- 638 ___ DEXEDRINE ___ 649
- 639 ___ BENZEDRINE ___ 650
- 640 ___ BIPHETAMINE ___ 651
- 641 ___ DEXAMYL ___ 652
- 642 ___ DESOXYN ___ 653
- 643 ___ PRELUDIN ___ 654

644-645 (Pill #) ___ OTHER PILLS ON ___ (Pill #) 655-656
 646-647 (Pill #) ___ STIMULANTS CARD ___ (Pill #) 657-658

648 X NEVER TOOK STIMULANTS TO GET HIGH OR FOR ANOTHER NONMEDICAL REASON

Y NO USE IN PAST MONTH 659
X NEVER TOOK ANY TO GET HIGH

ST-3. About how old were you the first time you took a stimulant to get high or for any other nonmedical reason?

Age: _____ 660-661

X NEVER TOOK ANY TO GET HIGH

ST-4. About how many times in your lifetime have you taken stimulants to get high?

- 1 1 OR 2 TIMES
- 2 3 TO 10 TIMES 662
- 3 11 TO 99 TIMES
- 4 100 OR MORE TIMES
- X NEVER TOOK ANY TO GET HIGH

ST-5. When was the most recent time you took a stimulant to get high?

- 1 WITHIN THE PAST MONTH (30 DAYS) 663
- 2 WITHIN THE PAST SIX MONTHS (BUT OVER 30 DAYS AGO)
- 3 SIX MONTHS TO A YEAR AGO
- 4 MORE THAN A YEAR AGO
- X NEVER TOOK ANY TO GET HIGH

ST-6. During the past 30 days, on how many days did you take stimulants to get high? 664-665

Number of days: _____ 665
X NEVER TOOK ANY TO GET HIGH

PLEASE GO TO THE TOP OF THE NEXT COLUMN

STIMULANTS (NONMEDICAL USE)

ST-7. Thinking back over the times you took these pills for nonmedical purposes, were the pills you took ever prescribed for you by a doctor -- or did you always get them some other way?

- 1 PRESCRIBED BY DOCTOR FOR ME AT LEAST ONCE 666
2 ALWAYS GOT THEM SOME OTHER WAY
X NEVER TOOK ANY TO GET HIGH

ST-8. Did you ever take one of these pills and also use marijuana on the same occasion?

- 1 YES 667
2 NO, NEVER ON THE SAME OCCASION
3 NEVER TRIED MARIJUANA
X NEVER TOOK STIMULANTS TO GET HIGH

PLEASE GO TO THE TOP OF THE NEXT COLUMN

ST-9. Was there ever a time when you found that you needed to take more of these pills in order to get the same effect or "high"?

- 1 YES, I NEEDED MORE PILLS
2 NO 668
X NEVER TOOK ANY TO GET HIGH

ST-10. Still talking about nonmedical use, was there ever a time when you found it hard to stop taking these pills or had trouble cutting down?

- 1 YES 669
2 NO, NEVER HAD TROUBLE/NEVER TRIED TO CUT DOWN
X NEVER TOOK ANY TO GET HIGH

ST-11. People who have trouble cutting down on their own often go to a doctor or a clergyman or a counselor -- or to some other professional. How about you? Did you ever get professional help of this kind or haven't you done that?

- 1 YES 670
2 NO, NEVER GOT HELP/NEVER NEEDED HELP
X NEVER TOOK ANY TO GET HIGH

THANK YOU

PLEASE PUT THIS ANSWER SHEET IN THE ENVELOPE.

PAINKILLING PILLS
ANALGESICS (NONMEDICAL USE)

AN-1. Put a checkmark next to each pill you ever took for kicks or to get high -- or for any other nonmedical reason:

705	___	DARVON	___	716
706	___	PERCODAN	___	717
707	___	DEMEROL	___	718
708	___	DILAUDID	___	719
		TYLENOL		
709	___	WITH CODEINE	___	720
710	___	CODEINE	___	721

711-712 (Pill #) ___ OTHER PILLS ON ___ (Pill #) 722-723

713-714 (Pill #) ___ "PAINKILLERS" CARD ___ (Pill #) 724-725

715 X NEVER TOOK ANY TO GET HIGH OR FOR ANOTHER NONMEDICAL REASON

Y NO USE IN PAST MONTH 726
X NEVER TOOK ANY TO GET HIGH

AN-3. About how old were you the first time you took one of these pills to get high or for any other nonmedical reason?

Age: _____ 727-
728

X NEVER TOOK ANY TO GET HIGH

AN-4. About how many times in your lifetime have you taken one of these pills to get high?

1 1 OR 2 TIMES
2 3 TO 10 TIMES 729
3 11 TO 99 TIMES
4 100 OR MORE TIMES
X NEVER TOOK ANY TO GET HIGH

AN-5. When was the most recent time you took one of these pills to get high?

1 WITHIN THE PAST MONTH (30 DAYS) 730

2 WITHIN THE PAST SIX MONTHS (BUT OVER 30 DAYS AGO)

3 SIX MONTHS TO A YEAR AGO

4 MORE THAN A YEAR AGO

X NEVER TOOK ANY TO GET HIGH

AN-6. During the past 30 days, on how many days did you take one of these pills to get high?

Number of days: _____ 731-
732

X NEVER TOOK ANY TO GET HIGH

PLEASE GO TO THE TOP OF THE NEXT COLUMN

PLEASE TURN ANSWER SHEET OVER

PAINKILLING PILLS
ANALGESICS (NONMEDICAL USE)

AN-7. Thinking back over the times you took these pills for nonmedical purposes, were the pills you took ever prescribed for you by a doctor -- or did you always get them some other way?

- 1 PRESCRIBED BY DOCTOR FOR ME
AT LEAST ONCE 733
- 2 ALWAYS GOT THEM SOME OTHER WAY
- X NEVER TOOK ANY TO GET HIGH

AN-8. Did you ever take one of these pills and also use marijuana on the same occasion?

- 1 YES 734
- 2 NO, NEVER ON THE SAME OCCASION
- 3 NEVER TRIED MARIJUANA
- X NEVER TOOK ONE OF THESE
"PAINKILLING" PILLS TO GET
HIGH

AN-9. Was there ever a time when you found that you needed to take more of these pills in order to get the same effect or "high"?

- 1 YES, I NEEDED MORE PILLS
- 2 NO 735
- X NEVER TOOK ANY TO GET HIGH

AN-10. Still talking about nonmedical use, was there ever a time when you found it hard to stop taking these pills or had trouble cutting down?

- 1 YES 736
- 2 NO, NEVER HAD TROUBLE/NEVER TRIED TO CUT DOWN
- X NEVER TOOK ANY TO GET HIGH

AN-11. People who have trouble cutting down on their own often go to a doctor or a clergyman or a counselor -- or to some other professional. How about you? Did you ever get professional help of this kind or haven't you done that?

- 1 YES 737
- 2 NO, NEVER GOT HELP/NEVER NEEDED HELP
- X NEVER TOOK ANY TO GET HIGH

PLEASE GO TO THE TOP OF THE NEXT COLUMN

THANK YOU

PLEASE PUT THIS ANSWER SHEET IN THE ENVELOPE.

COCAINE

C-1. About how old were you when you first knew someone who had tried cocaine?

738-
739

Age: _____

X NEVER KNEW ANYONE WHO TRIED IT

C-2. About how old were you when you first had a chance to try cocaine if you wanted to?

740-
741

Age: _____

X NEVER HAD A CHANCE TO TRY

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

742-
743

Age: _____

X NEVER USED IT

C-4. About how many times in your life have you used cocaine?

- 1 1 OR 2 TIMES
2 3 TO 10 TIMES
3 11 TO 99 TIMES
4 100 OR MORE TIMES

744

X NEVER USED IT

C-5. When was the most recent time that you used cocaine?

1 WITHIN THE PAST MONTH (30 DAYS) 745

2 WITHIN THE PAST SIX MONTHS

3 SIX MONTHS TO A YEAR AGO

4 MORE THAN A YEAR AGO

X NEVER USED IT

C-6. In the past 30 days, on how many different days did you use cocaine?

746-
747

Number of days: _____

X NEVER USED IT

C-7. On the occasions when you have used cocaine, about how often did you smoke marijuana at around the same time?

- 1 NEARLY EVERY TIME
2 ABOUT HALF THE TIME
3 OCCASIONALLY 748
4 RARELY
5 NEVER

X NEVER USED COCAINE

PLEASE GO TO THE TOP OF THE NEXT COLUMN

THANK YOU

THIS ANSWER SHEET GOES IN THE ENVELOPE

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

L-1. About how old were you when you first knew someone who had tried LSD or another hallucinogen?
Age: _____ 749-750
X NEVER KNEW ANYONE WHO TRIED IT

L-2. About how old were you when you first had a chance to try LSD or another hallucinogen, if you wanted to?
Age: _____ 751-752
X NEVER HAD A CHANCE TO TRY

L-3. About how old were you the first time you actually tried LSD or another hallucinogen?
Age: _____ 753-754
X NEVER TRIED IT

L-4. About how many times in your life have you used LSD or other hallucinogens?
1 1 OR 2 TIMES
2 3 TO 10 TIMES
3 11 TO 99 TIMES 755
4 100 OR MORE TIMES
X NEVER USED

PLEASE GO TO THE TOP OF THE NEXT COLUMN

L-5. When was the most recent time you used LSD or another hallucinogen?
1 WITHIN THE PAST MONTH (30 DAYS) 756
2 WITHIN THE PAST SIX MONTHS
3 SIX MONTHS TO A YEAR AGO
4 MORE THAN A YEAR AGO
X NEVER USED IT

L-6. In the past 30 days, on how many different days did you use LSD or another hallucinogen?
Number of days: _____ 757-758
X NEVER USED IT

L-7. On the occasions when you have used LSD or another hallucinogen, about how often did you smoke marijuana at around the same time?
1 NEARLY EVERY TIME
2 ABOUT HALF THE TIME
3 OCCASIONALLY 759
4 RARELY
5 NEVER
X NEVER USED IT

L-8. Have you ever tried "PCP" (which is sometimes called Angel Dust)?
1 YES 760
2 NO

L-9. When was the most recent time that you used PCP?
1 WITHIN THE PAST MONTH (30 DAYS) 761
2 MORE THAN A MONTH AGO
X NEVER USED IT

THANK YOU

THIS ANSWER SHEET GOES IN THE ENVELOPE

SECOND DRUG TRIED
(NOT COUNTING ALCOHOL)

SEC-1. If marijuana was the first drug that you tried, what was the second drug that you tried?

1 PILLS (NONMEDICAL ONLY)

2 COCAINE

3 LSD, "PCP," OR OTHER
HALLUCINOGEN

4 OTHER DRUG

5 NEVER TRIED ANY DRUG EXCEPT
MARIJUANA

6 MARIJUANA WAS NOT THE FIRST
ONE I TRIED

X NEVER USED MARIJUANA

762

SEC-2. Just roughly, about how many times had you used marijuana before you tried
the drug you circled above?

1 1 OR 2 TIMES

2 3 TO 10 TIMES

3 11 TO 99 TIMES

4 100 OR MORE TIMES

5 NEVER TRIED ANY DRUG EXCEPT
MARIJUANA

6 MARIJUANA WAS NOT THE FIRST
ONE I TRIED

X NEVER USED MARIJUANA

763

THANK YOU

THIS ANSWER SHEET GOES IN THE ENVELOPE

HEROIN

H-1. About how old were you when you first knew someone who had tried heroin? 764-
 Age: _____ 765
 NEVER KNEW ANYONE WHO TRIED IT

H-2. About how old were you when you first had a chance to try heroin if you wanted to? 766-
 Age: _____ 767
 NEVER HAD A CHANCE TO TRY

H-3. About how old were you the first time you actually tried heroin? 768-
 Age: _____ 769
 NEVER TRIED IT

H-4. About how many times in your life have you used heroin? 770

1 1 OR 2 TIMES
 2 3 TO 10 TIMES
 3 11 TO 99 TIMES
 4 100 OR MORE TIMES

NEVER USED IT

H-5. When was the most recent time that you used heroin? 771

1 WITHIN THE PAST MONTH (30 DAYS)
 2 WITHIN THE PAST SIX MONTHS
 3 SIX MONTHS TO A YEAR AGO
 4 MORE THAN A YEAR AGO
 NEVER USED IT

H-6. In the past 30 days, on how many different days did you use heroin? 772-
773
 Number of days: _____
 NEVER USED IT

H-7. Finally, have you ever used heroin with a needle? 774

1 YES
 2 NO
 NEVER USED IT

THANK YOU

THIS ANSWER SHEET GOES IN THE ENVELOPE

PLEASE GO TO THE TOP OF THE NEXT COLUMN

FIRST USE IN PAST YEAR
(ALL DRUGS)

F-1. Did you try any drugs for the first time during the past year?

(Circle a number below for each kind of drug that you first used in the past year.)

- 1 MARIJUANA
- 2 PILLS (MEDICAL USE/PRESCRIPTION)
- 3 PILLS (NONMEDICAL USE)
- 4 COCAINE
- 5 HALLUCINOGENS
- 6 HEROIN
- X NO NEW DRUGS TRIED IN PAST YEAR/
NEVER TRIED ANY OF THESE

805

MARIJUANA PAST MONTH PURCHASES

F-2. During the past 30 days, about how much marijuana have you purchased?

- 1 1/2 OUNCE OR LESS
- 2 ABOUT 3/4 OUNCE
- 3 ABOUT 1 OUNCE
- 4 ABOUT 2 OUNCES
- 5 ABOUT 3 OUNCES
- 6 ABOUT 4 OUNCES
- 7 ABOUT 1/2 POUND
- 8 _____ POUNDS (FILL IN NUMBER)

806

807-808

X DID NOT PURCHASE ANY DURING THE PAST MONTH

F-3. During the past 30 days, about how much money did you pay for marijuana?

\$ _____ Total spent

809-812

X DID NOT SPEND ANY MONEY ON IT DURING THE PAST 30 DAYS

THANK YOU

THIS ANSWER SHEET GOES IN THE ENVELOPE

ALL PILLS ALREADY SHOWN
(MEDICAL AND NONMEDICAL USE)

- P-1. Which side effects have you had? For each one, circle a number or the "X."
- | | | | |
|---|---|-----------------------|-----|
| 1 Became depressed or lost interest in things, as a result of my taking pills. | X | NO PROBLEM/NEVER USED | 813 |
| 2 Became argumentative with family or friends, as a result of my taking pills. | X | NO PROBLEM/NEVER USED | 814 |
| 3 Had an automobile accident, as a result of my taking pills. | X | NO PROBLEM/NEVER USED | 815 |
| 4 Had difficulty with school, studies, or teachers, as a result of my taking pills. | X | NO PROBLEM/NEVER USED | 816 |
| 5 Had trouble with job (work), as a result of my taking pills. | X | NO PROBLEM/NEVER USED | 817 |
| 6 Took too many pills at one time and had to get emergency medical help right away. | X | NO PROBLEM/NEVER USED | 818 |

P-2. Wait for interviewer to show you each pill card. Then, for each pill card column shown below, find the pill(s) that caused you the problem(s) circled above. Then write the number(s) you circled above next to that pill or those pills. In this way, you can show which pills caused which problems.

CARD B SEDATIVES	CARD C TRANQUILIZERS	CARD D STIMULANTS	CARD E "PAINKILLERS"
<input type="checkbox"/> QUAALUDES 819	<input type="checkbox"/> VALIUM 827	<input type="checkbox"/> DEXEDRINE 835	<input type="checkbox"/> DARVON 843
<input type="checkbox"/> SECONAL	<input type="checkbox"/> LIBRIUM	<input type="checkbox"/> BENZEDRINE	<input type="checkbox"/> PERCODAN
<input type="checkbox"/> TUINAL 821	<input type="checkbox"/> BENADRYL 829	<input type="checkbox"/> BIPHETAMINE 837	<input type="checkbox"/> DEMEROL 845
<input type="checkbox"/> PLACIDYL	<input type="checkbox"/> TRANXENE	<input type="checkbox"/> DEXAMYL	<input type="checkbox"/> DILAUDID 846
<input type="checkbox"/> SOPOR 823	<input type="checkbox"/> EQUANIL 831	<input type="checkbox"/> DESOXYN 839	<input type="checkbox"/> TYLENOL WITH CODEINE
<input type="checkbox"/> NEMBUTAL	<input type="checkbox"/> LIBRITABS	<input type="checkbox"/> PRELUDIN	<input type="checkbox"/> CODEINE 848
<input type="checkbox"/> OTHER PILL 825	<input type="checkbox"/> OTHER PILL 833	<input type="checkbox"/> OTHER PILL 841	<input type="checkbox"/> OTHER PILL
X NONE/NEVER USED 826	X NONE/NEVER USED 834	X NONE/NEVER USED 842	X NONE/NEVER 850 USED

THANK YOU

PLEASE PUT THIS ANSWER SHEET IN THE ENVELOPE

Pill Cards

B-I



BUTISOL®

2



BUTICAPS®

3



AMYTAL®

4



ESKABARB®

5



LUMINAL®

6



MEBARAL®

7 AMOBARBITAL

8 PHENOBARBITAL

9 ALURATE®

B-II



10



PLACIDYL®

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



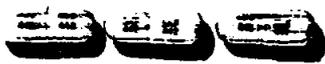
LIBRIUM®

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

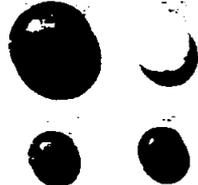


13



VISTARIL®

14



ATARAX®

C-IV



15



BENADRYL®

D-I



1

DEXEDRINE®

2

DEXAMYL®

3

ESKATROL®

4

BENZEDRINE®

5

BIPHETAMINE®

6

DESOXYN®

7 DEXTROAMPHETAMINE

8 METHEDRINE

9 OBEDRIN-LA.®

D-II



10

TENUATE®

11

TEPANIL®

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DIDREX®

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PLEGINE®

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PRELUDIN®

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PRE-SATE®

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IONAMIN®

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PONDIMIN®

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VORANIL®

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SANOREX®

D-III



20

RITALIN®

D-IV



21

CYLERT®

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®