



## **National Household Survey on Drug Abuse, 1990**

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

Data Collection Instrument



is sponsored by



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SEGMENT #:

LINE #:

ROSTER #:

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DATE INTERVIEW BEGAN:     1990  
MONTH DAY

TIME INTERVIEW BEGAN:   :    
HOUR MIN.

CIRCLE TIME OF DAY: A.M. .... 01  
P.M. .... 02

LANGUAGE VERSION: ..... 01

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

Hello, I'm \_\_\_\_\_, and I'm working on a nationwide survey sponsored by the U.S. Department of Health and Human Services. You should have received a letter from Research Triangle Institute telling about this survey. (SHOW LETTER, IF NECESSARY.) The answers to questions we ask will be kept strictly confidential; and no names are ever connected with the survey. Most of the questions are about drugs, including alcohol and tobacco.

But first, please tell me how old (you were/SAMPLE MEMBER was) on (your/his/her) last birthday?

SAMPLE MEMBER'S AGE ON LAST BIRTHDAY .....

(IF SAMPLED CHILD'S AGE IS UNDER 12, VERIFY AGE ON LAST BIRTHDAY.  
IF VERIFIED AGE IS UNDER 12, STOP--DO NOT INTERVIEW!)

IF RESPONDENT IS 12-17 YEARS OLD, GO TO NEXT PAGE (BACK OF THIS PAGE).

IF RESPONDENT IS 18 OR OLDER, CONTINUE BELOW:

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.) 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.

(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.)

RECORD RESPONDENT'S RACE BY OBSERVATION:

White .....	01
Black .....	02
Indian (American), Aleut, Eskimo .....	03
Asian or Pacific Islander (Incl. Asian Indian) ..	04

CONDUCT THE INTERVIEW.



# CIGARETTES

The first questions are about smoking tobacco.

C-1. About how old were you when you first tried a cigarette?

AGE WHEN FIRST TRIED A CIGARETTE -----

NEVER TRIED A CIGARETTE ----- 91 → (SKIP TO Q.C-9)

C-2. Since that time, have you smoked at least 100 cigarettes in all--that's about as many as 5 packs, in your lifetime?

YES ----- 01

NO ----- 02

C-3. About how old were you when you first started smoking daily?

AGE WHEN FIRST STARTED SMOKING DAILY -----

NEVER SMOKED DAILY ----- 93 → (SKIP TO Q.C-6)

C-4. For how many years did you smoke daily?

NUMBER OF YEARS SMOKED DAILY -----

SMOKED DAILY LESS THAN ONE YEAR ----- 00

C-5. On the average, during most of this period when you smoked daily, about how many cigarettes did you smoke per day? (IF NEEDED, READ ANSWER CHOICES.)

One to five cigarettes a day ----- 01

About 1/2 pack a day (6-15 cigarettes) ----- 02

About a pack a day (16-25 cigarettes) ----- 03

About 1 1/2 packs a day (26-35 cigarettes) ----- 04

About 2 packs or more a day (over 35 cigarettes) ----- 05

C-6. When was the most recent time you smoked a cigarette? (IF NEEDED, READ ANSWER CHOICES.)

Within the past month (30 days) ----- 01

More than 1 month ago but less than 6 months ago ----- 02

6 or more months ago but less than 1 year ago ----- 03

1 or more years ago but less than 3 years ago ----- 04

3 or more years ago ----- 05

} → (SKIP TO Q.C-9)

**C-7.** How many cigarettes have you smoked per day, on the average, during the past 30 days? Give me the average number per day. (IF NEEDED, READ ANSWER CHOICES.)

- Less than one cigarette a day ----- 01
- One to five cigarettes a day ----- 02
- About 1/2 pack a day (6-15 cigarettes) ----- 03
- About a pack a day (16-25 cigarettes) ----- 04
- About 1 1/2 packs a day (26-35 cigarettes) ----- 05
- About 2 packs or more a day (over 35 cigarettes) ----- 06

**C-8.** For about how many years have you smoked (AMOUNT FROM Q.C-7)? (IF "Less than one year," PROBE FOR NUMBER OF MONTHS; RECORD IN LOWER BOXES.)

NUMBER OF YEARS ® HAS SMOKED AMOUNT  
IN Q.C-7 -----

(IF "Less than one year" RECORD # OF  
MONTHS HERE) -----

**The next two questions are about smokeless tobacco, such as chewing tobacco or snuff.**

**C-9.** When was the most recent time you used chewing tobacco or snuff or other smokeless tobacco? (IF NEEDED, READ ANSWER CHOICES.)

- Within the past month (30 days) ----- 01
  - More than 1 month ago but less than 6 months ago ----- 02
  - 6 or more months ago but less than 1 year ago ----- 03
  - 1 or more years ago but less than 3 years ago ----- 04
  - 3 or more years ago ----- 05
  - NEVER USED SMOKELESS TOBACCO IN LIFETIME ----- 91
- } → (SKIP TO NEXT PAGE, ALCOHOL)

**C-10.** On the average, in the past 12 months, how often have you used chewing tobacco or snuff or other smokeless tobacco? (IF NEEDED, READ ANSWER CHOICES.)

- Daily ----- 01
- Almost daily (3-6 days a week) ----- 02
- 1 or 2 days a week ----- 03
- Several times a month (25-51 days a year) ----- 04
- 1 or 2 times a month (12-24 days a year) ----- 05
- Every other month or so (6-11 days a year) ----- 06
- 3-5 days this past year ----- 07
- 1 or 2 days this past year ----- 08
- DID NOT USE SMOKELESS TOBACCO IN THE PAST YEAR --- 93
- NEVER USED SMOKELESS TOBACCO IN LIFETIME ----- 91

The next questions are about alcoholic beverages, that is, beer, wine and liquor, like whiskey, gin, or scotch, including mixed alcoholic drinks like gin and tonic.

I will give you an answer sheet to mark your answers. The questions are set up so that I will not know what your answers are. I would like you to mark an answer to each question after I read it to you. Even if a question doesn't apply to you, there is an answer provided for you to mark.

(HAND ® THE YELLOW ALCOHOL ANSWER SHEET (#1), A PEN AND ENVELOPE.)

Read along to yourself from your answer sheet as I read the questions and instructions out loud. Either write numbers in the boxes provided or circle a code number for each question. When you finish this answer sheet, please put it in the envelope. At the end of the interview, I'll seal the envelope.

Let's start. If any question isn't clear, please tell me and I'll be glad to ask it again.

A-1. The first question, A-1, asks: About how old were you the first time you had a glass of beer or wine or a drink of liquor, such as whiskey, gin, scotch, etc.? Do not include childhood sips that you might have had from an older person's drink.

(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 of (the) one specific age. If you've never had an alcohol drink, just circle the 91 at the end of the second answer line.)

A-2. The next question, A-2, asks: When was the most recent time you had an alcohol drink, that is, of beer, wine, or liquor or a mixed alcoholic drink? Just draw a circle around the number that follows the answer that best fits you. If you've never had an alcohol drink, just circle the 91 at the end of the last answer line.

A-3. About how old were you when you first began to drink alcoholic beverages once a month or more often? In the boxes, record your age at that time. (If you have never had an alcohol drink, circle the 91. If you have never used alcohol as often as once a month or more, circle the 93.)

These questions are set up so that every person answers every question whether or not they used alcohol. (Alcohol or an alcoholic drink can be beer, wine, liquor, or a mixed alcoholic drink.)

The next few questions are about the past 30 days.

A-4. Question A-4 asks: On about how many different days did you have one or more drinks during the past 30 days?

(Please write the number of days on your answer sheet. If you have never had an alcohol drink, just circle the 91. If you have used alcohol but you did not have a drink during the past 30 days, write zero.)

- A-5.** About how many drinks did you usually have in a day on the days that you drank during the past 30 days? (By a drink we mean a can or bottle of beer, a glass of wine, a shot glass of hard liquor, or a mixed drink, like a glass of gin and tonic. (Write the number of drinks in the boxes.) If you did not have a drink during the past 30 days, write zero.)
- A-6.** Question A-6: On about how many days did you have five or more drinks on the same occasion during the past 30 days? By occasion we mean at the same time or within a couple of hours of each other. Write the number of days in the boxes. If you did not have five or more drinks on the same occasion in the past 30 days, write zero.
- A-7.** What is the most you had to drink on any one day during the past 30 days? In the boxes write the number of drinks you had on the day you drank the most.
- A-8.** Question A-8: On how many days did you have this number of drinks in the past 30 days? In the boxes, write the number of days when you drank the amount that you recorded in A-7. (If you've never had a drink in your life, circle the 91. If you haven't had a drink in the past 30 days, circle the 93.)

Now, think about your drinking in the past 12 months.

- A-9.** Question A-9: On the average, how often in the last 12 months have you had any alcoholic beverage, that is, beer, wine, or liquor? Circle the number to the right of the answer that best fits you.
- A-10.** Question A-10 asks: How many times in the past 12 months have you gotten very high or drunk on alcohol? (Circle the number to the right of the answer that best fits you.)
- A-11.** Question A-11 asks: In the past 12 months, what drugs listed below the question did you use at the same time or within a couple of hours of when you drank beer, wine or liquor? Please circle all that apply. (PAUSE) (If you drank alcohol but did not use any other drug at all or on the same occasion, circle the ten. If you did not drink beer, wine, or liquor at all in the past 12 months, circle the 93.)
- A-12.** Question A-12 is the last question on this answer sheet. On those occasions when you drink alcohol, is it usually beer, wine, or liquor? (Circle the number to the right of the answer that best fits you.)

Please check back and make sure you have marked an answer to every question. (Even if you never had an alcohol drink, it is necessary to have your answer to every question to show that I asked every question.)

(PAUSE.)

Please put your answer sheet in the envelope but don't seal the envelope yet, since there will be other answer sheets.

## PILLS

The next questions will be about prescription-type drugs. There will be separate questions for sedatives, tranquilizers, stimulants and analgesics.

(HAND ® CARD 1 TO REFER TO WHILE COMPLETING SEDATIVES, TRANQUILIZERS, STIMULANTS AND ANALGESICS SECTIONS.)

As you can see on this card, sedatives include barbiturates, sleeping pills, and Seconal; sedatives are sometimes referred to as "downers." Tranquilizers include antianxiety drugs like Librium, Valium, Ativan (A-TI-VAN), and Meprobamate (MEP-RO-BAM-ATE). Stimulants include amphetamines and Preludin (PRAY-LOOD-IN); stimulants are often called "uppers" or "speed." Analgesics include pain killers like Darvon, Demerol, Percodan (PER-KO-DAN), and Tylenol with codeine.

Now, please read the information below the line on the card while I say it aloud. This is a very important point about the next set of questions. (PAUSE) We are interested in the nonmedical use of these prescription-type drugs. Nonmedical use of these drugs is any use on your own, that is, either:

1. without a doctor's prescription, or
2. in greater amounts than prescribed, or
3. more often than prescribed, or
4. for any reasons other than a doctor said that you should take them--such as for kicks, to get high, to feel good, or curiosity about the pill's effect.

Please keep this card so you can refer to it.

---

## SEDATIVES

(ANSWER SHEET #2)

We'll start by talking about barbiturates and other sedatives. People sometimes take barbiturates and other sedatives to help them go to sleep or to help them stay calm during the day. We're interested in the use of sedatives, also called downers, on your own, or nonmedically.

(HAND ® CARD A--MAKE SURE ® TAKES CARD IN HIS/HER HAND.)

Please look at the sedatives on this card and refer to it as you answer the first question. Again, we'll use an answer sheet.

(HAND ® PINK SEDATIVES ANSWER SHEET #2.)

If any question isn't clear, please tell me and I will be glad to read it again.

**S-1.** First, circle the number next to each sedative you have ever taken for nonmedical reasons, that is, on your own, either without a doctor's prescription, or in greater amounts than prescribed, or more often than prescribed, or for any reason other than a doctor said you should take them.

If you took a sedative that is not listed, write in the name where it says "Other (Specify)" and circle the 20.

If you took a sedative for a nonmedical reason but you don't know the name of the sedative, circle the 21 for "used a sedative, but don't know the name."

If you're not sure if what you took was a sedative, check to see if it is described under another category on Card 1; if it's not another kind of drug, write in the name of what you used where it says "Other (Specify)" and circle the 20. (PAUSE TO ALLOW TIME FOR ® TO READ THE LIST OF SEDATIVES.)

If you never took any sedative for a nonmedical reason, circle the 91 in the box below the list and tell me that you have finished this answer sheet. Otherwise, let me know when you finish the first question and are ready to go on to the next question.

**S-2.** Question S-2 asks: About how old were you the first time you took a sedative for any nonmedical reason?

**S-3.** Now for the next question, S-3: Altogether, about how many times in your life have you taken sedatives for any nonmedical reason?

Now, please turn the answer sheet over.

**S-4.** Question S-4 is: When was the most recent time you took any sedative for nonmedical reasons? Circle the first answer that fits you.

**S-5.** Question S-5 asks: On the average, how often in the past 12 months have you taken any sedative for nonmedical reasons? (Circle the number to the right of the answer that best fits you.)

Please tell me when you are finished.

(WAIT UNTIL ® FINISHES THE ANSWER SHEET.) Please check back and make sure you answered all the questions in terms of your nonmedical use of sedatives.

(PAUSE.)

Please put the answer sheet in the envelope.

(TAKE BACK CARD A.)

The next few questions are about the use of tranquilizers, on your own. People sometimes take tranquilizers to help them calm down or to relax their muscles or to relieve depression. They are sometimes called "nerve pills."

(HAND Ⓡ CARD B--MAKE SURE Ⓡ TAKES CARD IN HIS/HER HAND.)

Please look at the tranquilizers on this card and refer to it for the next questions.

(HAND Ⓡ BLUE TRANQUILIZER ANSWER SHEET #3.)

Please use this answer sheet to mark down your answers. If any question isn't clear, I'd be happy to help you with it.

(IF Ⓡ IS CATCHING ON VERY QUICKLY AND YOU ARE SURE HE/SHE CAN DO THIS ANSWER SHEET ON HIS/HER OWN, ASK QUESTION T-0. IF THERE IS ANY DOUBT, SKIP TO QUESTION T-1.)

T-0. You may complete this on your own, or if you prefer, I'll read the questions. Which way would you prefer to do it?

WANTS INTERVIEWER TO CONTINUE READING ----- 01 → (SKIP TO Q.T-1)

WANTS TO DO IT HIMSELF/HERSELF ----- 02 → (READ Q.T-00)

T-00. Okay. Refer to the lower half of Card 1 and then Card B and be sure to circle all the tranquilizers you have ever taken for nonmedical reasons; that is, on your own. Please let me know when you have finished this answer sheet.

(WAIT UNTIL Ⓡ FINISHES THE ANSWER SHEET.)

T-000. Now, please check back ... did you complete this answer sheet in terms of your nonmedical use of tranquilizers? (PAUSE.) Now, please put the answer sheet in the envelope.

(TAKE BACK CARD B AND SKIP TO PAGE 9, STIMULANTS.)

T-1. First, refer to the lower half of Card 1 and Card B. Question T-1 asks you to circle the number next to each tranquilizer you have ever taken for nonmedical reasons. That is, on your own, either without a doctor's prescription, or in greater amounts or more often than prescribed, or for any reason other than a doctor said you should take them. If you ever took a tranquilizer on your own that is not listed, write in the name where it says "Other (Specify)" and circle the 21.

If you took a tranquilizer on your own but you don't know its name, circle the 22 for "used a tranquilizer, but don't know the name."

If you aren't sure if what you took was a tranquilizer, write in the name of what you took where it says "Other (Specify)" and circle the 21. (PAUSE TO GIVE Ⓡ TIME TO READ THE LIST.)

If you never took any tranquilizer for a nonmedical reason, circle the 91 in the box below the list and tell me that you have finished this answer sheet.

**T-2.** Question T-2 asks: About how old were you the first time you took a tranquilizer for any nonmedical reason?

**T-3.** Now for the next question, T-3: Altogether, about how many times in your life have you taken tranquilizers for any nonmedical reason?

Now, please turn the answer sheet over.

**T-4.** Question T-4 asks: When was the most recent time you took any tranquilizer for nonmedical reasons? (Circle the first answer that fits you.)

**T-5.** Question T-5 is: On the average, how often in the past 12 months have you taken any tranquilizer for nonmedical reasons?

Please tell me when you are finished.

Please check back and make sure you circled a number in T-1 for each tranquilizer you've ever used for nonmedical reasons.

(PAUSE.)

Please put the answer sheet in the envelope.

(TAKE BACK CARD B.)

The next questions are about the use of amphetamines and other stimulants. People sometimes take stimulants to help them lose weight or to help them stay awake. We're interested in nonmedical use--taking stimulants, also called uppers, on your own.

(HAND Ⓡ CARD C--MAKE SURE Ⓡ TAKES CARD IN HIS/HER HAND.)

Please look at the stimulants on this card and refer to it as you answer the first question.

(HAND Ⓡ BUFF STIMULANTS ANSWER SHEET #4.)

Please use this answer sheet to mark down your answers. If any question isn't clear, I'll be happy to help you with it.

(IF Ⓡ IS CATCHING ON VERY QUICKLY AND YOU ARE SURE HE/SHE CAN DO THIS ANSWER SHEET ON HIS/HER OWN, ASK QUESTION ST-0. IF THERE IS ANY DOUBT, SKIP TO QUESTION ST-1.)

**ST-0.** You may complete this on your own, or if you prefer, I'll read the questions. Which way do you want to do it?

WANTS INTERVIEWER TO CONTINUE READING ----- 01 → (SKIP TO Q.ST-1)

WANTS TO DO IT HIMSELF/HERSELF ----- 02 → (READ Q.ST-00)

**ST-00.** Okay. Refer to the lower half of Card 1 and look at Card C. Then be sure to circle all the stimulants you have ever taken for nonmedical reasons; that is, on your own. Please tell me when you have finished this answer sheet.

(WAIT UNTIL Ⓡ FINISHES ANSWER SHEET.)

**ST-000.** Now please check back ... did you complete this answer sheet in terms of your nonmedical use of stimulants? (PAUSE.) Now, put the answer sheet in the envelope.

(TAKE BACK CARD C AND SKIP TO PAGE 11, ANALGESICS.)

**ST-1.** Refer to the lower half of Card 1 and Card C. The first question is ST-1. Circle the number next to each stimulant you have ever taken for nonmedical reasons. That is, on your own, either without a doctor's prescription or in greater amounts or more often than prescribed or for a reason other than a doctor said you should take them. (PAUSE TO GIVE Ⓡ TIME TO READ THE LIST.)

(If you never took any stimulant for a nonmedical reason, circle the 91 in the box below the list and tell me that you have finished this answer sheet.)

**ST-2.** Question ST-2 asks: About how old were you the first time you took amphetamines or other stimulants for any nonmedical reason?

**ST-3.** Now, for the next question, ST-3: Altogether, about how many times in your life have you taken amphetamines or other stimulants for any nonmedical reason?

Now, please turn the answer sheet over.

**ST-4.** Question ST-4 asks: When was the most recent time you took any amphetamine or other stimulant for nonmedical reasons?

**ST-5.** Question ST-5: On the average, how often in the past 12 months have you taken any amphetamine or other stimulant for nonmedical reasons?

**ST-6.** Next is question ST-6: Have you ever used amphetamines with a needle?

**ST-7.** Question ST-7 is: When was the most recent time you used amphetamines with a needle?

Please tell me when you are finished.

Please check back and make sure you followed the instruction in ST-1.

(PAUSE.)

Please put the answer sheet in the envelope.

(TAKE BACK CARD C.)

The next questions are about the use of analgesics. Analgesics are usually taken as painkillers, but people sometimes use them for other reasons. We're interested in nonmedical use--using analgesics or painkillers on your own.

(HAND ® CARD D--MAKE SURE ® TAKES CARD IN HIS/HER HAND.)

Please look at the analgesics on this card and refer to it for the next set of questions.

(HAND ® SALMON ANALGESICS ANSWER SHEET #5.)

Please use this answer sheet to mark down your answers. If any question isn't clear, I'll be happy to help you with it.

(IF YOU THINK ® CAN DO THIS ANSWER SHEET ON HIS/HER OWN, ASK Q.AN-0. IF THERE IS ANY DOUBT, SKIP TO QUESTION AN-1.)

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**AN-0.** You may complete this on your own, or if you prefer, I'll read the questions. Which do you prefer?

WANTS INTERVIEWER TO READ QUESTIONS ----- 01 → (SKIP TO Q.AN-1)

WANTS TO DO IT HIMSELF/HERSELF ----- 02 → (READ NEXT SENTENCE)

---

Please tell me when you are finished.

(WAIT UNTIL ® FINISHES ANSWER SHEET.)

**AN-00.** Please check back and make sure you answered this section in terms of your nonmedical use of analgesics. (PAUSE.) Now, put the answer sheet in the envelope.

(TAKE BACK CARD D AND CARD 1 AND SKIP TO PAGE 13, MARIJUANA.)

**AN-1.** For the first question, circle the number next to each analgesic you have ever taken for nonmedical reasons. That is, on your own, either without a doctor's prescription, or in greater amounts or more often than prescribed, or for a reason other than a doctor said you should take them. (PAUSE WHILE ® READS LIST.)

(If you never took any analgesic for a nonmedical reason, circle the 91 in the box below the list and tell me that you have finished this answer sheet.)

**AN-2.** Question AN-2 asks: About how old were you the first time you took an analgesic for any nonmedical reason?

**AN-3.** Altogether, about how many times in your life have you taken analgesics for any nonmedical reason?

Now, please turn the answer sheet over.

**AN-4.** Question AN-4: When was the most recent time you took any analgesic for nonmedical reasons?

**AN-5.** The last question on this answer sheet, AN-5, is: On the average, how often in the past 12 months have you taken any analgesic for nonmedical reasons?

Please tell me when you are finished.

Please check back and make sure you answered all the questions in terms of your nonmedical use of analgesics.

(PAUSE.)

Please put the answer sheet in the envelope.

(TAKE BACK CARD D AND CARD 1.)

(READ THIS STATEMENT TO ANY ® WHO HAS COMPLETED ANY ANSWER SHEET ON HIS/HER OWN):

Since the next questions are somewhat different from the ones you have had so far, I will read them with you.

(HAND ® GREEN MARIJUANA ANSWER SHEET #6.)

This answer sheet is for questions on marijuana and hashish. We need an answer for every question--even if you've never tried marijuana. Please wait to answer until I have read each question aloud.

- M-1.** Question M-1 is: About how old were you when you first had a chance to try marijuana or hash if you had wanted to? (If you're not sure how old you were, give your best guess.)
- M-2.** The second question, M-2, is: About how old were you the first time you actually used marijuana or hash, even once?
- M-3.** Think of all the times you've used marijuana, from the first time up to the most recent time. Question M-3 is: About how many times in your life have you used marijuana or hash? (If you are not sure how many times you have used marijuana or hash, give your best guess.)
- M-4.** Question M-4 is: When was the most recent time that you used marijuana or hash? (Circle the number to the right of the answer that best fits you.)

Now, please turn the page. The next three questions are about the past 30 days.

- M-5.** Question M-5 is: On about how many different days did you use marijuana or hash during the past 30 days? (If you're not sure, try to make a good guess. If it's no days, just put down a zero.)

The rest of these questions are about marijuana only and not hash.

- M-6.** Question M-6: On the days that you used marijuana, about how many marijuana cigarettes or joints did you smoke each day, on the average, during the past 30 days? If you shared them with other people, count only the amount you smoked. (If you didn't use any marijuana in the past 30 days, write zero.)
- M-7.** Question M-7 is: What is the total amount of marijuana that you used, in all, during the past 30 days? (If you're not sure, just give your best guess.)

Now, think about the past 12 months. Remember that we are interested in marijuana only, and not hash.

- M-8.** Question M-8 is: On the average, how often in the past 12 months have you used marijuana?

**M-9.** Question M-9 is the last question on this answer sheet; it asks you to: Circle the numbers to the right of all the ways you have used marijuana during the past 12 months. (If you used marijuana in any way that is not on the answer sheet, describe the method where it says "Other (Please Describe)" and circle the 05.)

Please tell me when you are finished.

(Please check back and make sure you recorded one answer for the first eight questions on this answer sheet. If you have any questions, let me know.)

(PAUSE.)

Please put the answer sheet in the envelope.

These next questions are about inhalants that people sniff or breathe in, to get high or to make them feel good. I am referring to things like lighter fluids, aerosol sprays like Pam, glue, amyl nitrite, "poppers," or locker room odorizers. The questions use the term "inhalant" which refers to any and all of the items on this card.

(HAND ® CARD 2--MAKE SURE ® TAKES CARD IN HIS/HER HAND.)

(HAND ® PINK INHALANT ANSWER SHEET #7.)

Please use this answer sheet to mark down your answers. If you have used any inhalant that is not on this list, write it in where it says to specify. If any question isn't clear, I'd be happy to help you with it.

(IF ® IS 12-17 YEARS OLD, SKIP TO Q.IN-1.)

(IF ® IS 18 OR OLDER AND HE/SHE CAN COMPLETE THIS ANSWER SHEET ON HIS/HER OWN, ASK Q.IN-0. IF THERE IS ANY DOUBT, SKIP TO Q.IN-1.)

**IN-0.** You may complete this on your own, or if you prefer, I'll read the questions. Which do you prefer?

WANTS INTERVIEWER TO READ QUESTIONS ----- 01 → (SKIP TO Q.IN-1)

WANTS TO DO IT HIMSELF/HERSELF ----- 02 → (READ NEXT SENTENCE)

Please let me know when you are finished.

(WAIT UNTIL ® FINISHES ANSWER SHEET)

**IN-00.** Please check back and make sure you marked an answer to each question on all three pages of the answer sheet.

(PAUSE.)

Please put the answer sheet in the envelope.

(TAKE BACK CARD 2 AND SKIP TO PAGE 17, COCAINE.)

**IN-1.** Question IN-1 asks you to circle the number to the right of each substance that you have ever sniffed or inhaled for kicks or to get high. The list on the answer sheet is the same as the one on the card. If you used an inhalant that is not listed, write in what that was and circle the 10.

**IN-2.** About how old were you the first time you sniffed or inhaled or "huffed" one of these inhalants, even once, for kicks or to get high?

**IN-3.** Question IN-3 asks: About how many times in your life have you used an inhalant to get high or for kicks?

Now, please turn the page.

- IN-4.** When was the most recent time that you used an inhalant; that is, sniffed or inhaled something to get high or for kicks?
- IN-5.** Question IN-5 asks: On the average, how often in the last 12 months have you sniffed or inhaled any substance to get high or for kicks?
- IN-6.** For question IN-6, circle the number to the right of each substance that you have sniffed or inhaled during the past 30 days for kicks or to get high.
- IN-7.** During the past 30 days, on about how many different days did you use an inhalant for kicks or to get high? (If you did not use an inhalant for kicks or to get high in the past 30 days, write zero.)
- IN-8.** Thinking of all the times you have used any of these inhalants, how much did you usually use? (Circle the number to the right of the answer that best fits you. If none of the answers fits you, write in your answer and circle the 07.)
- IN-9.** Have you ever passed out from using any of these inhalants for kicks or to get high? (PAUSE.) Please let me know when you are finished.

**IN-10.** Please tell me which questions, if any, were not clear.

CIRCLE NUMBERS OF ANY QUESTIONS NOT CLEAR ----- 01 ----- 02 ----- 03  
 ----- 04 ----- 05 ----- 06  
 ----- 07 ----- 08 ----- 09  
 ALL QUESTIONS WERE CLEAR ----- 10

(REPEAT THE QUESTIONS THAT WERE UNCLEAR, IF NECESSARY.)

**IN-11.** Have you marked an answer for each question?

YES ----- 01 → (SKIP TO IN-12 BELOW)  
 NO ----- 02 → (READ NEXT PARAGRAPH)

We appreciate your answering every question, even if you have never tried any of these inhalants to make you feel high. There is a place for you to show an answer for each question. (WAIT FOR Ⓢ TO MARK ANY BLANK QUESTIONS, IF NECESSARY.) (CONTINUE WITH IN-12 BELOW.)

**IN-12.** Please put the answer sheet in the envelope.

(TAKE BACK CARD 2.)

The next questions are about cocaine, including all the different forms of cocaine such as powder, "crack," free base, and coca paste.

(READ NEXT STATEMENT TO ANY ® WHO HAS COMPLETED ANY ANSWER SHEET ON HIS/HER OWN):

Since these questions are somewhat different from the ones you have already answered, I will read them aloud as you go along.

(HAND ® YELLOW COCAINE ANSWER SHEET #8.)

Please use this answer sheet to mark down your answers. We need an answer for every question--even if you've never tried cocaine.

**CN-1.** The first question, CN-1, is: About how old were you when you first had a chance to try cocaine if you had wanted to?

**CN-2.** The second question, CN-2, is: About how old were you the first time you actually used cocaine, even once?

Now, please think of all the times you've used cocaine from the first time up to the most recent time. Remember, we are interested in all the different forms of cocaine, such as powder, "crack," free base, and coca paste.

**CN-3.** Question CN-3 is: About how many times in your life have you used cocaine? (If you are not sure how many times you've used cocaine, give your best guess.)

**CN-4.** Question CN-4 is: When was the most recent time that you used cocaine? (Circle the number for the first answer that fits you.)

**CN-5.** Question CN-5 is about the past 30 days. On about how many different days did you use cocaine during the past 30 days? (If it's no days, write zero.)

Please turn to the next page.

Now think about the past 12 months.

**CN-6.** Question CN-6 is: On the average, how often in the last 12 months have you used cocaine?

**CN-7.** CN-7 asks you to: Circle the numbers to the right of all the ways you have used cocaine during the past 12 months. (If you used cocaine in any way that is not on the answer sheet, describe the method where it says "Some other way (Please Describe)" and circle the 05.)

**CN-8.** Question CN-8 is: When was the most recent time you used cocaine with a needle?

Please turn to the next page.

The next three questions refer just to "crack," that is, cocaine in rock or chunk form, and not the other forms of cocaine.

- CN-9.** Question CN-9 asks: When was the most recent time you used the form of cocaine known as "crack?" (Circle the number for the first answer that fits you.)
- CN-10.** Question CN-10 is: How many vials or small containers of "crack" have you used in the past 30 days?
- CN-11.** Question CN-11 asks: About how much money did the "crack" you used in the past 30 days cost you? Do not include any "crack" you sold or gave away or money you spent for any other forms of cocaine besides "crack."

Please turn to the next page.

The last two questions refer only to forms of cocaine other than "crack."

- CN-12.** Question CN-12 is: How many grams of cocaine, not counting "crack," have you used in the past 30 days? (If it was more than three grams, write in the number of grams and circle the 07.)
- CN-13.** Question CN-13 is: Not counting "crack," about how much money did the other cocaine you used in the past 30 days cost you? Do not include any which you sold or gave away or any money you spent on "crack." (Write in the dollar amount for what the cocaine you used in the past 30 days cost you.)

Please tell me when you are finished.

(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 help you with it.)

(PAUSE.)

Please put the answer sheet in the envelope.

The next questions are about LSD and other hallucinogens such as PCP or "angel dust," peyote (PAY-OH-TEE), and mescaline (MES-KA-LIN).

(HAND ® PINK HALLUCINOGEN ANSWER SHEET #9.)

(IF YOU THINK ® CAN COMPLETE THIS ANSWER SHEET ON HIS/HER OWN, ASK Q.L-0. IF THERE IS ANY DOUBT, SKIP TO Q.L-1.)

**L-0.** Shall I read these questions to you, or do you prefer to complete the answer sheet on your own?

WANTS INTERVIEWER TO READ QUESTIONS ----- 01 → (SKIP TO Q.L-1)

WANTS TO DO IT HIMSELF/HERSELF ----- 02 → (READ NEXT SENTENCE)

Please let me know when you finish.

(WAIT UNTIL ® FINISHES ANSWER SHEET.)

**L-00.** Did you understand the last three questions?

YES ----- 01 → (READ NEXT SENTENCE)

NO/NOT SURE ----- 02 → (REPEAT QUESTIONS IF NECESSARY)

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

(SKIP TO PAGE 21, HEROIN.)

**L-1.** The first question is: Which of the following hallucinogens have you ever used? (If you used something that is not on the list, write in what it was where it says "Other (Specify)" and circle the 07.

**L-2.** The next question is: About how old were you when you first had a chance to try LSD or PCP or another hallucinogen, if you had wanted to?

**L-3.** The third question asks: About how old were you the first time you actually used LSD or PCP or another hallucinogen?

**L-4.** Then L-4: About how many times in your life have you used LSD or PCP or another hallucinogen? (PAUSE.) When you've answered, please turn the answer sheet over.

- L-5. Question L-5 is: When was the most recent time that you used LSD or PCP or another hallucinogen? (Circle the first answer that fits you.)
- L-6. Question L-6: During the past 30 days, on about how many different days did you use LSD or PCP or another hallucinogen?
- L-7. Now think about the past 12 months. On the average, how often in the last 12 months have you taken LSD or PCP or another hallucinogen?

The last question refers to PCP only.

- L-8. Question L-8: When was the most recent time that you used PCP?

Please tell me when you are finished.

(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.)

(PAUSE.)

Please put the answer sheet in the envelope.

The next questions are about heroin.

(HAND ® BLUE HEROIN ANSWER SHEET #10.)

(IF YOU THINK ® CAN COMPLETE THIS ANSWER SHEET ON HIS/HER OWN, ASK Q.H-0. IF THERE IS ANY DOUBT, SKIP TO Q.H-1.)

H-0. You may complete this on your own, or if you prefer, I'll read the questions. Which do you prefer?

WANTS INTERVIEWER TO READ QUESTIONS ----- 01 → (SKIP TO Q.H-1)

WANTS TO DO IT HIMSELF/HERSELF ----- 02 → (READ NEXT SENTENCE)

Please let me know when you are finished.

(WAIT UNTIL ® HAS FINISHED.)

H-00. Did you understand all the questions? (REPEAT QUESTIONS, IF NECESSARY.)  
Please make sure you marked an answer to every question, and then put the answer sheet in the envelope.

(SKIP TO PAGE 22, DRUGS.)

H-1. The first question is: About how old were you when you first had a chance to try heroin, if you had wanted to?

H-2. The second question asks: About how old were you the first time you actually used heroin?

H-3. Then question H-3: About how many times in your life have you used heroin?

H-4. Question H-4 asks: When was the most recent time that you used heroin?

H-5. Question H-5: During the past 30 days, on about how many different days did you use heroin?

Please turn your answer sheet over.

H-6. Question H-6 is: Have you ever used heroin with a needle?

H-7. Question H-7 asks: When was the most recent time you used heroin with a needle? (PAUSE.)  
Please tell me when you are finished.

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

Did you understand every question? (REPEAT QUESTIONS, IF NECESSARY.)

Please put your answer sheet in the envelope.

Now, I'd like to ask about your overall experience in the past year with the drugs listed on this answer sheet.

(HAND ® BUFF DRUGS ANSWER SHEET #11.)

Please use this answer sheet to mark down your answers. Remember, even if a question doesn't apply to you, there is an answer provided for you to mark. If any question isn't clear, I'll be happy to help you with it.

(IF YOU THINK ® CAN COMPLETE THIS ANSWER SHEET ON HIS/HER OWN, ASK Q.DR-0. IF THERE IS ANY DOUBT, SKIP TO Q.DR-1.)

---

DR-0. You may complete this on your own, or if you prefer, I'll read the questions. Which do you prefer?

WANTS INTERVIEWER TO READ QUESTIONS ----- 01 → (SKIP TO Q.DR-1)

WANTS TO DO IT HIMSELF/HERSELF ----- 02 → (READ Q.DR-00)

---

DR-00. Be sure to follow the instruction in DR-1 and please let me know when you are finished. Remember, for prescription drugs, we are only interested in nonmedical use.

(WAIT FOR ® TO FINISH ANSWER SHEET.)

DR-000. Please check back and make sure you marked at least one answer for every question. (PAUSE.) Please put the answer sheet in the envelope.

(SKIP TO PAGE 24, SPECIAL TOPICS.)

DR-1. During the past year, have you tried to cut down on your use of any of these drugs? Circle the number to the right of each kind of drug that you have tried to cut down on.

If you did not use cigarettes, alcohol, or any of the other drugs listed during the past 12 months, circle the 93 below question DR-1. Otherwise, please circle the numbers for all the drugs that you tried to cut down on. Remember, for prescription drugs, we are only interested in nonmedical use.

DR-2. Question DR-2 asks: During the past year, for which drugs have you needed larger amounts to get the same effect, or, for which drugs could you no longer get high on the same amount you used to use?

When you finish DR-2, please turn to the next page.

DR-3. For DR-3, circle the number to the right of each drug you have used every day or almost daily for two or more weeks in a row during the past year.

DR-4. Question DR-4 asks: Which drugs have you felt that you needed or were dependent on in the past year?

**DR-5.** Next is question DR-5: For which drugs have you had withdrawal symptoms; that is, you felt sick because you stopped or cut down on your use of them during the past year?

Please check back and make sure you have marked at least one answer for each of the questions from DR-1 through DR-5. (PAUSE.)

Please put the answer sheet in the envelope.

Now, I'd like to ask some questions about a new type of drug and about using needles to take drugs.

(HAND ® SALMON SPECIAL TOPICS ANSWER SHEET #12.)

Please use this answer sheet to mark down your answers. Remember, even if a question doesn't apply to you, there is an answer provided for you to mark. If any question isn't clear, I'll be happy to help you with it.

(IF YOU THINK ® CAN COMPLETE THIS ANSWER SHEET ON HIS/HER OWN, ASK Q.SP-0. IF THERE IS ANY DOUBT, SKIP TO Q.SP-1.)

---

SP-0. You may complete this on your own, or if you prefer, I'll read the questions. Which do you prefer?

WANTS INTERVIEWER TO READ QUESTIONS ----- 01 → (SKIP TO Q.SP-1)

WANTS TO DO IT HIMSELF/HERSELF ----- 02 → (READ Q.SP-00)

---

Please let me know when you have finished the answer sheet.

(WAIT FOR ® TO FINISH ANSWER SHEET.)

SP-00. Please check back and make sure you marked at least one answer for every question, on both the front and the back of the sheet. (PAUSE.) Please put the answer sheet in the envelope.

(SKIP TO PAGE 26, DRINKING EXPERIENCES.)

SP-1. The first two questions ask about a form of methamphetamine that can be smoked, say, in a cigarette or pipe. Have you ever used the smokable form of methamphetamine called "ice"?

SP-2. Question SP-2 asks: When was the most recent time you used the smokable form of methamphetamine called "ice"?

The next four questions refer to use of any drug with a needle. (Remember, even if a question doesn't apply to you, there is an answer provided for you to mark.)

SP-3. Have you ever used a needle to get any drug injected under your skin, into a muscle, or into a vein, for nonmedical reasons?

**SP-4.** Question SP-4 asks: When was the most recent time you used any drug for nonmedical reasons with a needle?

Now, please turn the answer sheet over.

**SP-5.** Question SP-5 asks you to: Circle the number to the right of each kind of drug you have ever used with a needle, for nonmedical reasons. (Remember, even if a question doesn't apply to you, there is an answer provided for you to mark.)

Please let me know when you have finished with question SP-5. (PAUSE.)

**SP-6.** "Sharing a needle" means using a needle for injecting drugs when you know or suspect that the needle has been used by someone else for injecting drugs into themselves. It also means someone else injecting drugs with a needle you have used. If you have ever shared a needle like this with someone else, circle the 01. If you have not shared a needle with someone else, circle the 02.

Now, please check back and make sure you circled an answer for every question, on both the front and the back of the answer sheet. (PAUSE)

Please put the answer sheet in the envelope.

On this answer sheet is a list of experiences that many people have had with drinking alcoholic beverages, that is, beer, wine, or liquor.

(HAND **®** GREEN DRINKING EXPERIENCES ANSWER SHEET #13.)

We need for you to circle an answer for each statement, if you drank any alcoholic beverages anytime in the past 12 months. Circle the 01 if you had the experience in the past 12 months. If you did not have the experience in the past 12 months, circle the 02.

If any statement isn't clear, I'd be happy to try to help you with it.

(IF YOU THINK **®** CAN COMPLETE THIS ANSWER SHEET ON HIS/HER OWN, ASK Q.DE-0. IF THERE IS ANY DOUBT, SKIP TO Q.DE-1a.)

**DE-0.** You may complete this answer sheet on your own, or if you prefer, I'll read the questions. Which way would you like to do it?

WANTS INTERVIEWER TO CONTINUE READING ----- 01 → (SKIP TO Q.DE-1)

WANTS TO DO IT HIMSELF/HERSELF ----- 02 → (READ Q.DE-00)

**DE-00.** Okay. Refer to the instructions in DE-1 and mark an answer for every statement on both sides of the sheet. Please let me know when you have finished this answer sheet.

(WAIT UNTIL **®** FINISHES THE ANSWER SHEET.)

Please check back. If you drank any alcohol in the past 12 months, make sure you marked an answer for every statement, on both the front and the back of the answer sheet. (PAUSE.) Now, please put the answer sheet in the envelope.

(SKIP TO PAGE 28, DRUG PROBLEMS.)

**DE-1.** If you drank any alcohol (that is, beer, wine, or liquor) in the past 12 months, please circle an answer for each statement. Circle the 01 if you had the experience in the past 12 months. If you did not have the experience in the past 12 months, circle the 02.

(PAUSE.)

(If you did not drink any beer, wine, or liquor during the past 12 months, circle the 93 in the box at the top of the page and tell me that you have finished this answer sheet. Otherwise, circle an answer number for every statement as I read it.)

**DE-1a.** In the past 12 months, did you feel aggressive or cross while drinking?

**DE-1b.** In the past 12 months, did you get into a heated argument while drinking?

**DE-1c.** In the past 12 months, did you stay away from work or school because of a hangover?

- DE-1d.** In the past 12 months, were you high or a little drunk when on the job or at school?
- DE-1e.** In the past 12 months, did you lose a job, or nearly lose one, because of drinking?
- DE-1f.** In the past 12 months, did your (wife/husband/(girl/boy)friend) tell you that you should cut down on your drinking?
- DE-1g.** In the past 12 months, did a relative (other than your (wife/husband)) tell you that you should cut down on your drinking?
- DE-1h.** In the past 12 months, did friends tell you that you should cut down on drinking?
- DE-1i.** In the past 12 months, did you toss down several drinks pretty fast to get a quicker effect?
- DE-1j.** In the past 12 months, were you afraid you might be an alcoholic or that you might become one?
- DE-1k.** In the past 12 months, did you stay drunk for more than one day at a time?

Now, please turn the answer sheet over.

- DE-1l.** In the past 12 months, once you started drinking, was it difficult for you to stop before you became completely intoxicated?
- DE-1m.** In the past 12 months, have you awakened unable to remember some of the things you had done while drinking the day before?
- DE-1n.** In the past 12 months, did you have a quick drink or so when no one was looking?
- DE-1o.** In the past 12 months, did you often take a drink the first thing when you got up in the morning?
- DE-1p.** In the past 12 months, did your hands shake a lot after drinking the day before?
- DE-1q.** In the past 12 months, did you sometimes get high or a little drunk when drinking by yourself?
- DE-1r.** In the past 12 months, did you sometimes keep on drinking after promising yourself not to?

Now, please check back and make sure you marked an answer for every statement, on both the front and the back of the answer sheet. (PAUSE.)

Please put the answer sheet in the envelope.

(HAND ⑥ CARD 3--MAKE SURE ⑥ TAKES CARD IN HIS/HER HAND.)

Now we're interested in problems you may have had from your use of the substances listed on this card.

(HAND ⑥ YELLOW DRUG PROBLEMS ANSWER SHEET #14.)

We need for you to circle an answer for each statement on this answer sheet if, at anytime in your life, you have ever used cigarettes or other tobacco, alcohol, or any of the other substances listed on the card. This is important because:

- even though the questions ask whether you had the problems only during the past 12 months, (PAUSE) and
- even if you didn't use any of the substances in the past 12 months, (PAUSE),

we still need an answer for each item if you have ever used any of the substances listed on the card.

**DP-1.** First, read each question. If you had the problem in the past 12 months from your use of any of the substances listed on the card, please circle the 01 for "yes." Then write in the names of the substances you think probably caused the problem. If you did not have the problem in the past 12 months, circle the 02 and go to the next question. If you need my help, just let me know.

(If you have never used cigarettes, alcohol, or any of the other substances listed on the card in your lifetime, circle the 91 in the box at the top of the page and tell me that you have finished this answer sheet. Otherwise, please circle an answer number for every question.)

Please let me know when you are finished.

(IF ⑥ WANTS YOU TO READ THE QUESTIONS, SKIP TO Q. DP-1a BELOW.)

(WAIT FOR ⑥ TO FINISH THE ANSWER SHEET.)

(READ NEXT STATEMENT TO ANY ⑥ WHO DID NOT CIRCLE THE 91 AND DID CONTINUE WITH THE ANSWER SHEET):

Please check back and make sure you circled an answer for every question, on both the front and the back of the answer sheet. If you circled a 1 for any question, check to see that you wrote in the names of the drugs that you think caused the problem. (PAUSE.)

Now put the answer sheet in the envelope.

(TAKE BACK CARD 3. SKIP TO PAGE 30, RISK.)

**DP-1a.** In the past 12 months, did you become depressed or lose interest in things from your use of any of the substances listed on the card? (PAUSE.) If you circled the 01 for "yes," please write in the names of the drugs you think probably caused the problem. (IF ⑥ NEEDS HELP, READ SUBSTANCES LISTED ON CARD 3.) Let me know when you are ready to go on to the next question.

- DP-1b.** In the past 12 months, did you have arguments and fights with family or friends? (PAUSE.) Please tell me when you are finished.
- DP-1c.** In the past 12 months, did you feel completely alone and isolated? (PAUSE.) (Let me know when you finish.)
- DP-1d.** In the past 12 months, did you feel very nervous and anxious? (PAUSE.)
- DP-1e.** In the past 12 months, did you have health problems from your use of any of the substances listed on the card? If so, please write the names of the drugs you think probably caused the health problems. (PAUSE.)

Now, please turn the answer sheet over.

- DP-1f.** In the past 12 months, did you find it difficult to think clearly? (PAUSE.)
- DP-1g.** In the past 12 months, did you feel irritable and upset? (PAUSE.)
- DP-1h.** In the past 12 months, did you get less work done than usual at school or on the job? (Please tell me when you are finished.) (PAUSE.)
- DP-1i.** In the past 12 months, did you feel suspicious and distrustful of people? (PAUSE.)
- DP-1j.** In the past 12 months, did you find it harder to handle your problems? (PAUSE.)
- DP-1k.** In the past 12 months, did you have to get emergency medical help? (If you circled the 01 for "yes," please write in the names of the drugs you think probably caused this problem. Then let me know when you've finished.)

Now, check back and make sure you circled an answer for every question, on both the front and the back of the answer sheet. (PAUSE.)

Please put the answer sheet in the envelope.

(TAKE BACK CARD 3.)

We are interested in your opinion about the effects of using certain drugs and other substances.

(HAND ® PINK RISK ANSWER SHEET #15.)

- R-1. How much do you think people risk harming themselves physically and in other ways if they do each of the things listed on this answer sheet? Please circle one number for each activity. If you're not sure, circle the number for the amount of risk that comes closest to what you think might be true. If you need my help, just let me know.

Please tell me when you are finished with the last question on the back side of the sheet.

(IF ® WANTS YOU TO READ THE QUESTIONS, SKIP TO Q.R-1a BELOW.)

(WAIT UNTIL ® FINISHES THE ANSWER SHEET.)

Please check back and make sure that you have circled one number for each activity, a through q, on both the front and the back of the answer sheet.

(PAUSE.)

Please put the answer sheet in the envelope.

(SKIP TO PAGE 32, HEALTH)

- R-1a. How much do you think people risk harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day? (Circle the 01 if you think there is no risk, circle the 02 if you think there is slight risk, circle the 03 for moderate risk, or the 04 if you think there is great risk.)
- R-1b. How much risk is there when people try marijuana once or twice?
- R-1c. How much risk is there when someone smokes marijuana occasionally?
- R-1d. How much do you think people risk harming themselves when they smoke marijuana regularly?
- R-1e. How much risk is there when they try PCP once or twice?
- R-1f. How much do people risk harming themselves when they use PCP regularly?
- R-1g. How much do people risk harming themselves when they try heroin once or twice?
- R-1h. (How much do people risk harming themselves) ... when they use heroin regularly?
- R-1i. (How much do people risk harming themselves) ... when they try cocaine once or twice?
- R-1j. (How much do people risk harming themselves) ... when they use cocaine occasionally?
- R-1k. How much risk is there when they use cocaine regularly?

Now, please turn the answer sheet over.

- R-1l. How much do people risk harming themselves when they use "crack" occasionally?
- R-1m. How much do people risk harming themselves when they use anabolic steroids occasionally?
- R-1n. How much risk is there when they use anabolic steroids regularly?
- R-1o. How much do people risk harming themselves when they take one or two drinks nearly every day?
- R-1p. (How much do people risk harming themselves) ... when they take four or five drinks nearly every day?
- R-1q. The last question on this sheet is: How much risk is there when they have five or more drinks once or twice a week?

Now, check back and make sure you circled one number for every question, a through q, on both the front and the back of the answer sheet.

(PAUSE.)

Please put the answer sheet in the envelope.

## HEALTH

Now we have some questions concerning your health. These are the kinds of questions a physician might ask you during a general check-up.

**HE-1.** Have you ever been told by a doctor or nurse that you had high blood pressure or hypertension?

Yes ----- 01

No ----- 02 → (SKIP TO  
Q.HE-3)

**HE-2.** Has a doctor ever prescribed medicine for your high blood pressure or hypertension?

Yes ----- 01

No ----- 02

**HE-3.** Have you ever had trouble with pain, discomfort or pressure in your chest when you walked fast or uphill?

Yes ----- 01

No ----- 02

**HE-4.** Have you ever had severe pain across the front of your chest that lasted for a half hour or more?

Yes ----- 01

No ----- 02

**HE-5.** Have you ever had shortness of breath either when hurrying on level ground or walking up a slight hill?

Yes ----- 01

No ----- 02

**HE-6.** Have you ever been told by a doctor that you had a lung or chest condition such as emphysema, asthma, chronic bronchitis, pneumonia, pleurisy or TB?

Yes ----- 01

No ----- 02

**HE-7.** Have you ever been treated for psychological or emotional difficulties?

Yes ----- 01

No ----- 02

**HE-8.** Have you ever been told by a doctor that you had a heart condition or heart problem?

Yes ----- 01

No ----- 02

**HE-9.** Do you seem to get a bad cold or the flu every year?

Yes ----- 01

No ----- 02

**HE-10.** Do you have hay fever?

Yes ----- 01

No ----- 02

Now, thinking only of the past 12 months:

**HE-11.** Have you been hospitalized overnight because of injury or illness in the past 12 months?

Yes ----- 01

No ----- 02

**HE-12.** Have you had a sore throat lasting three days or more in the past 12 months?

Yes ----- 01

No ----- 02

**HE-13.** Have you had a runny nose lasting three days or more in the past 12 months?

Yes ----- 01

No ----- 02

**HE-14.** Have you had a cough lasting almost a week, three or more times in the past 12 months?

Yes ----- 01

No ----- 02

**HE-15.** Have you had a period of cough with phlegm, lasting for three weeks or more, in the past 12 months?

Yes ----- 01

No ----- 02

**HE-16.** Would you describe your health for the past 12 months as ... (READ ANSWER CHOICES)

excellent, ----- 01

very good, ----- 02

good, ----- 03

fair, or ----- 04

poor? ----- 05

**HE-17** We are interested in all kinds of health insurance plans, except those that only cover accidents. Are you now covered by a health insurance plan which pays any part of a hospital, doctor's, or surgeon's bill?

Yes ----- 01

No ----- 02

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

1. (RECORD  $\text{\textcircled{R}}$ 'S SEX): MALE ----- 01  
FEMALE ----- 02

2. What is your date of birth? MONTH-----    
DAY-----    
YEAR-----

A	IF $\text{\textcircled{R}}$ IS 12 - 14 YEARS OLD, SKIP TO Q.5.
---	--

3. Which of the following best describes your current marital status. Are you ...  
Married, ----- 01  
Widowed, ----- 02  
Divorced or separated, or ----- 03  
Have you never married? ----- 04 → (SKIP TO Q.5)

4. How many times have you been married?  
NUMBER OF TIMES MARRIED -----

5. Please look at this card and tell me which of the statements describes your present work situation. (HAND  $\text{\textcircled{R}}$  CARD 4.) (CIRCLE THE LOWEST CODE THAT APPLIES.)

- Working full-time, 35 hours or more a week; ----- 01  
Working part-time, less than 35 hours a week; ----- 02  
Have a job, but not at work because of extended illness, maternity leave, furlough, or strike; ----- 03  
Unemployed or laid off and looking for work; ----- 04  
Unemployed and not looking for work; ----- 05  
Full-time homemaker; ----- 06  
In school only; ----- 07  
Retired; ----- 08  
Disabled, not able to work; or ----- 09  
Something else? (SPECIFY) \_\_\_\_\_  
\_\_\_\_\_ 10
- } → (SKIP TO Q.7)

(TAKE BACK CARD 4)

6. In what month and year did you last work for pay?

MONTH -----

YEAR ----- 19

NEVER WORKED FOR PAY ----- 91 → (SKIP TO BOX C, NEXT PAGE)

7. What (is/was) your occupation or job title?

JOB TITLE: \_\_\_\_\_  
(OCCUPATION)

8. What kind of work (are/were) you (last) doing; that is, what (are/were) your most important activities or duties in your job?

KIND OF WORK: \_\_\_\_\_  
(DUTIES)

9. In what type of business or industry (is/was) this; that is, what product (is/was) made or what service (is/was) offered?

BUSINESS OR INDUSTRY: \_\_\_\_\_

10. (Is/was) this mainly ... (READ ANSWER CHOICES)

- Manufacturing, ----- 01
- Wholesale trade, ----- 02
- Retail trade, or ----- 03
- Something else? (SPECIFY) \_\_\_\_\_ 04

11. How many different jobs have you had in the past 5 years?

NUMBER OF JOBS -----

**B** IF **®** IS NOT CURRENTLY EMPLOYED (Q.5 IS NOT 01, 02, or 03), SKIP TO BOX C.

12. During the last 30 days, how many whole days of work did you miss because you were sick or injured?

NUMBER OF DAYS MISSED WORK FOR ILLNESS -----

13. During the last 30 days, how many whole days of work did you miss because you just didn't want to be there?

NUMBER OF DAYS SKIPPED WORK -----

14. Who is considered to be the chief wage earner or source of income in this household?
- RESPONDENT ----- 01 → (SKIP TO Q.20)
  - SOMEONE ELSE (SPECIFY RELATIONSHIP TO **®**) \_\_\_\_\_ 02
  - INCOME CONTRIBUTED EQUALLY BY **®** AND SOMEONE ELSE (SPECIFY RELATIONSHIP TO **®**) \_\_\_\_\_ 03
  - NO ONE ----- 04 → (SKIP TO Q.20)

15. Does (he/she) work ...
- Full-time, or ----- 01
  - Part-time? ----- 02
  - CHIEF SOURCE OF INCOME DOES NOT WORK ----- 03 → (SKIP TO Q.20)

16. What is (his/her) occupation or job title?

JOB TITLE: \_\_\_\_\_  
(OCCUPATION)

17. What kind of work is (he/she) doing; that is, what are (his/her) most important activities or duties on that job?

KIND OF WORK: \_\_\_\_\_  
(DUTIES)

\_\_\_\_\_ 

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18. In what type of business or industry does (he/she) work; that is, what product is made or what service is offered?

BUSINESS OR INDUSTRY: \_\_\_\_\_

\_\_\_\_\_ 

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19. Is this mainly ... (READ ANSWER CHOICES)
- Manufacturing, ----- 01
  - Wholesale trade, ----- 02
  - Retail trade, or ----- 03
  - Something else? (SPECIFY) \_\_\_\_\_ 04



**E** IF ® IS 23 OR OLDER, SKIP TO Q.28. IF ® IS 12 - 22, ASK Q.27.

27. Do you have plans to enroll in any kind of school in the future, or have you completed all the schooling you expect to get?

HAS PLANS TO ENROLL IN A SCHOOL IN THE FUTURE ----- 01

HAS COMPLETED ALL SCHOOLING ----- 02

**F** IF ® IS 12 - 14 YEARS OLD, SKIP TO Q.32, NEXT PAGE.

28. During a typical week, how many total miles would you estimate you usually drive a motor vehicle--car, truck, or motorcycle?

MILES ® DRIVES A VEHICLE IN A WEEK --|\_|\_|\_|\_|

HAS NEVER DRIVEN A MOTOR VEHICLE ----- 99991 → (SKIP TO Q.30)

29. During the past 12 months, have you had an accident while you were driving a motor vehicle, whether or not you were responsible?

YES ----- 01

NO ----- 02

DID NOT DRIVE IN THE PAST 12 MONTHS ----- 03

30. How many living biological children do you have? For this question, do not include any adopted, step, or foster children.

NUMBER OF BIOLOGICAL CHILDREN ----- |\_|\_| → (IF "NONE," SKIP TO Q.32)

31. What is the age and sex of each of these children, from oldest to youngest?

<u>CHILD</u>	<u>AGE</u>	<u>MALE</u>	<u>FEMALE</u>
(1) (OLDEST) -----	_	01	02
(2) -----	_	01	02
(3) -----	_	01	02
(4) -----	_	01	02
(5) -----	_	01	02
(6) -----	_	01	02
(7) -----	_	01	02
(8) -----	_	01	02
(9) -----	_	01	02
(10) -----	_	01	02
(11) -----	_	01	02
(12) -----	_	01	02

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

NUMBER OF RESIDENTS IN HOUSEHOLD -----   → (IF "1," SKIP TO BOX G)

33. How are the people who live here related to you? (CIRCLE CODE(S) IN Q.33 COLUMN BELOW.)

(IF NEEDED, ASK Q.34):

34. How many (EACH RELATIONSHIP IN Q.33) live here with you? (RECORD THE NUMBER IN Q.34 COLUMN AT RIGHT.)

		RESIDENTS	
	TYPE (Q.33)		NUMBER (Q.34)
Mother -----	01	} (IF THESE ARE ONLY PEOPLE MENTIONED, SKIP TO BOX G.)	
Father -----	02		
Stepmother -----	03		
Stepfather -----	04		
Spouse/live-in partner -----	05		
Parent(s)-in-law -----	06	} (RECORD NUMBER IN HOUSEHOLD. ASK Q.34, IF NEEDED.)	<input type="text"/>
Biological children -----	07		<input type="text"/>
Adopted or Stepchildren -----	08		<input type="text"/>
Brothers or sisters -----	09		<input type="text"/>
Other relatives -----	10		<input type="text"/>
Friends/roommates -----	11		<input type="text"/>
Other unrelated people -----	12		<input type="text"/>

(NOTE. TOTAL OF ALL RESIDENTS WITH "TYPE" CODE CIRCLED MUST EQUAL 1 LESS THAN NUMBER IN Q.32 ANSWER.)

**G** IF <sup>®</sup> IS 12 - 16 YEARS OLD, SKIP TO Q.37.

35. Have you ever been in the armed forces?

YES ----- 01

NO ----- 02 → (SKIP TO Q.37)

36. Are you ... (READ ANSWER CHOICES)

On extended active duty in the armed forces, ----- 01

In a reserves component, or ----- 02

Now separated or retired from either reserves or active duty? ---- 03

37. Is there anybody who lived here for six months or more in the past year, who is now living somewhere else?

YES ----- 01

NO ----- 02 → (SKIP TO Q.39)

38. How many of these persons who used to live here (for most of the past year) are now living in a ... (READ ALL CATEGORIES.)

(ENTER NUMBER OR ZERO.)

- a. College dormitory, sorority or fraternity house? -----
- b. Military base? -----
- c. Hospital, jail, or other institution? -----

39. How many different, non-business, telephone numbers do you have in this household? Don't count extensions with the same number.

NUMBER OF TELEPHONE NUMBERS IN HOUSEHOLD

40. How many times in the past five years have you moved?

NUMBER OF TIMES <sup>®</sup> HAS MOVED IN PAST 5 YEARS

41. Are you of Hispanic or Spanish origin or descent?

YES ----- 01

NO ----- 02 → (SKIP TO Q.43)

42. Which of these Hispanic-origin groups best describes you? Are you ... (READ ANSWER CHOICES.)

- Puerto Rican, ----- 01
- Mexican, ----- 02
- Cuban, or ----- 03
- Some other group? (SPECIFY) \_\_\_\_\_ 04

(HAND <sup>®</sup> CARD 5)

43. Which of the groups on this card best describes you? Just give me the number.

- WHITE ----- 01
- BLACK ----- 02
- INDIAN (American), ALEUT, ESKIMO ----- 03
- ASIAN OR PACIFIC ISLANDER (Including Asian Indian) ----- 04
- OTHER (SPECIFY) \_\_\_\_\_ 05

(TAKE BACK CARD 5)

(HAND ® CARD 6)

44. Finally, for statistical purposes, please tell me which of the groups on this card includes your total personal earnings before deductions during the past year. Include your earnings from wages, salaries, commissions, and tips from all jobs you had in the last year. Just give me the letter.

<u>YEARLY</u>	<u>WEEKLY</u>	
A. No personal earnings .....	No personal earnings .....	01 → (SKIP TO BOX I, BELOW)
B. Under \$5,000 .....	\$1 to \$96 .....	02
C. \$5,000 to \$6,999 .....	\$97 to \$134 .....	03
D. \$7,000 to \$8,999 .....	\$135 to \$173 .....	04
E. \$9,000 to \$11,999 .....	\$174 to \$230 .....	05
F. \$12,000 to \$14,999 .....	\$231 to \$288 .....	06
G. \$15,000 to \$19,999 .....	\$289 to \$384 .....	07
H. \$20,000 to \$24,999 .....	\$385 to \$480 .....	08
I. \$25,000 to \$29,999 .....	\$481 to \$576 .....	09
J. \$30,000 to \$39,999 .....	\$577 to \$769 .....	10
K. \$40,000 to \$49,999 .....	\$770 to \$961 .....	11
L. \$50,000 to \$74,999 .....	\$962 to \$1,441 .....	12
M. \$75,000 or More .....	\$1,442 or More .....	13

(TAKE BACK CARD 6.)

45. During the past year when you earned that amount, how many weeks did you work at a job for pay? Include paid vacation and sick leave. (There are 52 weeks in a year.)

NUMBER WEEKS ® WORKED  
FOR PAY IN PAST YEAR -----

		→ (IF "NONE", SKIP TO BOX I, BELOW)
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46. During those weeks you worked last year, did you work mainly ... (READ ANSWER CHOICES)

- Full-time, at least 35 hours a week, or ----- 01
- Part-time, (less than 35 hours a week)? ----- 02

(HAND ® CARD 7)

47. The last few questions are about the total income during the past year for all members of your family who lived here then, from all sources. We would like for you to combine everyone's income -- that is, yours, (your (mother's/father's/stepmother's/stepfather's/wife's/husband's)). Include money from wages and salaries, social security, retirement income, unemployment payments, public assistance, and so forth. Also include income from interest, dividends, net income from business, farm, or rent, and any other money income received. Just give me the letter for the amount of total combined family income during the past year.

<u>YEARLY</u>	<u>WEEKLY</u>	
A. No family income .....	No family income .....	01 → (SKIP TO Q.50 ON PAGE 44)
B. Under \$5,000 .....	\$1 to \$96 .....	02
C. \$5,000 to \$6,999 .....	\$97 to \$134 .....	03
D. \$7,000 to \$8,999 .....	\$135 to \$173 .....	04
E. \$9,000 to \$11,999 .....	\$174 to \$230 .....	05
F. \$12,000 to \$14,999 .....	\$231 to \$288 .....	06
G. \$15,000 to \$19,999 .....	\$289 to \$384 .....	07
H. \$20,000 to \$24,999 .....	\$385 to \$480 .....	08
I. \$25,000 to \$29,999 .....	\$481 to \$576 .....	09
J. \$30,000 to \$39,999 .....	\$577 to \$769 .....	10
K. \$40,000 to \$49,999 .....	\$770 to \$961 .....	11
L. \$50,000 to \$74,999 .....	\$962 to \$1,441 .....	12
M. \$75,000 or More .....	\$1,442 or More .....	13

(TAKE BACK CARD 7.)



50. (THANK ®). BE SURE YOU HAVE ALL CARDS. RECORD THE TIME HERE.)

TIME WHEN REACHED THIS POINT ----- 

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 : 

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HOUR MIN.

CIRCLE TIME OF DAY: A.M. ----- 01

P.M. ----- 02

(READ ALOUD TO ®): Before we seal the envelope, there are a couple of forms I have to complete, and I need your help with one of them. (PEEL THIS ®'S LABEL OFF SCREENING FORM. PLACE IT ON VERIFICATION FORM. PRINT F.I. NAME AND ID # ON VERIFICATION FORM.)

(READ ALOUD TO ®): It is important that I do my job correctly; therefore, my supervisors will be checking on my work. Would you help me by printing your name, address, and telephone number on this form? Then place it in the postage-paid envelope so that my supervisor can write or call you in several weeks to confirm that I did my job. As you can see, this is kept separate from your answers so they will still be completely private.

While you are doing that, I will be finishing some forms to show that I did the interview. Let me know when you are finished. Thank you very much for your help. (COMPLETE QUESTIONS FI-1 through FI-6 BELOW.)

**FIELD INTERVIEWER OBSERVATIONS:**

FI-1. Estimate the respondent's understanding of the interview.

No difficulty--no language or reading problem ----- 01

Just a little difficulty--almost no language or reading problem --- 02

A fair amount of difficulty--some language or reading problem -- 03

A lot of difficulty--considerable language or reading problem ---- 04

FI-2. How cooperative has the respondent been?

Very cooperative ----- 01

Fairly cooperative ----- 02

Not very cooperative ----- 03

Openly hostile ----- 04

FI-3. Indicate on this scale of 01 through 09 how private the interview was. (IF COMPLETELY PRIVATE, CIRCLE CODE 01 AND SKIP TO Q.FI-5.)

Completely private--no one was in the room or could  
overhear any part of the interview ----- 01 → (SKIP TO Q.FI-5)

02

Minor distractions ----- 03

04

Person(s) in the room or listening about 1/3 of the time ----- 05

06

Serious interruptions of privacy more than half the time ----- 07

08

Constant presence of other person(s) ----- 09

**FI-4.** Others present or listening to the interview were ...

Parent(s) ----- 01  
Spouse ----- 02  
Live-in partner/boyfriend/girlfriend ----- 03  
Other adult relative(s) ----- 04  
Other adult(s) ----- 05  
Child(ren) under 15 ----- 06  
Other (SPECIFY) \_\_\_\_\_ 07  
(RELATIONSHIP(S) TO ®)

**FI-5.** Please write a note about anything else you think will be helpful for the interpretation and understanding of this interview.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FI-6.** Sign your name and record your field interviewer identification number.

F.I. SIGNATURE: \_\_\_\_\_

F.I. ID #: ----- 

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 01

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- A.** IF ONLY ONE HH MEMBER IS SELECTED FOR INTERVIEW, PEEL OFF AND DISCARD SECOND LABEL FROM SCREENING FORM.
  - B.** VERIFY THAT SCREENING FORM IS COMPLETE AND THAT SELECTION INFORMATION IN SECTION(S) A (AND G) IS FILLED IN.
  - C.** TRANSFER STATUS CODE(S), HH TYPE, AND ROSTER NUMBER(S) TO ACF FORM.
  - D.** ASK ® FOR THE LARGE ENVELOPE, PLACE THE SCREENING FORM AND THIS QUESTIONNAIRE IN IT, AND SEAL IT.
  - E.** ASK ® FOR THE SMALL ENVELOPE. THANK ® AGAIN FOR PARTICIPATING. (INVITE ® TO GO WITH YOU TO THE NEAREST MAILBOX.)
  - F.** MAIL BOTH ENVELOPES IMMEDIATELY.