SAMHDA
SUBSTANCE ABUSE & MENTAL HEALTH DATA ARCHIVE

National Household Survey on Drug Abuse, 1994

United States Department of Health and Human Services. Substance Abuse and Mental Health Services Administration. Office of Applied Studies

Data Collection Instrument

SAMHDA
is sponsored by
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Office of Applied Studies
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SAMHDA
: Substance Abuse and Mental Health Data Archive

SAMHSA
: Substance Abuse and Mental Health Services Administration

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Project 5665

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OMB No.: 0930-0110
Expires: January 31, 1995

DATE INTERVIEW BEGAN: ____ ____ 1994
MONTH DAY

TIME INTERVIEW BEGAN: ____ ____
HOUR MIN.

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

ENTER NUMBER FROM BELOW BARCODE ON SCREENER:

CASE ID #: ☐☐☐☐☐☐☐ - ☐ - ☐☐☐

ENTER ROSTER NUMBER OF SELECTED HH MEMBER:

ROSTER #: ☐☐

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 study sponsored by the U.S. Department of Health and Human Services. You should have received a letter about this study. (SHOW LETTER.)

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, DO NOT INTERVIEW! **STOP!**

- IF SAMPLE MEMBER IS 12-17 YEARS OLD, GO TO BACK OF THIS PAGE. ⟶
- IF SAMPLE MEMBER IS 18 OR OLDER, CONTINUE: ⟶ We are interviewing approximately 23,500 individuals across the nation. You have been selected to participate in the study, based on scientific sampling criteria. Your responses will represent the views of over 8,000 Americans. We cannot substitute anyone else if you decide not to participate.

  The study collects information on alcohol, cigarette and drug use for the nation as a whole. Responses are never connected to individuals. Because it is important that we get the most accurate information possible, special protections are provided to ensure your privacy. (SHOW STATEMENT OF CONFIDENTIALITY.) This statement describes the measures being taken to ensure the confidentiality of your responses, which are protected by a Federal Certificate of Confidentiality. This Certificate will protect the researchers from being forced to release any research data in which you are identified, even under a court order or subpoena. Your participation will not put you at any risk, and your truthful responses will be of great value.

  We also like to conduct the interview in as private a setting as possible. Can we find a reasonably private spot to complete the interview? If it is all right with you, let's get started.

- BASED ONLY ON YOUR OBSERVATION (DO NOT ASK!), RECORD RACE OF ADULT SAMPLE MEMBER AGED 18 OR OLDER HERE.

RACE OF SAMPLE MEMBER 18 OR OLDER

White 01

Black 02

Indian (American), Aleut, Eskimo 03

Asian or Pacific Islander (Incl. Asian Indian) 04

- CONDUCT THE INTERVIEW.

- IF SPEAKING TO PARENT OF 12-17 YEAR-OLD (MINOR) SAMPLE MEMBER, READ PARAGRAPH "B." OTHERWISE, ASK TO SPEAK TO A PARENT OF THE SAMPLE MEMBER. THEN READ BOTH PARAGRAPH "A" AND PARAGRAPH "B" TO THE PARENT.

Paragraph "A" Hello, I'm _____, and I'm working on a nationwide study sponsored by the U.S. Department of Health and Human Services. You should have received a letter about this study. (SHOW LETTER, IF NECESSARY.)

Paragraph "B" Your (AGE) year-old child has been selected to participate. (He/she) was selected based on scientific sampling criteria so that the answers your child provides will represent those of approximately 2,800 other youths. No substitution can be made if your child does not participate. The answers (he/she) gives us will be kept strictly confidential, and no names are ever connected with the survey. The study collects information about alcohol, cigarette, and drug use for the nation as a whole. (OFFER QUESTIONNAIRE TO THE PARENT SO HE/SHE MAY TAKE IT, AND CONTINUE): This is the questionnaire we will be using. (IF THE PARENT WANTS TO EXAMINE QUESTIONNAIRE, LET HIM/HER DO SO, ANSWER ANY QUESTIONS, AND THEN SAY): The results of this study will provide a major source of information on drug experience and will be used for important research purposes. If it is all right with you, we could get started. We also like to conduct the interview in as private a setting as possible. Can we find a reasonably private spot to complete the interview?

- AFTER OBTAINING PARENTAL PERMISSION, READ THE FOLLOWING PARAGRAPHS TO THE 12-17 YEAR-OLD SELECTED AS THE SAMPLE MEMBER.

Hello, I'm _____, and I'm working on a nationwide study sponsored by the U.S. Department of Health and Human Services. Someone in your house should have received a letter about the study. (SHOW LETTER.)

We are interviewing approximately 23,500 individuals across the nation. You have been selected to participate in the study, based on scientific sampling criteria. Your responses will represent the views of over 2,800 Americans. We cannot substitute anyone else if you decide not to participate.

The study collects information on alcohol, cigarette and drug use for the nation as a whole. Responses are never connected to individuals. Because it is important that we get the most accurate information possible, special protections are provided to ensure your privacy. (SHOW STATEMENT OF CONFIDENTIALITY.) This statement describes the measures being taken to ensure the confidentiality of your responses, which are protected by a Federal Certificate of Confidentiality. This Certificate will protect the researchers from being forced to release any research data in which you are identified, even under a court order or subpoena. Your parents or school will never see your answers; only the researchers connected with the study (and they don't know your name). Your participation will not put you at any risk, and your truthful responses will be of great value.

If it is all right with you, let's get started.

- BASED ONLY ON YOUR OBSERVATION (DO NOT ASK!), RECORD RACE OF 12-17 YEAR-OLD SAMPLE MEMBER HERE.

RACE OF 12-17 YEAR-OLD SAMPLE MEMBER

White 01

Black 02

Indian (American), Aleut, Eskimo 03

Asian or Pacific Islander (Incl. Asian Indian) 04

`DUCT 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 IN LIFETIME ---------- 991 → (SKIP TO BOX A, NEXT PAGE)

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

YES ---------- 01

NO ---------- 02 → (SKIP TO Q.C-6)

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

AGE WHEN FIRST STARTED SMOKING DAILY ------ [_____]

NEVER SMOKED DAILY ---------- 993 → (SKIP TO Q.C-6)

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

NUMBER OF YEARS SMOKED DAILY ---------- [_____]

SMOKED DAILY LESS THAN 1 YEAR ---------- 00

C-5. During the period when you smoked daily, about how many cigarettes did you smoke per day, on the average? (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 BOX A, NEXT PAGE)

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 1 year," PROBE FOR NUMBER OF MONTHS; RECORD IN LOWER SPACE.)

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

(IF "Less than 1 year" RECORD NUMBER OF MONTHS HERE) ---------- [ ]

A	**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 in the past 12 months ---------- 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

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, and drinks like wine coolers, fortified wine, and champagne.

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 one 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 THE LARGE ENVELOPE.)

Read along to yourself from your answer sheet as I read the questions and instructions out loud. Then read all the answer choices printed below the question and either write a number in the spaces provided or circle an answer number for that question. On this answer sheet, you should mark only one answer for each question. When you finish this answer sheet, please put it in the envelope. At the end of the interview, we'll seal the envelope, and I'll drop it in the nearest mailbox. You can go to the mailbox with me, if you'd like.

Let's start. If you have any questions about how to mark your answers on the answer sheet, just let me know.

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 991 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 beer, wine, or liquor once a month or more often? In the spaces, record your age at that time. (If you have never had an alcohol drink, circle the 991. If you never drank alcohol as often as once a month or more, circle the 993.)

These questions are set up so that every person answers every question whether or not he or she drank alcohol. When we talk about a drink of alcohol, we mean a can or bottle of beer, a glass of wine or champagne, a wine cooler, a shot glass of hard liquor, or a mixed drink, like a glass of gin and tonic.

The next five questions are about drinking alcohol in the past 30 days.

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

Please write the number of days on your answer sheet. If you did not drink alcohol in the past 30 days, just circle the 93. If you have never had an alcohol drink, just circle the 91.

Now, please turn the page.

A-5. About how many drinks of beer, wine, or liquor did you usually have in a day on the days that you drank during the past 30 days? (Again, by a drink we mean a can or bottle of beer, a glass of wine or champagne, a wine cooler, a shot glass of hard liquor, or a mixed drink, like a glass of gin and tonic. (Write the number of drinks in the spaces.) If you did not have a drink during the past 30 days, circle the 93.)

A-6. Question A-6: On about how many days did you have five or more drinks of beer, wine, or liquor 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 spaces. If you did not have five or more drinks on the same occasion in the past 30 days, circle the 00.

A-7. What is the most you had to drink on any one day you drank beer, wine, or liquor during the past 30 days? In the spaces, 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 of beer, wine, or liquor in the past 30 days? In the spaces, write the number of days when you drank the amount that you recorded in question A-7. (If you haven't had a drink in the past 30 days, circle the 93. If you've never had a drink in your life, circle the 91.)

Please go to the next page.

Now, think about the past 12 months. The next two questions are about drinking alcohol in the past 12 months.

A-9. Question A-9: On the average, how often in the past 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, that is, beer, wine, or liquor? (Circle the number to the right of the answer that best fits you. Please circle only one answer.)

Please turn to the next page.

A-11. Question A-11 is the last question on this answer sheet. On those occasions when you drink alcohol, is it usually beer, wine, or liquor? (Circle the one number to the right of the answer that best fits you.)

Please check back and make sure you have recorded 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)

(REMINDER: IF YOU RECORDED ®'s ANSWERS ON THE ANSWER SHEET, REMEMBER TO CIRCLE THE WORD "INTERVIEWER" IN THE INSTRUCTION AT THE END OF THE ANSWER SHEET.)

Please put your answer sheet in the envelope but don't seal the envelope yet because 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 ® SHOWCARD 1 TO REFER TO WHILE COMPLETING THE ANSWER SHEETS FOR SEDATIVES, TRANQUILIZERS, STIMULANTS AND ANALGESICS.)

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 painkillers 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 your own prescription from a doctor, or
2. in greater amounts than prescribed, or
3. more often than prescribed, or
4. for kicks, to get high, to feel good, or curiosity about the pill's effect, or for any reasons other than a doctor said you should take them.

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 ® PILLCARD 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.

(REMINDER: IF YOU RECORDED ®'s ANSWERS ON THE ANSWER SHEET, REMEMBER TO CIRCLE THE WORD "INTERVIEWER" IN THE INSTRUCTION AT THE END OF THE ANSWER SHEET.)

S-1. First, circle the number next to each sedative you have ever taken for nonmedical reasons, that is, on your own, either without your own prescription from a doctor, 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 on your own but it 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 its name."

If you're not sure if what you took was a sedative, check to see if it is described under another category on Show 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.

(PAUSE)

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

S-3. Think about all the times you've used sedatives for nonmedical reasons, from the first time up to the most recent time. Question S-3 is: 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 answer that best 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 PILLCARD A.)

TRANQUILIZERS (ANSWER SHEET #3)

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 ® PILLCARD 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'll be happy to help you with it.

(REMINDER: IF YOU RECORDED ®'s ANSWERS ON THE ANSWER SHEET, REMEMBER TO CIRCLE THE WORD "INTERVIEWER" IN THE INSTRUCTION AT THE END OF THE ANSWER SHEET.)

(IF ® IS CATCHING ON VERY QUICKLY AND YOU ARE SURE HE/SHE CAN COMPLETE 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 Show Card 1 and then Pill 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 PILLCARD B AND SKIP TO PAGE 9, STIMULANTS.)

T-1. First, refer to the lower half of Show Card 1 and Pill 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 OF TRANQUILIZERS.)

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. Think about all the times you've used tranquilizers for nonmedical reasons, from the first time up to the most recent time. Question T-3 asks: 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 answer that best 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 PILLCARD B.)

STIMULANTS (ANSWER SHEET #4)

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 ® PILLCARD 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.

(REMINDER: IF YOU RECORDED ®'s ANSWERS ON THE ANSWER SHEET, REMEMBER TO CIRCLE THE WORD "INTERVIEWER" IN THE INSTRUCTION AT THE END OF THE ANSWER SHEET.)

(IF ® IS CATCHING ON VERY QUICKLY AND YOU ARE SURE HE/SHE CAN COMPLETE 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 Show Card 1 and look at Pill 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 PILLCARD C AND SKIP TO PAGE 11, ANALGESICS.)

ST-1. Refer to the lower half of Show Card 1 and Pill 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 OF STIMULANTS.)

(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. Think about all the times you've used stimulants for nonmedical reasons, from the first time up to the most recent time. Question ST-3 asks: 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?

The next two questions are about use of amphetamines with a needle.

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 PILLCARD C.)

ANALGESICS (ANSWER SHEET #5)

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 Ⓡ PILLCARD 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.

(REMINDER: IF YOU RECORDED Ⓡ's ANSWERS ON THE ANSWER SHEET, REMEMBER TO CIRCLE THE WORD "INTERVIEWER" IN THE INSTRUCTION AT THE END OF THE ANSWER SHEET.)

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

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 Q. AN-00)

AN-00. Please tell me when you are finished.

(WAIT UNTIL Ⓡ FINISHES ANSWER SHEET.)

AN-000. 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 PILLCARD D AND SHOWCARD 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 OF ANALGESICS.)

(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. Think about all the times you've used analgesics for nonmedical reasons, from the first time up to the most recent time. 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 PILLCARD D AND SHOWCARD 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. Remember, all your answers are totally confidential and protected by a Federal Certificate of Confidentiality. 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.

(REMINDER: IF YOU RECORDED ®'s ANSWERS ON THE ANSWER SHEET, REMEMBER TO CIRCLE THE WORD "INTERVIEWER" IN THE INSTRUCTION AT THE END OF THE ANSWER SHEET.)

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 five 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 you've used marijuana sometime in your life but not in the past 30 days, circle the 93.)

The next six questions are about marijuana only and not hash.

M-6. Question M-6: On the days that you used marijuana, about how much did you smoke each day, on the average, during the past 30 days? If you shared your marijuana cigarettes or pipes with other people, count only the amount you smoked. (If you've used marijuana before, but not in the past 30 days, circle the 93.)

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.)

Please go to the next page.

M-8. How did you obtain any marijuana that you used, during the past 30 days? (Circle the numbers of all that apply.)

M-9. About how much money did all the marijuana you used in the past 30 days cost you? Do not include money you spent for any marijuana that you sold or gave away.

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

M-10. Question M-10 is: On the average, how often in the past 12 months have you used marijuana?

Please turn to the next page.

M-11. Question M-11 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 "Some other way (Please Describe)" and circle the 05.)

M-12. Question M-12 is the last question on this answer sheet. Thinking back over your whole life, has there ever been a period when you used marijuana or hash daily or almost daily for two or more weeks?

Please tell me when you are finished.

(Please check back and make sure you answered every question 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 and gases, 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 ® SHOWCARD 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'll be happy to help you with it.

(REMINDER: IF YOU RECORDED ®'s ANSWERS ON THE ANSWER SHEET, REMEMBER TO CIRCLE THE WORD "INTERVIEWER" IN THE INSTRUCTION AT THE END OF THE ANSWER SHEET.)

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

(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 Q. IN-00)

IN-00. Please let me know when you are finished.

(WAIT UNTIL ® FINISHES ANSWER SHEET)

IN-000. 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 SHOWCARD 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 inhaled something that is not listed, write in what that was and circle the 11.

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 for kicks or to get high?

Now, please turn the page.

IN-4. When was the most recent time that you used an inhalant; that is, sniffed or inhaled something for kicks or to get high?

The next two questions are about the past 30 days.

IN-5. For question IN-5, circle the number to the right of each substance that you have sniffed or inhaled for kicks or to get high during the past 30 days.

Please go to the next page.

IN-6. During the past 30 days, on about how many different days did you use an inhalant for kicks or to get high? (If you have ever inhaled something for kicks or to get high, but not during the past 30 days, circle the 93.)

IN-7. Now, think about the past 12 months. Question IN-7 asks: On the average, how often in the past 12 months have you sniffed or inhaled any substance for kicks or to get high?

IN-8. 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-9. 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

ALL QUESTIONS WERE CLEAR ---------- 10

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

IN-10. Have you marked an answer for each question?

YES ---------- 01 → (SKIP TO IN-11 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-11 BELOW.)

IN-11. Please put the answer sheet in the envelope.

(TAKE BACK SHOWCARD 2.)

COCAINE (ANSWER SHEET #8)

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.

(REMINDER: IF YOU RECORDED ®'s ANSWERS ON THE ANSWER SHEET, REMEMBER TO CIRCLE THE WORD "INTERVIEWER" IN THE INSTRUCTION AT THE END OF THE ANSWER SHEET.)

CN-1. The first question, CN-1, is: About how old were you when you first had a chance to try cocaine, in any form, 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, in any form, 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, in any form? (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, in any form? (Circle the number for the first answer that fits you.)

Please turn the page.

The next four questions are about the past 30 days.

CN-5. Question CN-5 asks: On about how many different days did you use cocaine during the past 30 days? (If you've used cocaine in any form sometime in your life but not in the past 30 days, circle the 93.)

CN-6. Question CN-6 is: How many grams of cocaine have you used in the past 30 days? (If it was more than three grams, write in the number of grams and circle the 77.)

Please go to the next page.

CN-7. How did you obtain any cocaine that you used during the past 30 days? (Circle the numbers of all that apply.)

CN-8. Question CN-8 is: About how much money did all the cocaine you used in the past 30 days cost you? Do not include money you spent for any cocaine that you sold or gave away. (Write in the dollar amount for what the cocaine you used in the past 30 days cost you.)

Now think about the past 12 months.

CN-9. Question CN-9 is: On the average, how often in the past 12 months have you used cocaine, in any form?

Please turn to the next page.

CN-10. CN-10 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-11. Question CN-11 is: When was the most recent time you used cocaine with a needle?

CN-12. The last question on this answer sheet is CN-12. Thinking back over your whole life, has there ever been a period when you used cocaine, in any form, daily or almost daily for two or more weeks?

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 is meant, I'll be glad to help you with it.)

(PAUSE)

Please put the answer sheet in the envelope.

"CRACK" (ANSWER SHEET #9)

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

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

Similar to the last set of questions, I will read these aloud as you go along.

(HAND ® BUFF "CRACK" ANSWER SHEET #9.)

Please use this answer sheet to mark down your answers. We need an answer for every question-- even if you've never tried the form of cocaine known as "crack."

(REMINDER: IF YOU RECORDED ®'s ANSWERS ON THE ANSWER SHEET, REMEMBER TO CIRCLE THE WORD "INTERVIEWER" IN THE INSTRUCTION AT THE END OF THE ANSWER SHEET.)

CK-1. Question CK-1 asks: When was the most recent time you used the form of cocaine known as "crack"? (Circle the number for the answer that best fits you.)

Now, think about the past 30 days.

CK-2. Question CK-2 is: How many vials or small containers of "crack" have you used in the past 30 days?

CK-3. How did you obtain any "crack" that you used during the past 30 days? (Circle the numbers of all that apply.)

Please turn the answer sheet over.

CK-4. Question CK-4 asks: About how much money did the "crack" you used in the past 30 days cost you? Do not include money you spent for any "crack" you sold or gave away, or money you spent for any other forms of cocaine besides "crack."

CK-5. Thinking back over your whole life, has there ever been a period when you used "crack" daily or almost daily for two or more weeks?

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'll be glad to help you with it.)

(PAUSE)

Please put the answer sheet in the envelope.

HALLUCINOGENS (ANSWER SHEET #10)

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 #10.)

(REMINDER: IF YOU RECORDED ®'s ANSWERS ON THE ANSWER SHEET, REMEMBER TO CIRCLE THE WORD "INTERVIEWER" IN THE INSTRUCTION AT THE END OF THE ANSWER SHEET.)

(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 Q. L-00)

L-00. Please let me know when you finish.

(WAIT UNTIL ® FINISHES ANSWER SHEET.)

L-000. Please make sure you marked an answer to every question, and then put the answer sheet in the envelope.

(SKIP TO PAGE 22, 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 hallucinogen (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 page.

L-5. Question L-5 is: When was the most recent time that you used LSD or PCP or another hallucinogen? (Circle the answer that best fits you.)

L-6. Think about the past 30 days. Question L-6: On about how many different days did you use LSD or PCP or another hallucinogen during the past 30 days?

L-7. Now think about the past 12 months. On the average, how often in the past 12 months have you used LSD or PCP or another hallucinogen?

Please go to the next page.

The last question here 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'll be glad to read it again.)

(PAUSE)

Please put the answer sheet in the envelope.

HEROIN (ANSWER SHEET #11)

The next questions are about heroin.

(HAND ® BLUE HEROIN ANSWER SHEET #11.)

(REMINDER: IF YOU RECORDED ®'s ANSWERS ON THE ANSWER SHEET, REMEMBER TO CIRCLE THE WORD "INTERVIEWER" IN THE INSTRUCTION AT THE END OF THE ANSWER SHEET.)

(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 Q. H-00)

H-00. Please let me know when you are finished.

(WAIT UNTIL ® HAS FINISHED.)

H-000. 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 24, 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. Now, think about the past 30 days. Question H-5 is: During the past 30 days, on about how many different days did you use heroin?

Please turn the page.

The next two questions are about the use of heroin with a needle.

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)

The next two questions are about smoking heroin.

H-8. Have you ever smoked heroin?

H-9. When was the most recent time you smoked heroin?

Please go to the next page.

The last two questions are about sniffing ("snorting") heroin.

H-10. Have you ever sniffed ("snorted") heroin powder through your nose?

H-11. When was the most recent time you sniffed ("snorted") heroin powder through your nose? (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.

DRUGS (ANSWER SHEET #12)

Now, I'd like to ask about your overall experience in the past 12 months with the drugs listed on this answer sheet.

(HAND ® BUFF DRUGS 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.

(REMINDER: IF YOU RECORDED ®'s ANSWERS ON THE ANSWER SHEET, REMEMBER TO CIRCLE THE WORD "INTERVIEWER" IN THE INSTRUCTION AT THE END OF THE ANSWER SHEET.)

(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 26, NEEDLES.)

DR-1. During the past 12 months, for which drugs have you consciously tried to cut down on your use? Circle the number to the right of each kind of drug that you have tried to cut down on.

If you've used cigarettes, alcohol, or any of the other drugs on the list sometime in your life, but not during the past 12 months, circle the 93. If you've never used any of the drugs listed, circle the 91. Otherwise, please circle the numbers for all the drugs that you tried to cut down on in the past 12 months. Remember, for prescription drugs, we are only interested in nonmedical use.

DR-2. During the past 12 months, for which drugs have you been unable to cut down on your use, even though you tried? Circle the number to the right of each kind of drug that you tried to cut down on but were unable to.

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

DR-3. Question DR-3 asks: During the past 12 months, for which drugs have you needed larger amounts to get the same effect; that is, for which drugs could you no longer get high on the same amount you used to use?

DR-4. For DR-4, 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 12 months.

Please go to the next page.

DR-5. Question DR-5 asks: Which drugs have you felt that you needed or were dependent on in the past 12 months?

DR-6. Next is question DR-6: 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 12 months?

Now, please check back and make sure you circled at least one answer for every question, on all three pages of the answer sheet. (PAUSE)

Please put the answer sheet in the envelope.

NEEDLES (ANSWER SHEET #13)

The next set of questions refer to the nonmedical use of any drug with a needle.

(HAND ® GREEN NEEDLES ANSWER SHEET #13.)

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.

(REMINDER: IF YOU RECORDED ®'s ANSWERS ON THE ANSWER SHEET, REMEMBER TO CIRCLE THE WORD "INTERVIEWER" IN THE INSTRUCTION AT THE END OF THE ANSWER SHEET.)

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

ND-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.ND-1)

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

ND-00. Please let me know when you have finished the answer sheet.

(WAIT FOR ® TO FINISH ANSWER SHEET.)

ND-000. Please check back and make sure you marked at least one answer for every question, on both sides of the answer sheet. (PAUSE) Please put the answer sheet in the envelope.

(SKIP TO PAGE 27, SPECIAL TOPICS.)

ND-1. The first question asks: Have you ever used a needle to get any drug injected under your skin, into a muscle, or into a vein, for nonmedical reasons?

ND-2. Question ND-2 asks: When was the most recent time you used any drug for nonmedical reasons with a needle?

ND-3. Question ND-3 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 turn the answer sheet over when you have finished with question ND-3. (PAUSE)

ND-4. Have you ever used a needle for injecting drugs when you knew or suspected that the needle had been used by someone else?

ND-5. Has someone else ever injected drugs with a needle after you used the needle?

Now, please check back and make sure you circled at least one answer for every question, on both sides of the answer sheet. (PAUSE)

Please put the answer sheet in the envelope.

Now, we'd like to get some information about drug tests, two different types of drugs, and illegal activities.

(HAND ® SALMON SPECIAL TOPICS ANSWER SHEET #14.)

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.

(REMINDER: IF YOU RECORDED ®'s ANSWERS ON THE ANSWER SHEET, REMEMBER TO CIRCLE THE WORD "INTERVIEWER" IN THE INSTRUCTION AT THE END OF THE ANSWER SHEET.)

(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)

SP-00. Please let me know when you have finished the answer sheet.

(WAIT FOR ® TO FINISH ANSWER SHEET.)

SP-000. Please check back and make sure you marked at least one answer for every question, on all four pages of the answer sheet. (PAUSE) Please put the answer sheet in the envelope.

(SKIP TO PAGE 30, DRINKING EXPERIENCES.)

The first two questions on this answer sheet concern drug testing.

SP-1. During the past 12 months, have you been required by your employer to take a drug test?

SP-2. During the past 12 months, did a drug test given to you by your employer indicate the presence of any drug?

Now, let's talk about a form of methamphetamine that can be smoked, say in a cigarette or pipe.

SP-3. Have you ever used the smokable form of methamphetamine called "ice?"

SP-4. When was the most recent time you used the smokable form of methamphetamine called "ice?"

The next four questions are about steroids. Steroids, or anabolic steroids, are sometimes prescribed by doctors to promote healing from certain types of injuries. Some athletes, and others, have used them to try to increase muscle development. The following questions refer only to taking anabolic steroids on your own, without a doctor's orders.

SP-5. First, about how old were you when you first had a chance to try anabolic steroids if you had wanted to? In the space provided, write down your age when you first had the chance to try anabolic steroids if you had wanted to. If you never had the chance to try anabolic steroids, circle the 991. (PAUSE)

Please turn the page.

SP-6. Question SP-6 asks: About how old were you the first time you actually tried anabolic steroids? (In the space provided, write down how old you were the first time you actually tried anabolic steroids. If you never tried anabolic steroids, circle the 991.) (PAUSE)

SP-7. About how many times in your life have you used anabolic steroids?

SP-8. When was the most recent time that you used anabolic steroids? (PAUSE)

Question SP-9 has a slightly different format from the others we've been discussing.

SP-9. Question SP-9 asks you to write in the names of any other illegal drugs you have used in the past 12 months that have not been mentioned in any of the previous questions on any of these answer sheets. Please write the names of all these drugs on the lines provided on your answer sheet. If you have not used any other illegal drugs, simply write down the word "none."

Please go to the next page.

The next five questions are about arrests and criminal offenses. Remember, even if a question doesn't apply to you, there is an answer provided for you to mark.

SP-10. Not counting minor traffic violations, have you ever been arrested and booked for breaking a law? Being "booked" means that you were taken into custody and processed by the police or by someone connected with the courts, even if you were then released.

SP-11. Not counting minor traffic violations, how many times in the past 12 months have you been arrested and booked for breaking a law? In the space provided, please write in the number of times that you were arrested and booked for breaking a law in the past 12 months. If the answer is "none," write in the number "zero." (PAUSE)

SP-12. Question SP-12 asks you to circle the number to the right of each kind of legal offense you were arrested and booked for in the past 12 months. Don't count minor traffic violations, but please circle numbers for all the offenses that apply. (Remember, even if the question doesn't apply to you, there is an answer provided for you to mark.) (PAUSE)

SP-13. Were you on probation at any time in the past 12 months?

SP-14. Were you on parole at any time in the past 12 months?

Now, please turn to the back page of the answer sheet.

SP-15. The next set of questions deals with activities that may be against the law. After I read each item, circle the 01 if you have done that activity in the past 12 months. If you did not do the activity in the past 12 months, circle the 02. (Remember, your answers cannot be connected with your name.)

SP-15a. During the past 12 months, have you taken something from a store without paying for it?

SP-15b. During the past 12 months, have you, other than from a store, taken money or property that did not belong to you?

SP-15c. During the past 12 months, have you purposely damaged or destroyed property that did not belong to you?

SP-15d. During the past 12 months, have you taken a car that didn't belong to someone in your family without the owner's permission?

SP-15e. During the past 12 months, have you used a weapon, force, or strong-arm methods to get money or things from a person?

SP-15f. During the past 12 months, have you broken into a house or building to steal something or just to look around?

SP-15g. During the past 12 months, have you hit someone or gotten into a physical fight?

SP-15h. During the past 12 months, have you hurt someone badly enough to need bandages or a doctor?

SP-15i. During the past 12 months, have you used a knife or gun or some other thing, like a club, to get something from a person?

SP-15j. During the past 12 months, have you driven any kind of vehicle while you were under the influence of alcohol or illegal drugs?

SP-15k. During the past 12 months, have you sold any illegal drugs?

SP-15l. During the past 12 months, have you done anything else that would have gotten you into trouble with the police if they had known about it? If so, please describe what you did on the line below question SP-15"el".

Now, please check back and make sure you circled at least one answer for every question on all four pages of the answer sheet. (PAUSE)

Please put the answer sheet in the envelope.

DRINKING EXPERIENCES (ANSWER SHEET #15)

This answer sheet begins with 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 #15.)

(REMINDER: IF YOU RECORDED ®'s ANSWERS ON THE ANSWER SHEET, REMEMBER TO CIRCLE THE WORD "INTERVIEWER" IN THE INSTRUCTION AT THE END OF THE ANSWER SHEET.)

We need for you to circle an answer for each statement if you drank any alcoholic beverages at any time in the past 12 months.

(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-1.)

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. 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 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.)

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

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

(WAIT FOR ® TO FINISH THE ANSWER SHEET.)

(READ NEXT STATEMENT TO ANY ® WHO DID NOT CIRCLE THE 93 AND DID CONTINUE WITH THE ANSWER SHEET):

Please check back and make sure you answered every question on both the front and the back of the answer sheet. (PAUSE) Now, please put the answer sheet in the envelope.

(SKIP TO PAGE 32, 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 your 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?

DE-1l. In the past 12 months, once you started drinking, was it difficult for you to stop before you became completely intoxicated?

Now, please turn the answer sheet over.

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?

DE-2. Question DE-2 asks: In the past 12 months, what drugs listed below the question did you use on your own, that is, nonmedically, at the same time or within a couple hours of when you drank beer, wine, or liquor? Please circle an answer number for every drug listed in Question DE-2.

Now, please check back and make sure you marked 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.

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

Now we're interested in problems you may have had from your use of cigarettes or other tobacco, alcohol, or any of the other substances listed on this card.

(HAND ® YELLOW DRUG PROBLEMS ANSWER SHEET #16.)

For this answer sheet, we need to know if your use at any time in your life of any substance on the list caused problems for you during the past 12 months? You did not have to use the drug in the past 12 months to experience a problem caused by that drug in the past 12 months.

(REMINDER: IF YOU RECORDED ®'s ANSWERS ON THE ANSWER SHEET, REMEMBER TO CIRCLE THE WORD "INTERVIEWER" IN THE INSTRUCTION AT THE END OF THE ANSWER SHEET.)

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

(WAIT FOR ® TO FINISH THE ANSWER SHEET.)

(READ NEXT STATEMENT TO ANY ® 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 an 01 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 SHOWCARD 3. SKIP TO PAGE 34, TREATMENT.)

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 ® NEEDS HELP, READ SUBSTANCES LISTED ON SHOWCARD 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)

DP-1f. In the past 12 months, did you find it difficult to think clearly? (PAUSE)

Now, please turn the answer sheet over.

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.)

DP-1l. In the past 12 months, did someone suggest you seek treatment?

DP-1m. In the past 12 months, did you drive unsafely?

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 SHOWCARD 3.)

TREATMENT (ANSWER SHEET #17)

This set of questions deals with various treatment programs and facilities.

(HAND ® PINK TREATMENT ANSWER SHEET #17.)

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

(REMINDER: IF YOU RECORDED ®'s ANSWERS ON THE ANSWER SHEET, REMEMBER TO CIRCLE THE WORD "INTERVIEWER" IN THE INSTRUCTION AT THE END OF THE ANSWER SHEET.)

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

TR-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.TR-1)

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

TR-00. Please let me know when you have finished the answer sheet.

(WAIT FOR ® TO FINISH ANSWER SHEET.)

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

(SKIP TO PAGE 37, RISK.)

TR-1. During the past 12 months, were you referred to any type of drug treatment through an employee assistance program?

TR-2. During the past 12 months, have you gone to a clinic, self-help group, counselor, doctor or other professional to get help to stop smoking cigarettes?

TR-3. During the past 12 months, have you gotten any treatment for drinking--such as from a clinic, self-help group, counselor, doctor or other professional?

All the remaining questions on this answer sheet concern treatment for use of drugs other than cigarettes or alcohol.

TR-4. During the past 12 months, have you received treatment for other drug use, not counting cigarettes or alcohol?

TR-5. During the past 12 months, have you received treatment for use of any other drug, not counting cigarettes or alcohol, in an emergency room?

TR-6. During the past 12 months, have you received treatment for use of any other drug, not counting cigarettes or alcohol, in a hospital as an inpatient?

Please turn the page.

TR-7. During the past 12 months, have you received treatment for use of any other drug, not counting cigarettes or alcohol, in a private doctor's office?

TR-8. During the past 12 months, have you received treatment for use of any other drug, not counting cigarettes or alcohol, in a drug treatment or rehabilitation facility?

TR-9. During the past 12 months, have you received treatment for use of any other drug, not counting cigarettes or alcohol, in a mental health center or facility?

TR-10. During the past 12 months, have you received treatment for use of any other drug, not counting cigarettes or alcohol, in a self-help group?

TR-11. During the past 12 months, have you received treatment for use of any drug other than cigarettes or alcohol in some other place? If so, please write in what kind of place that was on the line following the "yes" answer. (PAUSE)

TR-12. When was the last time you received treatment or counseling for use of any other drug, not counting cigarettes or alcohol?

TR-13. How many times in your life have you received treatment or counseling for your use of any drug, not counting cigarettes or alcohol? If the answer is "none," write in the number "zero." (PAUSE)

Please go to the next page.

If you never received treatment or counseling for drug use, circle the 93 in the box to the right. Then tell me that you are finished with this answer sheet.

TR-14. Where did you receive treatment the last time you were treated for other drug use, not counting cigarettes or alcohol? (Please mark only one answer for the type of place where you got treatment the last time.)

Now we ask you to tell us how important the reasons listed in question TR-15 were to you for seeking treatment the last time you received treatment or counseling for drug use. (Circle one number for each reason.)

TR-15a. As a reason for seeking treatment the last time, how important was it that you wanted to change your lifestyle? (Circle the 01 if this reason was very important, circle the 02 if this reason was somewhat important, or circle the 03 if it was not at all important as a reason for your seeking treatment the last time.)

TR-15b. As a reason for seeking treatment the last time, how important was it that you had family responsibilities?

TR-15c. As a reason for seeking treatment the last time, how important was it that you were afraid of being jailed?

TR-15d. As a reason for seeking treatment the last time, how important was it that the drugs were too costly?

TR-15e. As a reason for seeking treatment the last time, how important was it that a significant personal or special event occurred?

TR-15f. As a reason for seeking treatment the last time, how important was it that you felt pressure from family or close friends?

TR-15g. As a reason for seeking treatment the last time, how important was it that you had concerns about your health?

TR-15h. As a reason for seeking treatment the last time, how important was it that you had concerns about your job?

TR-15i. As a reason for seeking treatment the last time, how important was it that you got sent to jail?

TR-15j. As a reason for seeking treatment the last time, how important was it that treatment services became available?

TR-15k. As a reason for seeking treatment the last time, how important was it that the drugs were bad quality?

TR-15l. As a reason for seeking treatment the last time, how important was it that the drugs were not available?

TR-15m. As a reason for seeking treatment the last time, how important was some other reason? (Please describe on the line what this other reason for getting treatment was.)
(PAUSE)

TR-16. What was the primary drug you received treatment or counseling for during the last time you were treated? (Please write the name of the primary drug you received treatment or counseling for on the line.)

Please turn to the next page.

TR-17. What was the outcome of the treatment or counseling you last received? (Please circle only the one number for the answer that best fits your experience.)

TR-18. How was the last treatment or counseling for drug use paid for? (Please circle all that apply.)

Please check all four pages of the answer sheet to make sure you circled an answer for every question.

Please put the answer sheet in the envelope.

We are interested in your opinion about the effects of using certain drugs and other substances, and about whether it's difficult or easy to get drugs.

(HAND ® BLUE RISK ANSWER SHEET #18.)

(REMINDER: IF YOU RECORDED ®'s ANSWERS ON THE ANSWER SHEET, REMEMBER TO CIRCLE THE WORD "INTERVIEWER" IN THE INSTRUCTION AT THE END OF THE ANSWER SHEET.)

R-1. First, we want you to tell us how much 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.

Please notice when you get to question R-2, you are asked to circle a number to tell us how difficult or easy it would be to get several different kinds of drugs.

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" in question R-1, on both the front and the back of the answer sheet, and for each kind of drug, "a" through "e" in question R-2, on the back side of the answer sheet. Also check that you marked an answer for R-3, R-4, and R-5.

(PAUSE)

Please put the answer sheet in the envelope.

(SKIP TO PAGE 39, 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 circle the 04 if you think there is great risk.)

The next three questions are about risk from using marijuana.

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?

The next two questions are about risk from using PCP.

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?

The next two questions are about risk from the use of heroin.

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?

The next four questions are about risk from using cocaine or "crack."

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?

R-1l. How much do people risk harming themselves when they use "crack" occasionally?

Now, we'd like to ask about risk from using anabolic steroids.

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?

Now, please turn the answer sheet over.

The next three questions ask about risk from drinking alcoholic beverages, that is, beer, wine, or liquor.

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 item in question R-1 is: How much risk is there when they have five or more drinks once or twice a week?

R-2. Question R-2 asks you to tell us how difficult you think it would be for you to get several different kinds of drugs, if you wanted some. Please circle one number on each line.

R-2a. How difficult do you think it would be for you to get marijuana, if you wanted some?

R-2b. How difficult do you think it would be for you to get LSD, if you wanted some?

R-2c. How difficult do you think it would be for you to get PCP, if you wanted some?

R-2d. How difficult do you think it would be for you to get cocaine or "crack," if you wanted some?

R-2e. How difficult do you think it would be for you to get heroin, if you wanted some?

R-3. Question R-3 asks: In the past month, has someone approached you to sell you an illegal drug?

R-4. How often do you see people who are drunk or high on drugs in your neighborhood? (Circle the 01 for "often," the 02 for "occasionally," the 03 if it happens "rarely," or the 04 if you "never" see this.)

R-5. How often do you see people selling drugs in your neighborhood?

Now, check back and make sure you circled one number for every activity, "a" through "q" in question R-1, on both the front and the back of the answer sheet, and for each kind of drug, "a" through "e" in question R-2, on the back side of the answer sheet. Also check that you marked an answer for R-3, R-4, and R-5.

(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 tuberculosis?

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. I am going to read a list of ways you may have felt. (HAND ® SHOWCARD 4). Please tell me how often you felt this way during the past week--rarely or none of the time, some or a little of the time, occasionally or a moderate amount of the time, or most or all of the time. Just tell me the number from this card.

	RARELY OR NONE OF THE TIME (LESS THAN A DAY)	SOME OR A LITTLE OF THE TIME (1-2 DAYS)	OCCASIONALLY OR A MODERATE AMOUNT OF THE TIME (3-4 DAYS)	MOST OR ALL OF THE TIME (5-7 DAYS)
a. I did not feel like eating; my appetite was poor	01	02	03	04
b. I had trouble keeping my mind on what I was doing	01	02	03	04
c. I felt depressed	01	02	03	04
d. I felt everything I did was an effort	01	02	03	04
e. My sleep was restless	01	02	03	04
f. I felt sad	01	02	03	04
g. I could not get "going"	01	02	03	04

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

1. (RECORD ®'S SEX):

MALE ---------- 01

FEMALE ---------- 02

2. What is your date of birth?

MONTH---------- [ ][ ]

DAY---------- [ ][ ]

YEAR---------- [ ][ ][ ][ ] → (VERIFY ®'s AGE)

B	IF ® 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. (HAND ® SHOWCARD 5.) Please look at this card and tell me which of the statements describes your present work situation. (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 → (SKIP TO Q.7)

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

(TAKE BACK SHOWCARD 5.)

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

MONTH ---------- [ ]

YEAR ---------- 19 [ ]

NEVER WORKED FOR PAY ---------- 9991 → (SKIP TO BOX D, 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? (PROBE FOR DETAIL.)

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? (PROBE FOR DETAIL.)

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 ---------- [ ]

C	IF ® IS CURRENTLY EMPLOYED (Q.5 IS 01, 02, or 03), ASK Q.12. OTHERWISE, SKIP TO BOX D.

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 ---------- [ ]

D	IF ® IS THE ONLY ADULT 18 OR OLDER IN THE HOUSEHOLD, SKIP TO Q.20, NEXT PAGE.

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) _____

_____

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: _____

_____

19. Is this mainly ... (READ ANSWER CHOICES)

Manufacturing, ---------- 01

Wholesale trade, ---------- 02

Retail trade, or ---------- 03

Something else? (SPECIFY): _____ 04

20. What is the last grade or year that you completed in school?

NO SCHOOLING ---------- 00

ELEMENTARY GRADES ---------- 01 ------- 02 ------- 03 ------- 04

05 ------- 06 ------- 07 ------- 08

HIGH SCHOOL GRADES ---------- 09 ------- 10 ------- 11 ------- 12

COLLEGE YEARS ---------- 13 ------- 14 ------- 15 ------- 16 → (SKIP

GRADUATE/PROFESSIONAL SCHOOL (or higher) ---------- 17 TO Q.23)

21. Have you graduated from high school?

YES ---------- 01

NO ---------- 02 → (SEE BOX E)

E	**IF ® IS 12 - 15 YEARS OLD, SKIP TO Q.23. IF ® IS 16 OR OLDER, ASK Q.22.**

22. Have you received a high school diploma (PAUSE), or a GED certificate of high school completion? (Which have you received?) (MARK ONLY ONE ANSWER.)

HIGH SCHOOL DIPLOMA ---------- 01

GED CERTIFICATE ---------- 02

NEITHER OF THE ABOVE ---------- 03

23. Are you now enrolled in any kind of school?

YES ---------- 01 → (SKIP TO Q.25, NEXT PAGE)

NO ---------- 02

24. 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 → (SKIP TO BOX F, NEXT PAGE)

25. Which of the following best describes your student status now? Are you ...

A full-time student, or ---------- 01

A part-time student? ---------- 02

26. During the last month of school, how many whole days did you miss because you were sick or injured?

NUMBER OF DAYS MISSED SCHOOL FOR ILLNESS ----- [_____]

27. During the last month of school, how many whole days did you miss because you skipped or "cut" or just didn't want to be there?

NUMBER OF DAYS SKIPPED SCHOOL ---------- [_____]

F	**IF ® IS 12 - 14 YEARS OLD, SKIP TO Q.30, PAGE 47.**

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

MILES ® DRIVES A VEHICLE IN A WEEK -- [_____]

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

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 children under the age of 12 live here now?

NUMBER OF CHILDREN UNDER 12 ---------- [_____]

NO CHILDREN UNDER 12 ---------- 91 → **(SKIP TO Q.32, NEXT PAGE)**

31. Now I need some additional information about (each of) the (READ NUMBER FROM Q.30) child(ren) under 12 who live(s) here. (Starting with the oldest child,) Please tell me how old (the/each) child was on his or her last birthday.

(RECORD AGE IN WHOLE YEARS FOR CHILDREN 2 YEARS OR OLDER IN COLUMN B OF CHILD ROSTER. FOR CHILDREN YOUNGER THAN 2 YEARS, PROBE FOR AND RECORD AGE IN WHOLE MONTHS IN COLUMN C.)

(AFTER ALL CHILDREN ARE LISTED, ASK Q.31a AND Q.31b FOR EACH CHILD.)

31a. Is the (AGE)-(year/month)-old child a male or a female? (CIRCLE CORRECT SEX IN COLUMN D.)

31b. What is (his/her) relationship to you? (RECORD RELATIONSHIP IN COLUMN E.)

ROSTER OF CHILDREN UNDER 12

Col. A	Col. B	Col. C	Col. D	Col. E
Child	Age in Years (for children 2 years or older)	Age in Months (for children younger than 2)	Sex	Relationship to ®
01			M F	
02			M F	
03			M F	
04			M F	
05			M F	
06			M F	
07			M F	
08			M F	
09			M F	
10			M F	
11			M F	
12			M F	

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

NUMBER OF RESIDENTS IN HOUSEHOLD ---------- [ ] → (IF "1," SKIP TO Q.35, NEXT PAGE.)

33. Now, I need to know the relationship to you of the other person(s) who live(s) here.

33a.	Does your mother live here?	YES..... 01 → (SKIP TO Q.33c.) NO 02		
33b.	Does your stepmother live here?	YES .... 01 NO 02		
33c.	Does your father live here?	YES..... 01 → (SKIP TO Q.33e.) NO 02		
33d.	Does your stepfather live here?	YES..... 01 NO 02		
33e.	Does your (husband/wife) or live-in partner live here?	YES..... 01 NO..... 02		Q.34 NUMBER OF PERSONS
33f.	Do any of your brothers or sisters live here?	YES..... 01 NO..... 02	→ 34f. How many of your brothers and sisters live here now?----------	[ ]
33g.	Do any of your parents-in-law live here?	YES..... 01 NO..... 02	→ 34g. How many of your parents-in-law live here now?----------	[ ]
33h.	Do any of your own biological children live here?	YES..... 01 NO..... 02	→ 34h. How many of your own biological children live here now?----------	[ ]
33i.	Do any of your own adopted or stepchildren live here?	YES..... 01 NO..... 02	→ 34i. How many of your own adopted or stepchildren live here now?----------	[ ]
33j.	Do any other family members or relatives of yours live here?	YES..... 01 NO..... 02	→ 34j. How many other family members or relatives live here now?----------	[ ]
33k.	Do any friends or roommates of yours live here?	YES..... 01 NO..... 02	→ 34k. How many friends or roommates live here now?----------	[ ]
33l.	Are there any other persons who are not related to you living here now?	YES..... 01 NO..... 02	→ 34l. How many other persons not related to you live here now?----------	[ ]

35. Are there any of your family members who lived here for six months or more in the past year, who are now living somewhere else?

YES ---------- 01

NO ---------- 02 → (SKIP TO BOX G)

36. 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? ---------- [ ]

d. Some other group housing?
(SPECIFY TYPE): _____ [ ]

G	**IF ® IS 12 - 16 YEARS OLD, SKIP TO Q.39.**

37. Have you ever been in the armed forces?

YES ---------- 01

NO ---------- 02 → (SKIP TO Q.39)

38. 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

39. How many different telephone numbers do you have in this household? Don't count business numbers or 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 ® 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

43. (HAND ® SHOWCARD 6.) 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 SHOWCARD 6.)

The next questions are about your health insurance coverage and the kinds and amounts of income that you receive. (The answers to these questions will add greatly to our knowledge about the health problems of the American people, the types of health care they receive, and whether they can afford the care that they need. This information will help in planning health care services and finding ways to lower costs of care.)

(IF ® HAS NO FAMILY MEMBERS LIVING IN THIS RESIDENCE, SKIP TO BOX I.)

44. Is there some other family member who lives here that you think would be better able to give me the correct information about your health insurance coverage and the kinds of income you receive?

YES ---------- 01

NO ---------- 02 → (SKIP TO BOX I)

45. Who is the person you think can help us get better information for these questions?

®'s SPOUSE/LIVE-IN PARTNER ---------- 01

®'s FATHER ---------- 02

®'s MOTHER ---------- 03

®'s BROTHER ---------- 04

®'s SISTER ---------- 05

OTHER FAMILY MEMBER (SPECIFY RELATIONSHIP TO ®): _____ 06

46. Is your (RELATIVE FROM Q.45) here at home now?

YES ---------- 01

NO ---------- 02 → (SKIP TO BOX I)

47. Would you ask your (RELATIVE FROM Q.45) to join us to help with these last few questions about health insurance and income?

YES ---------- 01 → (WAIT FOR PROXY, THEN READ BOX H.)

NO ---------- 02 → (SKIP TO BOX I)

H	(READ ALOUD ONLY IF PROXY JOINS ®): The next questions are about (SAMPLE MEMBER's) health insurance coverage and the kinds and amounts of income that (SAMPLE MEMBER) and other people in your family receive. (The answers to these questions will add greatly to our knowledge about the health problems of the American people, the types of health care they receive, and whether they can afford the care that they need. This information will help in planning health care services and finding ways to lower costs of care.) (CONTINUE WITH BOX I BELOW.)

I	**(READ ALOUD TO EVERYONE): Most of these next questions refer to the month of (LAST FULL CALENDAR MONTH) (rather than to the past 30 days that were referred to in some earlier questions).**

48. Several government programs provide medical care or help pay medical bills. (HAND ® SHOWCARD 7.) People covered by Medicare have a card that looks like this. (PAUSE) In (MONTH), (were you/was (SAMPLE MEMBER)) covered by Medicare? (Medicare is a health insurance program for persons 65 and older and for certain disabled persons.)

YES ---------- 01

NO ---------- 02

→ (TAKE BACK SHOWCARD 7.)

49. In (MONTH), (were you/was (SAMPLE MEMBER)) covered by Medicaid or (Medical Assistance/CAL.-KAN.-AZ. NAME)? (Medicaid or (Medical Assistance/CAL.-KAN.-AZ. NAME) is a public assistance program that pays for medical care.)

YES ---------- 01

NO ---------- 02

50. In (MONTH), (were you/was (SAMPLE MEMBER)) covered by CHAMPUS, CHAMPVA, the VA, or military health care? (These programs cover active duty and retired career military personnel and their dependents and survivors and also disabled veterans and their dependents and survivors.)

YES ---------- 01

NO ---------- 02

51. Health insurance can also be obtained through a current or former employer or union or by paying premiums directly to a private health insurance company or to a health maintenance organization. (Were you/Was (SAMPLE MEMBER)) covered by private health insurance or by membership in a health maintenance organization (you/(s)he/someone in the family) purchased this way or by health insurance provided by a current or former employer or union in (MONTH)?

YES ---------- 01

NO ---------- 02 → (SKIP TO Q.55)

52. Was (your/(SAMPLE MEMBER's)) private health insurance coverage provided by a plan in (your/(SAMPLE MEMBER's)) own name or in the name of some other family member?

YES ---------- 01

NO ---------- 02 → (SKIP TO Q.54)

53. Was this private health insurance plan offered through (your/(SAMPLE MEMBER's)) current or former employer or union or through the current or former employer or union of some other family member?

YES ---------- 01

NO ---------- 02

54. Did (your/(SAMPLE MEMBER's)) private health insurance plan or health maintenance organization include coverage for treatment for any of the following conditions? (READ ALL CATEGORIES.)

	YES	NO
a. Alcohol abuse or alcoholism?	01	02
b. Drug abuse?	01	02
c. Mental or emotional difficulties?	01	02

(55.) (WHO ANSWERED MOST OF THE QUESTIONS ABOUT (SAMPLE MEMBER'S) HEALTH INSURANCE?)

SAMPLE MEMBER ---------- 01

PROXY (SPECIFY RELATIONSHIP TO SAMPLE MEMBER): _____ 02

(DIRECT Q.56 - Q.60 AT SAMPLE MEMBER HIM/HERSELF. ACCEPT PROXY'S ANSWERS ABOUT SAMPLE MEMBER ONLY IF NECESSARY.)

56. Now we would like to get some information about (your/(SAMPLE MEMBER's)) employment. Did you have a job or business in (MONTH)?

YES ---------- 01

NO ---------- 02 → (SKIP TO Q.58)

57. How many hours total did you work at all jobs in (MONTH)? (A typical full-time job requires 35 or more hours each week.)

NUMBER OF HOURS ® WORKED IN (MONTH) ---- [ ]

58. Were you working for an employer or were you self-employed in (MONTH)? (Examples of self-employment include working in your own business, professional practice, or farm.)

® WORKED ONLY FOR AN EMPLOYER ---------- 01

® WAS SELF-EMPLOYED ONLY ---------- 02

® WAS SELF-EMPLOYED AND WORKING FOR EMPLOYER ---- 03

® DID NOT WORK DURING (MONTH) ---------- 04 → (SKIP TO Q.60)

59. How much income did you personally receive in (MONTH), before deductions, from all your jobs and from your own self-employment? Include any tips, bonuses, overtime pay, or commissions. For self-employment, report net income, after business expenses. (For farms, include any earnings as a tenant farmer or sharecropper.)

®'S INCOME FROM ALL JOBS
AND SELF-EMPLOYMENT ---------- $ [ ] .00

60. Now think about the past 12 months, since (MONTH) of 1993 up to now. How many weeks in the past 12 months did you either have a job or were you self-employed? (There were 52 weeks in that 12 months.) (IF "NONE," ENTER ZERO.)

NUMBER OF WEEKS ® HAD A JOB/
WAS SELF-EMPLOYED ---------- [ ] → (READ BOX J)

J	**(READ ALOUD TO EVERYONE): As in the last few questions about your employment, now I'm going to ask several questions that apply only to you, (SAMPLE MEMBER'S NAME), and not to anyone else living here.**

61. Now, I would like for you to think about the month of (LAST FULL CALENDAR MONTH) again. In (MONTH), did (you/(SAMPLE MEMBER)) receive Social Security or Railroad Retirement payments? (Social Security checks are either automatically deposited in the bank or mailed to arrive on about the 3rd of every month. If mailed, they are sent in a gold-colored envelope.)

YES ---------- 01

NO ---------- 02 → (SKIP TO Q.63)

62. How much income did (you/(SAMPLE MEMBER)) receive in (MONTH) from Social Security or Railroad Retirement?

®'S INCOME FROM SOCIAL SECURITY/
RAILROAD RETIREMENT ---------- $ [_____] .00

63. In (MONTH), did (you/(SAMPLE MEMBER)) receive Supplemental Security Income or SSI? (Federal SSI checks are either automatically deposited in the bank or mailed to arrive on the first of every month. If mailed, they are sent in a blue-colored envelope.)

YES ---------- 01

NO ---------- 02 → (SKIP TO Q.65)

64. How much income did (you/(SAMPLE MEMBER)) receive in (MONTH) from Supplemental Security Income or SSI?

®'S INCOME FROM SUPPLEMENTAL
SECURITY INCOME (SSI) ---------- $ [_____] .00

65. In (MONTH), did (you/(SAMPLE MEMBER)) receive public assistance or welfare payments from the State or local welfare office? Do not include SSI.

YES ---------- 01

NO ---------- 02 → (SKIP TO Q.68)

66. Did (you/(SAMPLE MEMBER)) receive Aid to Families with Dependent Children, sometimes called AFDC or ADC, or was it some other type of assistance payments in (MONTH)?

AFDC/ADC ---------- 01

OTHER ---------- 02

BOTH ---------- 03

67. How much income did (you/(SAMPLE MEMBER)) receive from public assistance or welfare in (MONTH)?

®'S INCOME FROM PUBLIC ASSISTANCE
OR WELFARE ---------- $ [_____] .00

68. In (MONTH), did (you/(SAMPLE MEMBER)) have money in any kind of savings or other bank account that earned interest or did you receive dividend income from stocks or mutual funds or income from rental property, royalties, estates, or trusts? (Include money market funds, treasury notes, IRA's or certificates of deposit, interest earning checking accounts, bonds, or any other investments that earn interest.)

YES ---------- 01

NO ---------- 02 → (SKIP TO Q.70)

69. What is your best estimate of the total amount of this type of income that (you/(SAMPLE MEMBER)) earned in (MONTH)?

®'S INCOME FROM INTEREST, DIVIDENDS, RENTS, ROYALTIES, TRUSTS, ETC. ---------- $ [ ] .00

70. In (MONTH), did (you/(SAMPLE MEMBER)) receive any child support payments?

YES ---------- 01

NO ---------- 02 → (SKIP TO Q.72)

71. What was the total amount of child support payments (you/(SAMPLE MEMBER)) received in (MONTH)?

®'S INCOME FROM CHILD SUPPORT PAYMENTS ---------- $ [ ] .00

72. In (MONTH), did (you/(SAMPLE MEMBER)) receive income from any other sources, such as Veterans Administration payments, workers or unemployment compensation, alimony, other disability, retirement or survivor pension (other than Social Security or Railroad Retirement)? Do not include lump sum payments, such as money from an inheritance or the sale of a home.

YES ---------- 01

NO ---------- 02 → (SKIP TO BOX K.)

73. How much income did (you/(SAMPLE MEMBER)) receive in (MONTH) from all other sources?

®'S INCOME FROM ALL "OTHER" SOURCES ---------- $ [ ] .00

K	DOES ® HAVE ANY FAMILY MEMBERS LIVING IN THIS RESIDENCE?
	YES ---------- 01 → (ASK Q.74, NEXT PAGE.)
	NO ---------- 02 → (SKIP TO Q.90, PAGE 58.)

74. (Besides (yourself/(SAMPLE MEMBER)), did any other family member living here receive any income in (MONTH) from jobs or self-employment?

YES ---------- 01

NO ---------- 02 → (SKIP TO Q.76)

75. How much income in (MONTH) was received from jobs or self-employment by all members of the family, before deductions? Include any tips, bonuses, overtime pay, or commissions. For self-employment, report net income, after business expenses.

TOTAL FAMILY INCOME FROM JOBS
AND SELF-EMPLOYMENT ---------- $ [_____] .00

76. (Besides (yourself/(SAMPLE MEMBER)), in (MONTH), did any other family member living here receive Social Security or Railroad Retirement payments? (Social Security checks are either automatically deposited in the bank or mailed to arrive on the 3rd of every month. If mailed, they are sent in a gold-colored envelope.)

YES ---------- 01

NO ---------- 02 → (SKIP TO Q.78)

77. How much income did everyone in your family receive in (MONTH) from Social Security or Railroad Retirement?

TOTAL FAMILY INCOME FROM SOCIAL
SECURITY OR RAILROAD RETIREMENT - - $ [_____] .00

78. (Besides (yourself/(SAMPLE MEMBER)), in (MONTH), did any other family member living here receive Supplemental Security Income or SSI? (Federal SSI checks are either automatically deposited in the bank or mailed to arrive on the first of every month. If mailed, they are sent in a blue-colored envelope.)

YES ---------- 01

NO ---------- 02 → (SKIP TO Q.80)

79. How much income did everyone in your family receive in (MONTH) from Supplemental Security Income or SSI?

TOTAL FAMILY INCOME FROM SUPPLE-
MENTAL SECURITY INCOME (SSI) ---------- $ [_____] .00

80. (Besides (yourself/(SAMPLE MEMBER)), in (MONTH), did any other family member living here receive public assistance or welfare payments from the State or local welfare office? Do not include SSI.

YES ---------- 01

NO ---------- 02 → (SKIP TO Q.83)

81. Did anyone in the family receive Aid to Families with Dependent Children, sometimes called AFDC or ADC, or was it some other type of assistance payments in (MONTH)?

AFDC/ADC ---------- 01

OTHER ---------- 02

BOTH ---------- 03

82. How much income did everyone in your family receive from public assistance or welfare in (MONTH)?

TOTAL FAMILY INCOME FROM PUBLIC
ASSISTANCE OR WELFARE ---------- $ [_____] .00

83. (Besides (yourself/(SAMPLE MEMBER)), in (MONTH), did any other family member living here have money in any kind of savings or other bank account that earned interest or did anyone receive dividend income from stocks or mutual funds or income from rental property, royalties, estates, or trusts? (Include money market funds, treasury notes, IRA's or certificates of deposit, interest earning checking accounts, bonds, or any other investments that earn interest.)

YES ---------- 01

NO ---------- 02 → (SKIP TO Q.85)

84. What is your best estimate of the total amount that everyone in your family earned from interest, dividends, net rental property income, royalties, estates, or trusts in (MONTH)?

TOTAL FAMILY INCOME FROM INTEREST,
DIVIDENDS, RENTS, ROYALTIES, TRUSTS $ [_____] .00

85. (Besides (yourself/(SAMPLE MEMBER)), in (MONTH), did any other family member living here receive child support payments?

YES ---------- 01

NO ---------- 02 → (SKIP TO Q.87)

86. How much did everyone in your family receive from child support payments in (MONTH)?

TOTAL FAMILY INCOME FROM CHILD
SUPPORT PAYMENTS ---------- $ [_____] .00

87. (Besides (yourself/(SAMPLE MEMBER)), in (MONTH)), did any other member of your family living here receive income from any other sources, such as Veterans Administration payments, workers or unemployment compensation, alimony, other disability retirement or survivor pension (other than Social Security or Railroad Retirement)? Do not include lump sum payments, such as money from an inheritance or the sale of a home.

YES ---------- 01

NO ---------- 02 → (SKIP TO Q.89)

88. How much income did everyone in your family receive in (MONTH) from all other sources?

TOTAL FAMILY INCOME FROM ALL "OTHER" SOURCES ---------- $ [_____] .00

(89.) (WHO ANSWERED MOST OF THE QUESTIONS ABOUT TOTAL FAMILY INCOME SOURCES AND AMOUNTS?)

SAMPLE MEMBER ---------- 01

PROXY (SPECIFY RELATIONSHIP TO SAMPLE MEMBER): _____ 02

90. In (MONTH), did (you/anyone in your family living here) receive food stamps?

YES ---------- 01

NO ---------- 02 → (SKIP TO Q.93)

91. Including yourself, others in your family, and non-family members living here, how many people in this household were included in the food stamp allotment during (MONTH)?

NUMBER OF PEOPLE INCLUDED IN ALLOTMENT ------- [_____]

92. What was the total value of the food stamp allotment received by this household during (MONTH)?

TOTAL VALUE OF FOOD STAMPS ---------- $ [_____] .00

93. (RECORD THE TIME HERE.)

TIME WHEN REACHED THIS POINT --------- [_____] : [_____]
HOUR MIN.

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

P.M. ---------- 02

(THANK ®. BE SURE YOU HAVE ALL CARDS.)

(READ ALOUD TO ALL ®s):

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 CORRECT LABEL OFF SCREENING FORM. PLACE IT ON VERIFICATION FORM. PRINT F.I. NAME AND ID # ON VERIFICATION FORM.)

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 address and home 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 completing the verification form, 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-8**.)

FIELD INTERVIEWER OBSERVATIONS

FI-1. Sign your name and record your field interviewer identification number.

F.I. SIGNATURE: _____

F.I. ID #: ---------- [_____]

FI-2. 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-3. How cooperative has the respondent been?

Very cooperative ---------- 01
Fairly cooperative ---------- 02
Not very cooperative ---------- 03
Openly hostile ---------- 04

FI-4. Indicate on this scale of 01 through 09 how private the interview was. (IF COMPLETELY PRIVATE, CIRCLE CODE 01 AND SKIP TO Q.FI-6.)

Completely private--no one was in the room or could overhear any part of the interview ---------- 01 → (SKIP TO Q.FI-6)
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-5. 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-6. Who marked the responses on the Answer Sheets? (CIRCLE ONLY ONE NUMBER.)

Respondent marked ALL the Answer Sheet responses ---------- 01 → (SKIP TO FI-8)

Interviewer marked ALL the Answer Sheet responses ---------- 02

Combination - Ⓡ marked some answers, F.I. marked others ---------- 03

FI-7. Why did you mark the respondent's answers on the answer sheet(s)?

_____

_____

_____

_____ [ ][ ][ ]
(OFFICE USE)

FI-8. Please write a note about anything else you think will be helpful for the interpretation and understanding of this interview.

_____

_____

_____

_____ [ ][ ][ ]
(OFFICE USE)

[COMPLETE POST-INTERVIEW PROCEDURES. SEE NEXT PAGE.]

COMPLETE THE EDIT CHECKLIST FOR SCREENING AND INTERVIEWING, ESPECIALLY NOTING THE FOLLOWING POST-INTERVIEW CHECKS:

A. IF ONLY ONE HU/GQU 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. VERIFY THAT CORRECT INFORMATION IS ENTERED IN SCREENING FORM "RECORD OF CALLS" (SECTION J/SECTION N) AND THAT PROPER CODES ARE CIRCLED IN "RESULT CODES" BOXES (SECTION H/SECTION L).

D. TRANSFER STATUS CODE(S), HU/GQU TYPE, AND ROSTER NUMBER(S) TO ACF FORM.

E. ASK Ⓡ FOR THE LARGE ENVELOPE WITH 18 ANSWER SHEETS IN IT, PLACE THE SCREENING FORM AND THIS QUESTIONNAIRE IN IT, AND SEAL THE ENVELOPE WITH THE "CONFIDENTIAL" TAPE.

F. ASK Ⓡ FOR THE SMALL ENVELOPE. THANK Ⓡ AGAIN FOR PARTICIPATING. (INVITE Ⓡ TO GO WITH YOU TO THE NEAREST MAILBOX.)

G. MAIL BOTH ENVELOPES IMMEDIATELY.