

**National Household Survey on
Drug Abuse, 2000**

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

Computer-Assisted Interview Showcard Booklet

2000 NHSDA

SHOWCARD BOOKLET

RESEARCH TRIANGLE INSTITUTE



_____, 2000

Dear Resident:

To better serve all segments of the American population, the United States Department of Health and Human Services (DHHS) is conducting a national survey on health-related issues (OMB Approval No. 0930-0110). Along with more than 200,000 other residences, your household was randomly selected for participation in the study. Research Triangle Institute (RTI) is under contract with DHHS to conduct the survey, and soon one of their professional field interviewers will be in your neighborhood to provide you with more information.

When the RTI representative arrives, please ask to see his or her personal identification card. (An example of the ID card is shown below.) He or she will ask a few preliminary questions, and then may ask one or possibly two members of your household to participate in a voluntary interview. It is also possible no one from your household will be asked to participate.

Feel free to ask the RTI representative any questions you may have about the study. This survey is covered by a confidentiality certificate issued by the government authorizing us to protect the confidentiality of any information you provide to us. In fact, this letter is addressed to "Resident" because the initial selection is made by address, and we are unaware of your name.

Your help is extremely important to the success of this study, and we thank you in advance for your cooperation.

Sincerely yours,

Project Officer, DHHS

National Field Director, RTI

	NATIONAL STUDY conducted for the U.S. Department of Health and Human Services	
	Issued by: RESEARCH TRIANGLE INSTITUTE Research Triangle Park, NC	
ID:	Project Personnel Identification	
[PHOTO HERE]	Name:	
	Signature:	
	Issue Date:	Expiration Date:
	Certified by:	

Assigned Field Representative

STATEMENT OF CONFIDENTIALITY

Your residence is among several from this area that have been randomly selected for the 2000 National Household Survey on Drug Abuse. The Substance Abuse and Mental Health Services Administration, which is part of the U.S. Department of Health and Human Services, is collecting information about tobacco, alcohol, and drug usage in the United States, certain illegal behaviors, mental health, and other health-related issues. Your participation in this survey provides the Federal Government with its main source of information on drug experience, knowledge, and attitudes. The Substance Abuse and Mental Health Services Administration uses the statistics for important research and management purposes.

The purpose of this document is to assure you that Research Triangle Institute, the organization under contract to the Federal Government to collect the data for this survey, will handle all information you provide in the strictest confidence and will not release any portion to unauthorized personnel. Your name will never be recorded on the interview, and will not be directly associated with information you provide about any drug experience, knowledge and attitudes. The Federal Government has issued a Confidentiality Certificate to the researchers who are conducting this study, which authorizes us to protect the privacy of individuals who are the subjects of this study by withholding their names and other identifying characteristics from all persons not connected with the conduct of this study.

The average time required to participate in this study varies. The screening questions take just a few minutes. If you are selected for an interview, the time is approximately one hour. We recontact a small number of those who complete the interview and ask just a few questions to verify the quality of our interviewer's work. This recontact is done either by phone or by mail; thus, at the end of the interview, respondents are asked to provide their telephone number and mailing address. There are no benefits to you for participating in this study and while some of the questions may be sensitive, your participation will not put you at any known risk. You are free to withdraw from this study at any time or to refuse to answer any or all questions.

If you have questions about the study, you may phone _____, the NHSDA Project Representative, at _____. If you have questions related to your rights as a survey respondent, you may contact _____, the representative for the Committee for the Protection of Human Subjects, at _____. You can also visit the project Website: <http://nhsdaweb.rti.org/> for more information.

We thank you for your cooperation and time.

National Field Director

FEDERAL CONFIDENTIALITY CERTIFICATE
AMENDMENT NO. 4



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Institutes of Health
National Institute on Drug Abuse
Bethesda, Maryland 20892
Office of the Director

AMENDMENT NO. 04

CONFIDENTIALITY CERTIFICATE
No. DA-91-83

EMPLOYEES OF THE RESEARCH TRIANGLE INSTITUTE
AND OTHER PARTICIPANTS

conducting research known as

"NATIONAL HOUSEHOLD SURVEY ON DRUG ABUSE"

In accordance with the provisions of section 301(d) of the Public Health Service Act (42 U.S.C. § 241(d)) this Amendment to the original Certificate dated August 1991, is issued in response to the request of the Principal Investigator, _____, Survey Research Division, Research Triangle Institute, P.O. Box 12194, Research Triangle Park, North Carolina 27709, to protect the privacy of research subjects by withholding their identities from all persons not connected with the research. _____ is primarily responsible for the conduct of this research.

Under the authority vested in the Secretary of Health and Human Services by that section, all persons who--

1. are employed by the Research Triangle Institute and its contractor and cooperating agencies including the Office of Applied Studies (OAS), Substance Abuse and Mental Health Services Administration (SAMHSA); and
2. have, in the course of that employment, access to information which would identify individuals who are the subjects of a research project referred to as "National Household Survey on Drug Abuse,"

are hereby authorized to protect the privacy of the individuals who are the subjects of that research by withholding their names and other identifying characteristics from all persons not connected with the conduct of that research.

The purpose and all other aspects of this research project remain unchanged. The purpose of the amendment is to extend the expiration date from the end of December 1999 to the end of December 2000. The Principal Investigator has requested the extension in accordance with section 301(d) of the Public Health Service Act (42 U.S.C. 241(d)).

Date: 11/5/99 _____

FEDERAL CONFIDENTIALITY CERTIFICATE
ORIGINAL



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
NATIONAL INSTITUTE ON DRUG ABUSE

CONFIDENTIALITY CERTIFICATE
No. DA-91-83

Alcohol, Drug Abuse and
Mental Health Administration
Rockville MD 20857

Office of the Director

issued to

EMPLOYEES OF THE RESEARCH TRIANGLE INSTITUTE
AND OTHER PARTICIPANTS

conducting research known as

"NATIONAL HOUSEHOLD SURVEY ON DRUG ABUSE"

In accordance with the provisions of section 301(d) of the Public Health Service Act (42 U.S.C. § 241(d)) this Certificate is issued in response to the request of the Principal Investigator, _____, Center for Survey Research, Research Triangle Institute, P.O. Box 12194, Research Triangle Park, North Carolina 27709, to protect the privacy of research subjects by withholding their identities from all persons not connected with the research. _____ is primarily responsible for the conduct of this research.

Under authority vested in the Secretary of Health and Human Services under that section, all persons who -

1. are employed by the Research Triangle Institute and its contractors and cooperating agencies; and
2. have, in the course of that employment, access to the information which would identify individuals who are the subjects of a research project entitled "National Household Survey on Drug Abuse,"

are hereby authorized to protect the privacy of the individuals who are the subjects of that research by withholding their names and other identifying characteristics from all persons not connected with the conduct of that research.

The researchers will conduct in-person interviews with all selected eligible individuals as well as gather hair samples from a subsample of respondents. Interviews will be conducted in the private homes of the selected individuals. The goals of the research study are to: (1) estimate the extent of drug abuse across the various population groups studied; (2) estimate the sizes of the various drug abusing groups, such as crack and intravenous drug users; and (3) determine among current drug users frequency of use, amount of use, financial cost of use, and perceptions of risk.-2-

As provided in section 301(d) of the Public Health Service Act (42 U.S.C. 241(d)):

"Persons so authorized to protect the privacy of such individuals may not be compelled in any Federal, State, or local civil, criminal, administrative, legislative, or other proceedings to identify such individuals."

This authorization is applicable to all information obtained pursuant to the research project entitled, "National Household Survey on Drug Abuse," which would identify the individuals who are the respondents in the research conducted under that research project.

This Certificate does not represent an endorsement of the research project by the Department of Health and Human Services.

The Certificate is effective upon date of the commencement of the research project and will expire at the end of October 1993. The protection afforded by this Confidentiality Certificate is permanent with respect to subjects who participate in the research during any time the Certificate is in effect.

Date: 8/14/91

INTRODUCTION AND INFORMED CONSENT FOR SAMPLE MEMBERS AGE 18 OR OLDER

IF INTERVIEW RESPONDENT IS NOT SCREENING RESPONDENT, INTRODUCE YOURSELF AND STUDY AS NECESSARY: 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.)

We are interviewing approximately 70,000 individuals across the nation. You have been selected to participate in the study, based on scientific sampling procedures. Your responses will represent the views of approximately 3,100 Americans. Participation is voluntary, but we cannot substitute anyone if you decide not to participate.

The study collects information on use of alcohol, tobacco, drugs, and certain illegal behaviors, as well as mental health and other health-related issues 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. (GIVE RESPONDENT STATEMENT OF CONFIDENTIALITY.) Please read this statement. It describes the measures being taken to ensure the confidentiality of your responses, which are protected by a Federal Confidentiality Certificate. The Federal Government has issued a Confidentiality Certificate to the researchers who are conducting this study which authorizes us to protect the privacy of individuals who are subjects of this study. While some of the questions may be sensitive, your participation will not put you at any known risk, and your truthful responses will be of great value.

We also would 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.

INTRODUCTION AND INFORMED CONSENT FOR SAMPLE MEMBERS 12-17 YEARS OLD

INTRODUCE YOURSELF TO THE PARENT IF NECESSARY: 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.)

OBTAIN PERMISSION FROM THE PARENT: Your (AGE) year-old child has been selected to participate. (He/she) was selected based on scientific sampling procedures so that the answers your child provides will represent those of over 1,000 other youths. Participation is voluntary, but 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. To protect the confidentiality of your child's answers, you will not be permitted to see (his/her) completed survey. The study collects information about use of alcohol, tobacco, drugs, and certain illegal behaviors, as well as mental health and other health-related issues for the nation as a whole. 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 PARENTAL PERMISSION, OBTAIN PERMISSION FROM THE 12-17 YEAR-OLD
SELECTED 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 LEAD LETTER.)

We are interviewing approximately 70,000 individuals across the nation. You have been selected to participate in the study, based on scientific sampling procedures. Your responses will represent the views of over 1,000 American youths. Your participation is voluntary, but we cannot substitute anyone else if you decide not to participate. If you agree to take part, you have the right to skip any questions without consequences.

The study collects information on use of alcohol, tobacco, drugs, and certain illegal behaviors, as well as mental health and other health-related issues 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. (GIVE RESPONDENT STATEMENT OF CONFIDENTIALITY.) This statement describes the measures being taken to ensure the confidentiality of your responses, which are protected by a Federal Confidentiality Certificate. The Federal Government has issued a Confidentiality Certificate to the researchers who are conducting this study which authorizes us to protect the privacy of individuals who are subjects of this study. Your parents or school will never see your answers; only the researchers connected with the study (and they don't know your name). While some of the questions may be sensitive, your participation will not put you at any known risk, and your truthful responses will be of great value.

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

SHOWCARD 1

- 1 MEXICAN, MEXICAN AMERICAN, MEXICANO
OR CHICANO
- 2 PUERTO RICAN
- 3 CENTRAL OR SOUTH AMERICAN
- 4 CUBAN OR CUBAN AMERICAN

SHOWCARD 2

- 1 WHITE
- 2 BLACK OR AFRICAN AMERICAN
- 3 AMERICAN INDIAN OR ALASKA NATIVE
(INCLUDING: NORTH AMERICAN, CENTRAL AMERICAN, AND
SOUTH AMERICAN INDIANS)
- 4 NATIVE HAWAIIAN
- 5 OTHER PACIFIC ISLANDER
- 6 ASIAN (INCLUDING: ASIAN INDIAN, CHINESE, FILIPINO,
JAPANESE, KOREAN, VIETNAMESE, AND OTHER ASIAN)

SHOWCARD 3

- 1 ASIAN INDIAN
- 2 CHINESE
- 3 FILIPINO
- 4 JAPANESE
- 5 KOREAN
- 6 VIETNAMESE

SHOWCARD 4

0 NEVER ATTENDED SCHOOL

PRIMARY AND SECONDARY GRADES:

- 1 1ST GRADE COMPLETED
- 2 2ND GRADE COMPLETED
- 3 3RD GRADE COMPLETED
- 4 4TH GRADE COMPLETED
- 5 5TH GRADE COMPLETED
- 6 6TH GRADE COMPLETED
- 7 7TH GRADE COMPLETED
- 8 8TH GRADE COMPLETED
- 9 9TH GRADE COMPLETED
- 10 10TH GRADE COMPLETED
- 11 11TH GRADE COMPLETED
- 12 12TH GRADE COMPLETED

COLLEGE OR UNIVERSITY:

- 13 1ST YEAR COMPLETED
- 14 2ND YEAR COMPLETED
- 15 3RD YEAR COMPLETED
- 16 4TH YEAR COMPLETED
- 17 5TH OR HIGHER YEAR COMPLETED

CARD A

Pain Relievers

1

Darvocet®

Darvon®

Tylenol® with Codeine

2

Percocet®

Percodan®

Tylox®

3

Vicodin®

Lortab®

Lorcet®/Lorcet Plus®

4

Codeine

5

Demerol®

6

Dilaudid®

7

Fioricet®

8

Fiorinal®

9

Hydrocodone

10

Methadone

11

Morphine

12

Oxycontin®

13

Phenaphen® with Codeine

14

Propoxyphene

15

SK-65®

16

Stadol®

17

Talacen®

18

Talwin®

19

Talwin NX®

20

Tramadol

21

Ultram®

CARD B Tranquilizers

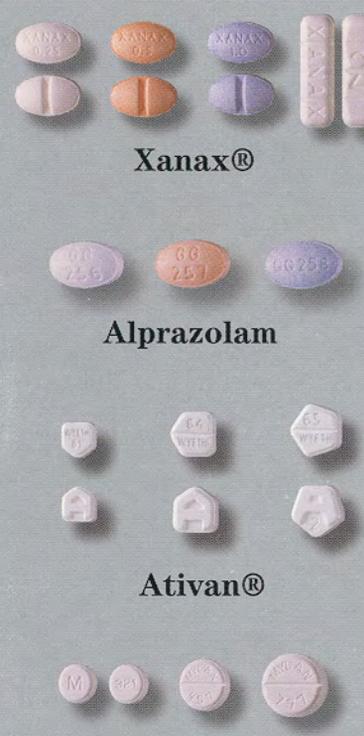
1



Klonopin®

Clonazepam

2



Xanax®

Alprazolam

Ativan®

Lorazepam

3



Valium®

Diazepam

4



Atarax®

8



Librium®

13



Serax®

5



BuSpar®

9



Limbitrol®

14



Soma®

6



Equanil®

10



Meprobamate

15



Tranxene®

7



Flexeril®

11



Miltown®

16



Vistaril®

CARD C

Stimulants

1

(picture not available)
Methamphetamine
("speed" or "ice" or
"crank")



Desoxyn®

(picture not available)
Methedrine

2

Amphetamines



Benzedrine®



Biphetamine®



Fastin®



Phentermine



3



Ritalin®



Methylphenidate

4



Cylert®

8



Eskatrol®

12



Plegine®

5



Dexedrine®

9



Ionamin®

13



Preludin®

6

Dextroamphetamine

10



Mazanor®

14



Sanorex®

7



Didrex®

11

Obedrin-LA®

15



Tenuate®

CARD D Sedatives

1

(picture not available)
Methaqualone
(includes Sopor®,
Quaalude®)

2



Nembutal®

(picture not available)
Pentobarbital



Seconal®

(picture not available)
Secobarbital

(picture not available)
Butalbital

3



Restoril®



Temazepam

4



Amytal®

7



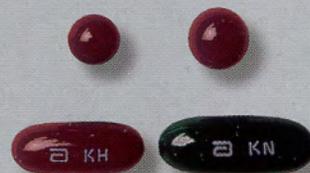
Dalmane®

8



Halcion®

10



Placidyl®

5



Butisol®

6

Chloral Hydrate

9



Phenobarbital

11



Tuinal®

SHOWCARD 5

PRIMARY AND SECONDARY GRADES:

- 1 1ST GRADE
- 2 2ND GRADE
- 3 3RD GRADE
- 4 4TH GRADE
- 5 5TH GRADE
- 6 6TH GRADE
- 7 7TH GRADE
- 8 8TH GRADE
- 9 9TH GRADE
- 10 10TH GRADE
- 11 11TH GRADE
- 12 12TH GRADE

COLLEGE OR UNIVERSITY:

- 13 1ST YEAR
- 14 2ND YEAR
- 15 3RD YEAR
- 16 4TH YEAR
- 17 5TH YEAR OR HIGHER

SHOWCARD 6

- 1 SCHOOL WAS BORING OR I DIDN'T WANT TO BE THERE
- 2 I GOT PREGNANT
- 3 I GOT IN TROUBLE OR EXPELLED FOR SELLING DRUGS
- 4 I GOT IN TROUBLE OR EXPELLED FOR USING DRUGS
- 5 I GOT IN TROUBLE OR EXPELLED FOR SOME OTHER REASON
- 6 I OFTEN GOT INTO TROUBLE
- 7 I HAD TO GET A JOB (OR WORK MORE HOURS)
- 8 I WAS GETTING BAD GRADES
- 9 I WASN'T LEARNING ANYTHING
- 10 I GOT MARRIED OR MOVED IN WITH MY
BOYFRIEND / GIRLFRIEND
- 11 I MOVED HERE FROM ANOTHER COUNTRY AND DIDN'T ENROLL IN
SCHOOL (OR DROPPED OUT OF SCHOOL) BECAUSE OF LANGUAGE
OR OTHER PROBLEMS
- 12 I WAS TREATED BADLY AT SCHOOL
- 13 I BECAME ILL OR INJURED
- 14 I WENT TO JAIL / PRISON
- 15 I HAD RESPONSIBILITIES AT HOME OR PERSONAL
PROBLEMS

SHOWCARD 7

- 1 MANUFACTURING
- 2 WHOLESALE TRADE
- 3 RETAIL TRADE
- 4 AGRICULTURE
- 5 CONSTRUCTION
- 6 SERVICE
- 7 GOVERNMENT

SHOWCARD 8

- 1 PRIVATE **FOR-PROFIT** COMPANY OR BUSINESS
- 2 PRIVATE **NOT-FOR-PROFIT** COMPANY OR BUSINESS
- 3 **LOCAL** GOVERNMENT (CITY, COUNTY, ETC.)
- 4 **STATE** GOVERNMENT
- 5 **FEDERAL** GOVERNMENT
- 6 **INTERNATIONAL OR FOREIGN** GOVERNMENT
- 7 SELF-EMPLOYED IN AN **INCORPORATED** BUSINESS
- 8 SELF-EMPLOYED IN AN **UNINCORPORATED** BUSINESS
- 9 WORKING **WITHOUT PAY** IN A FAMILY BUSINESS OR FARM

SHOWCARD 9

- 1 ON VACATION, SICK, FURLOUGH, STRIKE, OTHER TEMPORARY ABSENCE
- 2 ON LAYOFF AND NOT LOOKING FOR WORK
- 3 ON LAYOFF AND LOOKING FOR WORK
- 4 WAITING TO REPORT TO A NEW JOB
- 5 SELF-EMPLOYED AND DID NOT HAVE ANY BUSINESS LAST WEEK
- 6 GOING TO SCHOOL OR TRAINING

SHOWCARD 10

- 1 UNEMPLOYED OR ON LAYOFF AND
LOOKING FOR WORK
- 2 ON LAYOFF AND NOT LOOKING FOR WORK
- 3 KEEPING HOUSE FULL-TIME
- 4 GOING TO SCHOOL OR TRAINING
- 5 RETIRED
- 6 DISABLED FOR WORK

SHOWCARD 11

- 1 LESS THAN 10 PEOPLE
- 2 10-24 PEOPLE
- 3 25-99 PEOPLE
- 4 100-499 PEOPLE
- 5 500 PEOPLE OR MORE

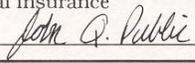
SHOWCARD 12

- 1 SELF
- 2 FATHER
- 3 SON
- 4 BROTHER
- 5 HUSBAND
- 6 UNMARRIED PARTNER
- 7 HOUSEMATE OR ROOMMATE
- 8 SON-IN-LAW
- 9 GRANDSON
- 10 FATHER-IN-LAW
- 11 GRANDFATHER
- 12 BOARDER OR ROOMER
- 13 OTHER RELATIVE
- 14 OTHER NON-RELATIVE

SHOWCARD 13

- 1 SELF
- 2 MOTHER
- 3 DAUGHTER
- 4 SISTER
- 5 WIFE
- 6 UNMARRIED PARTNER
- 7 HOUSEMATE OR ROOMMATE
- 8 DAUGHTER-IN-LAW
- 9 GRANDDAUGHTER
- 10 MOTHER-IN-LAW
- 11 GRANDMOTHER
- 12 BOARDER OR ROOMER
- 13 OTHER RELATIVE
- 14 OTHER NON-RELATIVE

SHOWCARD 14
EXAMPLE MEDICARE CARD

Health  Insurance	
NAME OF BENEFICIARY	
John Q. Public	
CLAIM NUMBER	SEX
000-00-0000-A	Male
IS ENTITLED TO	EFFECTIVE DATE
Hospital Insurance	7-1-66
Medical Insurance	7-1-66
Sign Here 	

SHOWCARD 15

- 1 PRIVATE HEALTH INSURANCE
- 2 MEDICAID OR MEDICAL ASSISTANCE
- 3 MILITARY HEALTH CARE
(*CHAMPUS, TRICARE, CHAMPVA, THE V.A.*)
- 4 MEDICARE
- 5 SOME OTHER GOVERNMENT PROGRAM
- 6 SOME OTHER KIND OF COVERAGE

SHOWCARD 16

- 1 PERSON IN FAMILY WITH HEALTH INSURANCE
LOST JOB OR CHANGED EMPLOYERS
- 2 LOST MEDICAID OR MEDICAL ASSISTANCE
COVERAGE BECAUSE OF NEW JOB OR INCREASE
IN INCOME
- 3 LOST MEDICAID OR MEDICAL ASSISTANCE
COVERAGE FOR SOME OTHER REASON
- 4 COST IS TOO HIGH / CAN'T AFFORD PREMIUMS
- 5 BECAME INELIGIBLE BECAUSE OF AGE OR
LEAVING SCHOOL
- 6 EMPLOYER DOES NOT OFFER COVERAGE, OR
NOT ELIGIBLE FOR COVERAGE
- 7 GOT DIVORCED OR SEPARATED FROM PERSON
WITH INSURANCE
- 8 DEATH OF SPOUSE OR PARENT
- 9 INSURANCE COMPANY REFUSED COVERAGE
- 10 DON'T NEED IT

SHOWCARD 17

- 1 COST IS TOO HIGH / CAN'T AFFORD PREMIUMS
- 2 EMPLOYER DOES NOT OFFER COVERAGE, OR NOT ELIGIBLE FOR COVERAGE
- 3 INSURANCE COMPANY REFUSED COVERAGE
- 4 DON'T NEED IT

SHOWCARD 18

1	LESS THAN \$1,000 (INCLUDING LOSS)
2	\$1,000 - \$1,999
3	\$2,000 - \$2,999
4	\$3,000 - \$3,999
5	\$4,000 - \$4,999
6	\$5,000 - \$5,999
7	\$6,000 - \$6,999
8	\$7,000 - \$7,999
9	\$8,000 - \$8,999
10	\$9,000 - \$9,999
11	\$10,000 - \$10,999
12	\$11,000 - \$11,999
13	\$12,000 - \$12,999
14	\$13,000 - \$13,999
15	\$14,000 - \$14,999
16	\$15,000 - \$15,999
17	\$16,000 - \$16,999
18	\$17,000 - \$17,999
19	\$18,000 - \$18,999
20	\$19,000 - \$19,999

SHOWCARD 19

21	\$20,000 - \$24,999
22	\$25,000 - \$29,999
23	\$30,000 - \$34,999
24	\$35,000 - \$39,999
25	\$40,000 - \$44,999
26	\$45,000 - \$49,999
27	\$50,000 - \$74,999
28	\$75,000 OR MORE

STATE NAMES FOR MEDICAID (Question QHI02)

Note: Most states also have the name “*state name* medicaid” such as “Iowa Medicaid.” If no name exists, some Medicaid programs are called “Medical Assistance Program.”

Alabama	Patient 1 st ; BAY Health Plan or BAY Program, SOBRA
Alaska	Medical Assistance Program
Arizona	AHCCCS
Arkansas	ConnectCare
California	Medi-Cal or Medi-Cal Managed Care or The Two-Plan Model
Colorado	Primary Care Physician Program (PCPP); PACE
Connecticut	Connecticut Access
Delaware	Diamond State Health Plan
D.C.	Medical Assistance; HSCSN
Florida	MediPass or Medicaid HMO Program
Georgia	Better Health Care; Georgia Behavioral Health Plan
Hawaii	Hawaii-QUEST
Idaho	Healthy Connections; Medical Assistance
Illinois	MediPlan Plus
Indiana	Hoosier Healthwise
Iowa	Medical Assistance; Health Insurance Premium Payment (HIPP); MediPASS
Kansas	Community Care of Kansas (CCK); HealthConnect; PrimeCare Kansas
Kentucky	Kentucky Patient Access and Care System (KenPAC); Health Care Partnership Plan or The Partnership Program
Louisiana	Louisiana Health Access (LHA); CommunityCARE
Maine	Medical Assistance; PrimeCare
Maryland	Maryland Access to Care , MAC, Medical Assistance Program
Massachusetts	MassHealth; Elder Service Plans; PACE
Michigan	Comprehensive Health Care Plan (CHCP); Physician Sponsor Plan; The Clinic Plan
Minnesota	Prepaid Medical Assistance Program (PMAP) or PMAP+
Mississippi	HealthMACS
Missouri	Missouri Managed Care Plus (MC+); MCPlus
Montana	Montana Mental Health Access Plan; Passport to Health
Nebraska	Medical Assistance Program; Nebraska Health Connection (NHC); Primary Care +
New Hampshire	Medical Assistance Program; Community Care Systems; Capitated Medicaid Managed Care
New Jersey	New Jersey Care 2000; Managed Charity Care Demonstration (MCCD)
New Mexico	The SALUD! Program; Primary Care Network (PCN) Program
New York	Medical Assistance (MA); The Partnership Plan; MAX; PACE; Elderplan
North Carolina	Carolina Access; Carolina Alternatives; Baby Love; Community Alternatives; Health Check; Nursing Home Reform; Drug Use Review (DUR)
North Dakota	Medical Services or North Dakota Access and Care Program (NoDAC)
Ohio	OhioCare; Ohio Medicaid-Managed Care Program; ABC Program
Oklahoma	SoonerCare
Oregon	Oregon Health Plan (OHP)
Pennsylvania	Medical Assistance; Family Care Network; HealthChoices; HealthPass
Rhode Island	Rlte Care
South Carolina	South Carolina Palmetto Health Initiative (PHI); SCHAP; PACE
South Dakota	Medicaid Managed Care Program; Prime; Title 19; Primary Care Provider Program
Tennessee	TennCare
Texas	State of Texas Access Reform (STAR); Star Plus; Lonestar Select
Utah	Family; Pregnant Womens' Program; Newborn; Newborn Plus; Child; Nursing Home Program; Emergency Medicaid; Refugee Medicaid
Vermont	Vermont Health Access Plan (VHAP)
Virginia	Virginia Medallion
Washington	Healthy Options, Basic Health Plus
West Virginia	Medical Assistance
Wisconsin	Medical Assistance Program; Wisconsin Medicaid/HMO Program; PACE

NOTE: Nevada and Wyoming have no special state names for Medicaid programs.

**NON-MEDICAID GOVERNMENT-SPONSORED HEALTH INSURANCE PROGRAMS
(STATE/OTHER or CHIP) for Question QHI05**

FEDERAL:	Indian Health Services
Alabama	Hypertension Program CHIP: AL-Kids, ALL KIDS
Alaska	General Relief Medical (GRM); Chronic and Acute Medical Assistance (CAMA) CHIP: Denali KidCare, AKChip
Arizona	ALTCS; ComCare; Medically Indigent Program CHIP: KidsCare
Arkansas	Arkansas Comprehensive Health Insurance Plan; Kidney Disease Commission CHIP: ARKids First or Child Health Insurance Program
California	Access for Infants & Mothers (AIM); County Medical Services Program (CMSP); Children's Services (CCS); California's children's health, Major Risk Medical Insurance Program (MRMIP) CHIP: Healthy Families Program (HFP)
Colorado	Assistance for AIDS Specific Drugs (AASD) CHIP: Child Health Plan Plus (CHP+), Children's Basic Health Plan
Connecticut	Connecticut Insurance Assistance Program for AIDS Patients (CIAP/AP); ConnTRANS; Healthy Steps; General Assistance Program (GA) CHIP: The HUSKY Plan; HUSKY PLUS, HUSKY Part A; HUSKY Part B
Delaware	Nemours Child Plan CHIP: The Delaware Healthy Children Program (DHCP)
D.C.	Medical Charities Program CHIP: DC Healthy Families
Florida	Florida Health Security (FHS); Statewide Kidney Disease Program CHIP: KidCare
Georgia	AIDS Drug Assistance Program CHIP: PeachCare for Kids
Hawaii	QUEST-Net; HIV Drug Assistance Program CHIP: <i>No program offered</i>
Idaho	Catastrophic Fund CHIP: Children's Health Insurance Program
Illinois	General Assistance Program; State Child and Family Assistance (SCFA); Transitional Assistance CHIP: KidCare
Indiana	ICHIA; Renal Program CHIP: <i>No program offered</i>
Iowa	Home and Community Based Services (HCBS/MR); Caring Program for Children; Iowa coverage for unemployed workers CHIP: Health and Well Kids in Iowa (HAWK-I)
Kansas	Independent Living Program; Medi-KAN CHIP: HealthWave
Kentucky	Kentucky AIDS Drug Assistance Program (KADAP) CHIP: KCHIP or Kentucky Children's Health Insurance Program
Louisiana	Louisiana Health Insurance Association; HIV Formulary CHIP: LACHIP
Maine	Health Program; Elderly Low Cost Drug Program CHIP: Cub Care
Maryland	AIDS Insurance Assistance Program; Kidney Disease Program CHIP: HealthChoice; Maryland Children's Health Program
Massachusetts	Children's Medical Security Plan (CMSP); Medical Security Plan (MSP); CenterCare; Uncompensated Free Care Pool CHIP: Premium Assistance Plan; CommonHealth Program
Michigan	Wayne County Plus Care Program; Children's Hourly In-Home Locally Delivered Services (CHILD); Habilitation/ Support (HCBS) CHIP: MICHild Program
Minnesota	Minnesota General Assistance Medical Care Program-GAMC; MCHA; HIV/AIDS Insurance Program CHIP: Minnesota Care

NON-MEDICAID GOVERNMENT-SPONSORED HEALTH INSURANCE PROGRAMS (CONT'D)

Mississippi	Mississippi Comprehensive Health Insurance Risk Pool CHIP: Mississippi Children's Health Insurance Program (CHIP)
Missouri	General Relief Medical Assistance; MHIP; Kidney Program CHIP: MC+ for Kids
Montana	Montana Comprehensive Health Association (MCHA) CHIP: Montana's CHIP
Nebraska	State Disability Program; Nevada Comprehensive Health Insurance Pool CHIP: Kids Connection
Nevada	CHIP: Nevada Check Up
New Hampshire	CHIP: Healthy Kids Gold, Healthy Kids Silver
New Jersey	HealthStart; AIDS Community Care Alternatives (ACCAP); Home & Community-based Service for Develop-mentally disabled; Medically fragile Children, Persons With Traumatic Brain Injuries; Statewide Respite Care Program; PAAD; ADDP; HAAAD; HCEP; Health Access CHIP: New Jersey KidCare or NJ KidCare- Plan
New Mexico	Comprehensive Health Insurance Pool; Home Delivery Drug Program CHIP: New MexiKids
New York	Home Relief; New York's subsidized insurance CHIP: Child Health Plus CHPlus
North Carolina	Cancer Program; Sickle Cell Syndrome Program; State Kidney Program; HIV Medications Program CHIP: NC Health Choice for Children
North Dakota	Comprehensive Health Association of North Dakota CHIP: Healthy Steps Program
Ohio	PACE; Core; Core Plus; Waiver Program; Facility Based Long-term Care; HCAP CHIP: Healthy Start
Oklahoma	CHIP: Medicaid Expansion
Oregon	Family Health Insurance Assistance Program (FHIAP) CHIP: Medicaid Expansion
Pennsylvania	General Assistance Medical Program; PACE; SPBP CHIP: Pa CHIP
Rhode Island	General Public Assistance (GPA) Medical Program; RIPAE CHIP: Medicaid Rite Care Program Expansion
South Carolina	South Carolina Health Insurance Pool CHIP: Partners for Healthy Children
South Dakota	Catastrophic County-Poor Relief Program CHIP: Children's Health Insurance Program (CHIP)
Tennessee	Tennessee Renal Disease Program CHIP: <i>No program offered</i>
Texas	Chronically Ill and Disabled Children Program (CIDC); Division of Kidney Health Care Program; AIDS/STD Medication Program CHIP: Texas CHIP
Utah	Utah Medical Assistance Program (UMAP); Custody Medical Care Program; Subsidized Adoption Assistance; Aged, Blind, or Disabled; Home and Community Based Waiver Program; HIV/AIDS Drug Therapy; UHIP CHIP: Childrens Health Insurance Program
Vermont	General Assistance Medical Program; Vscript CHIP: Dr. Dynasaur
Virginia	State and Local Hospitalization (SLH) Program; Caring Program for Children CHIP: Children's Medical Security Insurance Plan (CMSIP)
Washington	General Assistance Unemployable Program (GA-U); State Health Insurance Pool; Medically Indigent Program CHIP: Childrens Health Insurance Program
West Virginia	General Assistance for Disabled Adults; Special Pharmacy Program CHIP: Children's Health Insurance Program (CHIP)
Wisconsin	General Relief Medical CHIP: BadgerCare for Working Families, Childrens Health Insurance Program
Wyoming	Wyoming Health Insurance Pool; Basic Foster Care Program; Minimum Medical Program (MMP) CHIP: <i>No program offered</i>

ENUMERATION RULES

PERSONS WHO ARE NOT TO BE INCLUDED ON ROSTER:

- Persons under the age of 12 at the time of screening
- Persons who are institutionalized at the time of screening
- Persons who will not live at the SDU for most of the time during the quarter

PERSONS WHO ARE TO BE INCLUDED ON ROSTER:

- Persons who will live at the SDU for most of the time during the quarter. (provided they are 12 or older and not institutionalized at the time of screening)

PERSONS ON ACTIVE DUTY IN THE MILITARY/ARMED FORCES:

- Active duty personnel who live at the SDU for half or more of the quarter will be rostered, but then will be eliminated from the roster prior to selection

KNOWN CITIZENS OF FOREIGN COUNTRIES:

- **DO NOT INCLUDE:** -- citizens of foreign countries living on the premises of an Embassy, Ministry, Legation, Chancellery, or Consulate

-- citizens of foreign countries who consider themselves to be just visiting or traveling in the United States (regardless of the length of time they will be staying at the SDU)
- **DO INCLUDE** citizens of foreign countries who are not living on the premises of an Embassy, Ministry, etc., but who are living/studying/working in the United States and who will be living at the SDU for most of the time during the quarter.

2000 NHSDA Result Codes

Pending Screening Codes

Code	Definition	Requires FS Approval	Verification Info Required	Newton Auto Codes
01	No One at DU			
02	Screening Respondent Unavailable			
03	Neighbor Indicates Occupancy			
04	Physically/Mentally Incompetent			
05	Language Barrier (Spanish)			
06	Language Barrier (Other)			
07	Refusal to Screening Questions			
08	Unable to Locate SDU			
09	Other			

Final Screening Codes

Code	Definition	Requires FS Approval	Verification Info Required	Newton Auto Codes
10	Vacant	✓	✓	
11	No One at DU after Repeated Visits	✓		
12	SR Unavailable after Repeated Visits	✓		
13	Not a Primary Residence		✓	
14	Physically/mentally Incompetent	✓		
15	Language Barrier (Spanish)	✓		
16	Language Barrier (Other)	✓		
17	Refusal	✓		
18	Not a Dwelling Unit		✓	
19	GQU Listed as HU			
20	HU Listed as GQU			
21	Denied Access to Building/Complex	✓		
22	DU Contains Only Military Personnel		✓	✓
23	Other	✓		
25	No Eligible SDU Members		✓	✓
26	In DU less than ½ of the Quarter		✓	✓
29	Listing Error	✓		
30	No One Selected for Interview		✓	✓
31	One Selected for Interview			✓
32	Two Selected for Interview			✓

Pending Interview Codes

Code	Definition	Requires FS Approval	Verification Info Required	Newton Auto Codes
50	Appointment for Interview			
51	No One at DU			
52	Respondent Unavailable			
53	Break off (Partial Interview)			
54	Physically/mentally Incompetent			
55	Language Barrier (Spanish)			
56	Language Barrier (Other)			
57	Refusal (By Respondent)			
58	Parental Refusal for 12-17 Year Old			
59	Other			

Final Interview Codes

Code	Definition	Requires FS Approval	Verification Info Required	Newton Auto Codes
70	Interview Complete		✓	
71	No One at Home after Repeated Visits	✓		
72	Respondent Unavailable	✓		
73	Break off (Partial Interview)	✓		
74	Physically/Mentally Incompetent	✓		
75	Language Barrier (Spanish)	✓		
76	Language Barrier (Other)	✓		
77	Final Refusal by Respondent	✓		
78	Parental Refusal for 12-17 Year Old	✓		
79	Other	✓		

Summary of NHSDA Questionnaire

You have asked to know more about the National Household Survey on Drug Abuse (NHSDA) and the types of questions the interviewer will ask. Below is a summary of each section of the questionnaire for you to examine. Keep in mind that not everyone will see every question -- the questions depend on the respondent's own experiences. Furthermore, respondents can always refuse to answer any questions during the interview.

Demographics

This section, administered by the interviewer, consists of questions about the respondent such as his/her date of birth, race, educational background, and health status.

Sample Questions:

- ▶ What is the highest grade or year of school you have completed?
- ▶ Would you say your health in general is excellent, very good, good, fair or poor?

Computer Practice Session

In this section, the interviewer shows the respondent how to use the computer and lets him/her practice using a short practice session.

Cigarettes, Alcohol and Illicit Drugs

For most of the rest of the interview, the respondent answers questions by listening to the questions over the headphones and/or reading the questions on the computer screen, and then entering responses directly using the computer's keyboard. The respondent answers these questions in private, although the interviewer is available to help with the questions or the computer. During this part of the interview, only the respondent can hear and see the questions and see his/her responses.

Tobacco Products and Alcohol

These sections include questions about whether and how often respondents have used cigarettes, chewing tobacco, snuff, cigars, pipe tobacco, and alcoholic beverages such as beer, wine, or liquor.

Sample Questions:

- ▶ Have you **ever** smoked all or part of a cigarette?
- ▶ How old were you the **first time** you used chewing tobacco, even once?
- ▶ What is your best estimate of the number of days you drank alcohol during the past 30 days?

Illicit Drugs

The next sections ask about the respondent's use or non-use of marijuana, heroin, cocaine, hallucinogens, and inhalants; and prescription pain killers, tranquilizers, stimulants, and sedatives when taken only for their effect. Questions about drug dependence and drug treatment are also included in this section.

Sample Questions:

- ▶ Have you ever, even once, used marijuana or hashish?
- ▶ How much do people risk harming themselves physically and in other ways when they use **cocaine once a month**?

Continued →

Adult Social Environment and Mental Health

Respondents 18 and older receive questions about their social experiences such as: availability of illicit drugs, perceptions of their neighborhood, their relationship with their spouse or partner, and in some cases, their experiences as a parent. The mental health questions assess adults' use of services aimed at treating mental health problems.

Sample Questions:

- ▶ How many times **during the past 12 months** have you and your spouse or partner spent an hour or more together doing an activity that you both enjoyed?
- ▶ During the past 12 months, was there any time when you needed mental health treatment or counseling for yourself but **didn't get it**?

Youth Experiences and Mental Health

Youth ages 12-17 participating in the survey are also asked questions about their social experiences such as: perceptions about the effects of using certain drugs; whether getting drugs is difficult or easy; feelings about school and peers; and involvement in clubs, sports, and other extracurricular activities. Questions about mental health cover such topics as nightmares, social anxieties, and treatment for mental health problems.

Sample Questions:

- ▶ During the past 12 months, have you participated in Boy Scouts or Girl Scouts?
- ▶ During the past 12 months, have you **often** felt very nervous when you've had to do things in front of people?
- ▶ During the past 12 months, have you stayed **overnight or longer in any type of hospital** to receive treatment or counseling for emotional or behavioral problems **not** caused by alcohol or drugs?

Health Care & other Demographic Information

In this section, the laptop is handed back to the interviewer, who asks questions about education, health insurance, health care access, and family income information to help in analyzing the data. An adult in the household may be asked to help youth respondents answer some of these questions.

The answers to these questions will help to increase the government's knowledge about health care, especially as it may relate to drug use or treatment. This information will help in planning health care services and finding ways to lower the costs of care.

Sample questions:

- ▶ How many hours did you work last week at all jobs or businesses?
- ▶ In 1999, did you have money in any kind of savings or other bank account that earned interest?
- ▶ Are you currently covered by private health insurance?

Please feel free to ask the interviewer if you have any other questions about the questionnaire.

Thank you for your cooperation and help!

USA TODAY

NO. 1 IN THE USA . . . FIRST IN DAILY READERS

COLLEGE LIFE A WHOLE NEW E-WORLD

STUDENTS
WORK, PLAY,
SHOP, EVEN
BREAK UP ON
LINE. ARE THEY
TOO WIRED? 1B



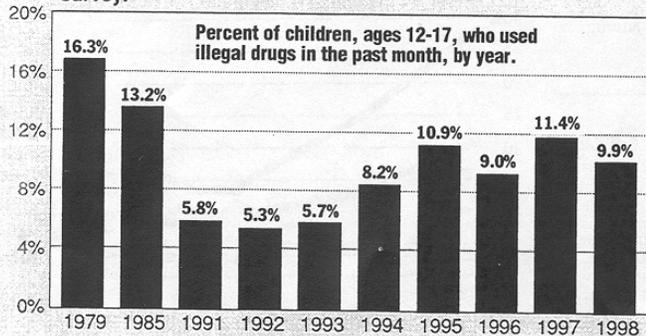
By Shawn Spence for USA TODAY
Lifeline: Kristen Reeves, front, and Christi Peltier of Indiana University

THURSDAY

Teen drug use declining

TEEN DRUG USE DROPS AGAIN

Teen-age drug use, which has seesawed under the Clinton administration, is down again, according to an annual federal survey.



Source: 1998 National Household Survey on Drug Abuse, Substance Abuse and Mental Health Services Administration

The Washington Times

Survey seen as 'turning a corner'

By Aimee Phan
USA TODAY

Illegal drug use among adolescents dropped in 1998 after rising through the mid-1990s, showing that the trend has "turned a corner," administration officials said Wednesday.

In the 1998 National Household Survey on Drug Abuse, 9.9% of youths age 12-17 reported using illicit drugs in the 30 days before the survey, compared with 11.4% in 1997.

The rate had been as low as 5.3% in 1992, but it climbed over the next five years.

Survey officials say the decrease is proof that the government's national campaign against drugs is working.

"Sending a tough message against drugs, particularly to young people, is a little like sending a message into deep space," said Donna Shalala, secretary of Health and Human Services (HHS). "The message goes out and then you wait a year or more to find out if it's been heard."

The HHS survey of 25,500 included people living in households, dormitories and homeless shelters.

Other encouraging statistics:
▶ 8.3% of young people were users of marijuana in 1998.

down from 9.4% in 1997.

▶ The use of inhalants decreased from 2% in 1997 to 1.1% in 1998.

Administration officials credited the declines in part to the National Youth Anti-Drug Media Campaign, made up of paid and donated advertising on TV, radio, newspapers, magazines, billboards and the Internet. The campaign had been running for six months by the time the survey was given.

White House National Drug Policy Director Barry McCaffrey says preventing drug abuse through a child's teen years means that the child is more likely to remain drug-free as an adult.

Joseph Califano Jr., president of The National Center on Addiction and Substance Abuse at Columbia University, said that although the campaign has had an effect, it has failed to reach blacks and Hispanics.

Illegal drug use was down to 6.1% from 6.4% for Caucasians, but for blacks and Hispanics it increased from 7.5% and 5.9% to 8.2% and 6.1%, respectively.

"There have been whopping increases in cocaine and heroin use for these groups," Califano says. "It's very disturbing."

Other findings:

▶ 52% of Americans age 12 and older reported using alcohol; 29.2% engaged in binge drinking; and 10.6% were heavy drinkers. The statistics have not changed since 1988.

▶ The smoking rate among young adults age 18-25 increased from 40.6% in 1997 to 41.6% in 1998.

Newspaper Articles

about the

1998 National Household

Survey on Drug Abuse

{From the *Washington Post*, August 19, 1999}

Teenagers' Use of Drugs Dipped in '98

By EDWARD WALSH
Washington Post Staff Writer

Illicit drug use by American teenagers dropped sharply last year, with less than one in 10 youths now saying they use cocaine, marijuana, or other illegal drugs, according to a federal survey released yesterday.

While illegal drug use across all age groups remained steady, the decline in teen use marked a significant departure from what had been nearly a decade-long rise in use among youngsters and was swiftly heralded by Clinton administration officials.

"In the battle against illicit drugs, we've turned the corner," said Health and Human Services Secretary Donna E. Shalala, who presented the findings at a news conference with National Drug Control Policy Director Barry R. McCaffrey. Shalala and other officials credited the drop to the increased antidrug efforts on the part of parents, schools, and government. "The message is finally getting through," she said.

According to the National Household Survey on Drug Abuse, 9.9 percent of youths ages 12 to 17 reported that they were using illegal drugs in 1998, compared with 11.4 in the same age category the year before.

But yesterday's report, which surveyed 25,500 Americans 12 and older, also found no substantial change in overall drug use across age groups. The survey estimated that, last year, 13.6 million Americans, or 6.2 percent of the population 12 or older, were drug users—defined as those who had used an illicit drug at least once in the 30 days before they were interviewed for the survey. This did not represent a significant decline from the estimated 13.9 million drug users in 1997, administration officials said.

Overall drug use in the country remained level in large part because an increase among young adults ages 18 to 25 offset the drop among youths. The survey estimated that 16.1 percent of young adults were current drug users last year, up from 14.7 percent in 1997 and the highest level recorded in the 1990s.

Officials noted that this increase was consistent with the demographic bulge of drug users who were teenagers in the mid 1990s. "If you don't affect youth attitudes at ages 9 to 17, you put a bubble into the system and we end up with rates of drug abuse downstream that are increased," said McCaffrey.

"We've got to affect our children in middle school years and the high school years."

According to the annual survey, drug use among 12- to 17-year-olds hit a peak 16.3 percent in 1979, and declined during the 1980s to reach a low point of 5.3 percent in 1992. The President Clinton was first elected. Since then, the estimated current drug use by 12- to 17-year-old Americans has risen every year except in 1996 and 1998.

This trend led some to discount the latest report's findings. "The truth is that drug use trends fluctuate over time," said Robert Stewart, a senior policy analyst at the Drug Policy Foundation, which has been critical of the administration's anti-drug efforts.

"We can't look at one-year results and fight youth drug use in such narrow increments. Washington budgets in annual increments, but social trends don't move in the same way," Stewart said.

Joseph A. Califano, Jr., a Cabinet secretary in the Carter administration who is now president of the National Center on Addiction and Substance Abuse at Columbia University, in New York, applauded the drop among

teenagers but noted, "There's no question we've got a long way to go to get back to [the] '92 level, and we ought to get below that.... Saying the country has 13 or 14 million current drug users is not something that anybody is going to applaud."

Califano pointed to the "very bad news" that "African Americans and Hispanics are being savaged" by drug use. One of the largest relative increases measured by the survey was in the use of cocaine by Hispanics, which jumped from 0.8 percent in 1997 to 1.3 percent in 1998, the highest level since 1992.

The survey also reported increases in the use of marijuana by both blacks and Hispanics, compared with a slight decline in marijuana use by whites.

In addition to assessing the use of illicit drugs, the survey measured tobacco and alcohol use among Americans. It estimated that 60 million Americans 12 or older—or 27.7 percent of the population—smoked cigarettes in 1998.

That represented a significant decline from the 1997 rate of 29.6 percent and is the lowest rate of cigarette smoking ever recorded, according to the survey. However, it added that cigar use appears to be on the rise, from a rate of 5.9 percent in 1997 to 6.9 percent in 1998.

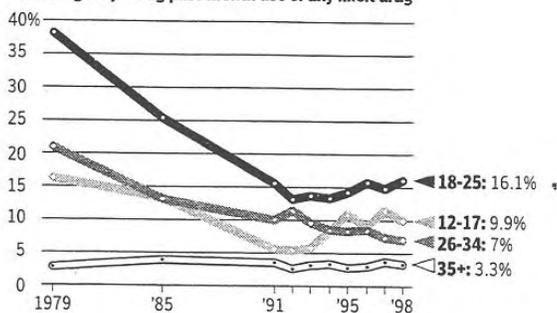
The survey estimated that 2.1 million people began smoking cigarettes daily in 1997, the most recent year for which data are available, and that more than half of the new smokers were younger than 18. It said that, in 1998, an estimated 4.1 million youths, or 18.2 percent of the 12- to 17-year-old population, were current cigarette smokers.

Slightly more than half of all American 12 or older were current users of alcohol in 1998, including 10.4 million who were ages 12 to 20, the survey said. Of this youngest group, 5.1 million engaged in "binge drinking," defined as having five or more drinks at least once in the 30 days before the survey interviews, smoked cigarettes in 1998.

Drugs in America

Last year, illicit drug use dropped among 12- to 17-year-olds but rose among 18- to 25-year-olds.

Percentage reporting past-month use of any illicit drug



Agency Survey Shows Decline Last Year in Drug Use by Young

By IRVIN MOLOTSKY

WASHINGTON, Aug. 18 — Drug use by young people declined from 1997 to 1998, the Department of Health and Human Services said today as it released the results of its annual survey of drug abuse.

The Secretary of Health and Human Services, Donna E. Shalala, said: "While it looks like we have turned the corner with today's report, we must not rest. Too many young people are still using drugs, and we must continue to build on our promising efforts to push the rate of drug use down even further."

Dr. Shalala said the findings, which were included in the 1998 National Household Survey on Drug Abuse and were based on interviews with 25,000 people, had shown that 9.9 percent of young people ages 12 to 17 reported last year that they had used an illegal drug in the 30 days before the survey interviewed them, a sharp decrease from the 11.4 percent in 1997.

The three previous years had all shown lower levels of teen-age drug use, according to the survey. The figures were 8.2 percent for 1994, 10.9 percent for 1995 and 9.0 percent for 1996.

Eric D. Wish, director of the Center for Substance Abuse Research at the University of Maryland, challenged the importance of the new figure. "They are picking out one year, but it's been pretty stable, between 9 and 11 percent," Dr. Wish said.

He added that the findings among young people were made more dubious by the fact that "minors are only interviewed after their parents have given their consent and are typically in the vicinity."

Rob Stewart, a senior policy analyst at the Drug Policy Foundation, which advocates a public health approach toward drug use instead of criminal action, also said a single year's statistics do not give a valid picture of drug use trends.

"The Administration

says that we've turned the corner on youth drug use, and we say no, absolutely not," Mr. Stewart said. "Drug use will continue to be a problem. These trends in drug use fluctuate over time."

Gen. Barry R. McCaffrey, director of the White House Office of National Drug Control Policy, said, "The fact that the numbers are best for the youngest, 12 to 17, group is a harbinger that use will continue to fall as this group grows older."

Marijuana use was down among teen-agers, to 8.3 percent in 1998 from 9.4 percent in 1997, which the Department of Health and Human Services acknowledged was not statistically significant.

The department has reported that marijuana use among teen-agers had ran from a high of 14.2 percent in 1979 to a low of 3.4 percent in 1992.

Other findings of the survey about drug and alcohol use included these:

¶ An estimated 0.8 percent of Americans were current users of cocaine in

1998, which was not statistically different from the 0.7 percent in 1997. The peak response was 3 percent in 1985.

There have been no statistically significant changes in the use of alcohol since 1988, and in 1998, 52 percent reported current use.

¶ The trend in smoking among those ages 18 to 25 is up. It was 34.6 percent in 1994, 40.6 percent in 1997 and 41.6 percent last year.

Joseph A. Califano, Jr., who was the domestic affairs adviser in the Johnson Administration and President Jimmy Carter's Secretary of Health, Education, and Welfare, the predecessor to Ms. Shalala's department, called the findings and others a mixed bag.

"There is some good news among kids, but there is also some bad

news, especially among black kids and Hispanics," said Mr. Califano, who is president of the Center on Addiction and Substance Abuse at Columbia University. "We're clearly not reaching them."

"I think part of this that we still tolerate drug bazaars in Harlem, Southeast Washington, and South-Central Los Angeles. They would be wiped out in five minutes if they popped up on the East Side, in Georgetown or in Beverly Hills."

As to whether the statistics provided by the Federal Government were reliable, Mr. Califano said: "These numbers understate drug use, alcohol and smoking, but statistically will say that you get the same level of dissembling every year. As a trend, it is probably valid."

WHO USES NHSDA DATA?

- ★ Substance Abuse and Mental Health Services Administration
- ★ National Institute on Drug Abuse
- ★ Office of National Drug Control Policy
- ★ Drug Enforcement Administration
- ★ Media Partnership for a Drug-Free America
- ★ Centers for Disease Control
- ★ The White House
- ★ Department of Justice
- ★ Department of Agriculture
- ★ Department of Labor
- ★ Many State and Private Agencies

Certificate of Participation

Research Triangle Institute would like to thank

(PARTICIPANT'S SIGNATURE)

for participating in the

National Household Survey on Drug Abuse

on

____/____/____
(DATE OF INTERVIEW)

Field Interviewer

FI ID #

_____, National Field Director
Research Triangle Institute
3040 Cornwallis Rd.
Research Triangle Park, NC 27709

This document certifies that the above named student was randomly selected to participate in the NHSDA, a voluntary survey for the United States Department of Health and Human Services. Some students across the country approach their teachers in school to investigate if special community service credit can be received for their participation in this important national survey. A copy of the NHSDA brochure, which explains the study in more detail, should accompany this certificate. If you need further information, contact the National Field Director, _____, at _____. If you have access to the Internet, additional information is available at: <http://nhsdaweb.rti.org>.

Student Participation in the NHSDA

To answer the needs of the field staff, RTI has developed a student participation certificate for 12 to 17 year-old respondents.

- ★ IT IS VERY IMPORTANT THAT THE RESPONDENTS AND THEIR PARENTS UNDERSTAND THAT IT IS THE STUDENT'S RESPONSIBILITY TO ARRANGE TO RECEIVE ANY POSSIBLE SCHOOL OR COMMUNITY SERVICE CREDIT.
- ★ NO ADVANCE ARRANGEMENTS HAVE BEEN MADE WITH ANY SCHOOL IN THE NATION.
- ★ THIS CERTIFICATE ONLY VERIFIES WITH THE SCHOOL ADMINISTRATION THAT THE STUDENT DID PARTICIPATE IN THE NHSDA.

WHAT IS THE CERTIFICATE OF PARTICIPATION?

- The Certificate of Participation is a document that the student can use to provide authentication to teachers of their participation in the NHSDA.

WHEN DO I USE THE CERTIFICATE?

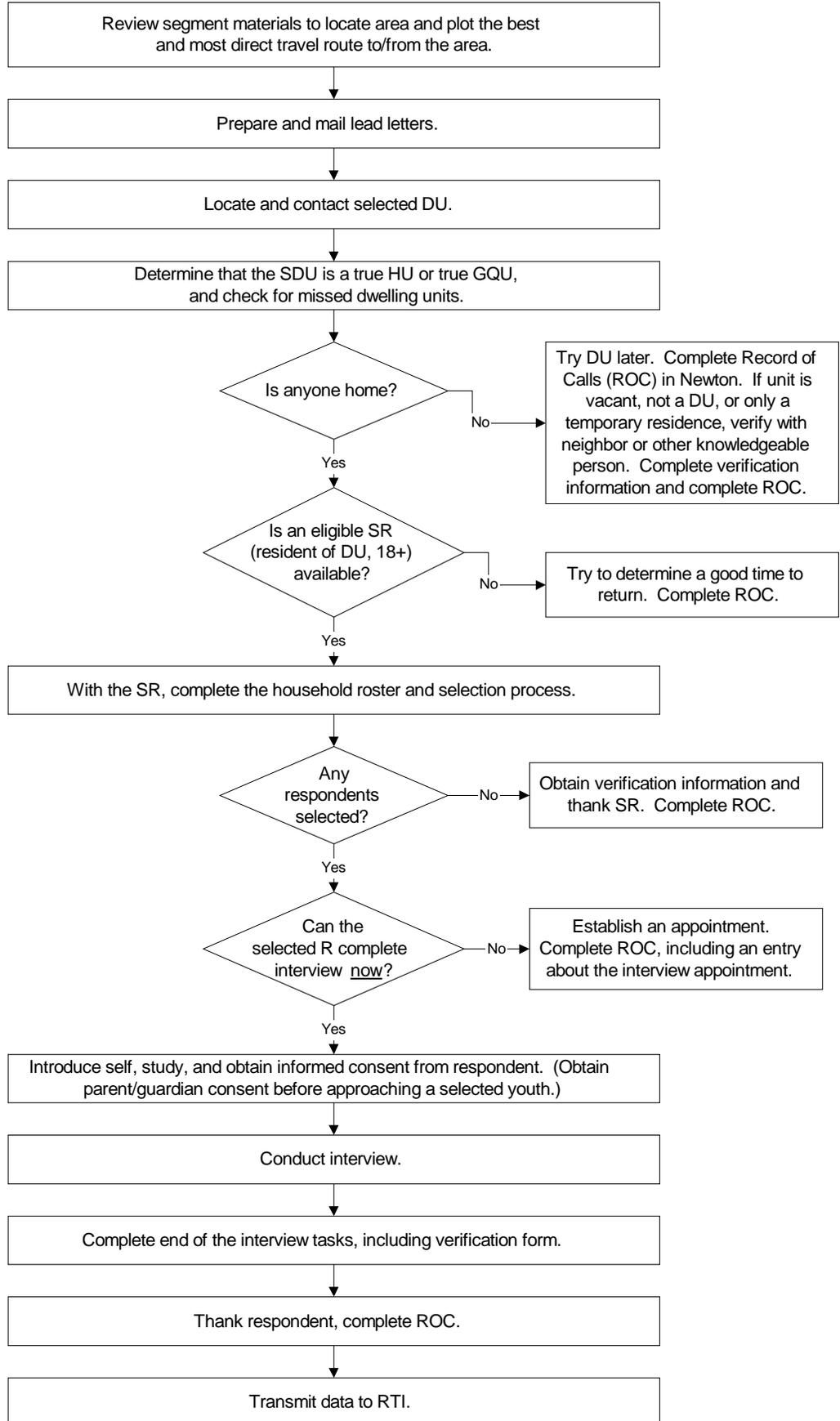
- Youth respondents who are students may receive credit toward community service hours for their participation or they may incorporate their NHSDA experience into a school project. You should give the teenager one of these certificates to document their participation if they feel that they may want some type of school credit. In the case of a reluctant respondent, interviewers may suggest that some students have been able to receive credit for participation, but that it is up to the student to initiate the request, and it is up to the teacher/school administration to allow the student to receive credit of any sort. Interviewers must be very careful not to mislead the respondents into thinking that they will definitely receive some direct benefit from their participation. Use the certificate only with 12-17 year-old respondents.

HOW DO I USE THE CERTIFICATE?

- You will receive copies as part of your bulk supplies. Upon completion of the interview, if the student or parent has indicated that school credit is possible, you are to complete the certificate, following these steps:
 1. To ensure the respondent's confidentiality, you should fill in only the date the interview was completed, your name, and your FI ID #. Do not write the respondent's name on the form.
 2. Give the form to the student and tell him/her to sign it before showing it to a teacher. When you give the certificate to the student, be sure to include a copy of the **NHSDA Q & A Brochure**. Also, tell the student that if he/she has access to the Internet at home or at school, there is a Website with more information about the survey. **<http://nhsdaweb.rti.org>**.

May 3, 1999

OVERVIEW OF SCREENING PROCESS



SCREENING AND INTERVIEWING TASKS

When you work in the field you will encounter one of 5 situations:

Can't screen (examples include no one home, vacant units, SR not available, etc)

- choose case from Select Case then advance to Identify SR
- approach unit and discover you can't screen
- with codes 10, 13 and 18 you must obtain verification information
- complete ROC to document situation.

Screen only (codes 22, 26, 30)

- choose case from Select Case then advance to Identify SR
- approach unit and obtain participation of eligible SR
- complete screening
- obtain verification information
- complete ROC.

Screen, then interview (31, 32 and then 70)

- choose case from Select Case then advance to Identify SR
- approach unit and obtain participation of eligible SR
- complete screening
- obtain Informed Consents(s)
- prepare Gateway and enter Quest ID from Newton
- complete interview(s) with available selected respondent(s)
- enter Verification ID in CAI program in Gateway
- complete ROC(s) in Newton
- mail completed Verification form to RTI.

Screen, make appointment for interview (codes 31, 32 and then 50)

- choose case from Select Case then advance to Identify SR
- approach unit and obtain participation of eligible SR
- complete screening
- complete ROC for screening
- complete ROC for appointment for **each** selected respondent
- prepare appointment card for each respondent.

Interview only at appointment time or other follow-up contact

- choose case from Select Case, review selections and roster
- obtain participation/informed consent of respondent
- prepare Gateway and enter Quest ID from Newton
- complete interview(s) with respondent(s)
- enter Verification ID in CAI program in Gateway
- complete ROC(s) in Newton
- mail completed Verification form to RTI.

INTERVIEWING PROCESS

Informed Consent Procedures

- You must follow these procedures.
- READ THE INFORMED CONSENT FOUND AT THE FRONT OF THIS SHOWCARD BOOKLET. BE SURE TO READ THE CORRECT INTRODUCTION SCRIPT TO YOUR RESPONDENT.
- If the respondent is 12 - 17 years old **first** obtain parental consent

Choose the best interview location, considering:

- Privacy
- Ethics
- Comfort
- Battery power
- Safety
- Be flexible in choosing a location, but never compromise NHSDA protocols.

Setting up the Computer

- Unpack the computer and plug it in using the extension cord if needed.
- Press the ON button and WAIT for the computer to boot up..
- While waiting, make sure you have the Quest ID from the Newton, a reference date calendar, your Showcard Booklet, and verification form and envelope. Place clean headphone covers on the ear pieces.
- Enter your password at the prompt and begin your interview.

Conducting the Interview

- Be sure that you have obtained informed consent.
- Read the burden statement only if respondents asks.
- If respondent is under the age of 12 or is active in the military, the computer will automatically complete this case. Remember to enter a Code 79 and explain the situation if this occurs.
- Complete the reference date calendar.
 - Write the 12-month and 30-day dates in the appropriate boxes, given to you on the computer screen.
 - Circle the 12-month reference date.
 - Circle the current date and the 30-day reference date. Then, underline the 30 days between the two circles you just made.
 - Record the Case ID # at the top of the calendar.
- Use the Showcards and Pillcards. If an R fails to ask to see the cards during ACASI, please note this in the FI Debriefing questions.
- During ACASI, be available without being intrusive. You may prepare the Verification Form and envelope:
 - Legibly write your name and FI ID#
 - Fill in the Case ID #, including the A or B
 - Identify parent who gave consent, if interview with youth

INTERVIEWING PROCESS (continued)

- Enter the Verification ID and the CaseID when prompted..
- While R completes the form, answer the debriefing questions.
- If R refuses, ask the respondent to write “REFUSED” across the top of the form. The envelope will still need to be mailed to RTI.
- For a youth, the verification form preferably should be completed by a parent or guardian. (Another good reason to have a parent in the house while you conduct the interview! ☺)

When finished with the Interview

- Pack up your equipment.
 - Gently close the screen display until you hear a click.
 - Unplug the power cord from the computer first and then unplug the power cord from wall. Wrap them up and place in carrying case.
 - Place the laptop in the case and secure it with the velcro straps.
 - Zip up the carrying case
 - Remember your Newton, this Showcard Booklet, reference date calendar, and other papers.
 - Enter a Code 70 in your Newton.
- THANK YOUR RESPONDENT!

Possible Respondent Difficulties

- Is the respondent physically or emotionally capable of participating?
 - Slow the pace of the questions to see if comprehension improves
 - Allow adequate time to answer
 - If respondent does not seem to understand, politely discontinue the interview and speak with your FS.
- Is the respondent intoxicated or under the influence of other drugs?
 - Attempt to reschedule another time to return.
- Is the respondent blind or paralyzed?
 - Take the time to figure out if respondent can complete interview. Each interview is precious to us!
 - Only in these situations should resort to completing the ACASI portions for your respondents. Make note of this deviation from protocol in the FI Debriefing notes.
- Does the respondent exhibit behaviors that suggest he or she may have difficulty reading?
 - Remember that the respondent can listen to all the questions on the headphones and answer most questions with a number.

COUNTING AND LISTING ABBREVIATIONS

<u>COLORS</u>		<u>DIRECTION/ORIENTATION</u>		<u>ARCHITECTURE/BUILDING STYLE</u>	
BG	Beige	ABV	Above	APT	Apartment
BK	Black	ACR	Across	CPCD	Cape Cod
BL	Blue	ADJ	Adjacent	CLNL	Colonial
BR	Brown	BCK	Back	CONDO	Condominium
DK	Dark	BEH	Behind	CNTP	Contemporary
GR	Gray	BTWN	Between	DBLWID	Doublewide
GN	Green	BTM	Bottom	DPX	Duplex
LT	Light	E	East	RCH	Ranch
MED	Medium	FRT	Front	RF	Roof
OR	Orange	L	Left	SPL	Split Level
PK	Pink	N	North	TRAD	Traditional
RD	Red	NE	Northeast	TRLR	Trailer
TN	Tan	NW	Northwest	TRANS	Transitional
WH	White	RE	Rear		
YL	Yellow	R	Right		
		S	South		
		SE	Southeast		
		SW	Southwest		
		W	West		
<u>ADDRESSES</u>		<u>STRUCTURE/MATERIALS</u>		<u>TYPES OF ROOFS:</u>	
ADD	Address	ALUM	Aluminum	FLT	Flat
ALY	Alley	BRK	Brick	GBL	Gable
APT	Apartment	BRNSTN	Brownstone	GMBR	Gambrel
AVE	Avenue	CDR	Cedar	HIP	Hip
BLK	Block	CBLK	Cement Block	MNSD	Mansard
BLVD	Boulevard	CEM	Cement	SHGL	Shingle
BLDG	Building	LOG	Log	SPNTL	Spanish Tile
CIR	Circle	RCK	Rock	TIN	Tin
CT	Court	SDG	Siding		
DRWR	Drawer	STN	Stone		
DR	Drive	STU	Stucco		
HWY	Highway	VNY	Vinyl		
JCT	Junction				
LN	Lane				
PKWY	Parkway				
PL	Place				
PT	Point				
PO	Post Office (Box)				
RD	Road				
RTE	Route				
ST	Street				
TER	Terrace				
WAY	Way				

COUNTING AND LISTING ABBREVIATIONS (CONTINUED)

OTHER/GENERAL			
ATT	Attached	GRV	Gravel
BSMT	Basement	GRND	Ground
BUS	Business	HSE	House
CPT	Carport	LG	Large
CG	Cattleguard	MBX	Mailbox
CHNLNK	Chainlink	MID	Middle
CHMY	Chimney	MI	Mile
CHUR	Church	PKT	Picket
COL	Column	PCH	Porch
COR	Corner	PVT	Private
CO	County	RR	Railroad
DB	Doorbell	RSTR	Restaurant
DRMR	Dormer	RM	Room
DBL	Double	SCRN	Screen/Screened
DRWY	Driveway	SHK	Shake
ELCMTR	Electric Motor	SHUT	Shutters
ENT	Entrance	SD	Side Door
EXT	Exit	STR	Store
EXTR	Exterior	STY	Story
FEN	Fence	TR	Trim
FLR	Floor	UC	Under Construction
FDN	Foundation	VAC	Vacant
FRM	Frame	VER	Veranda
FR	From	VEST	Vestibule
GAR	Garage	WIN	Window
GRD	Guard	WD	Wood

ADDING MISSED DWELLING UNITS

You are not required to check the entire segment for missed dwelling unit. Check for missed DUs at every selected DU. (However do not ignore significant changes, such as a new development or new apartment building—call your FS.)

At an SDU, look for missed dwelling units:

- **Within the SDU or on its property.** During screening you ask the SR if there are any additional units in the unit or on the property. If so, simply enter the address of the other unit(s) and proceed with screening.
- **In the geographic interval between the SDU and the next listed line.** Check the space between the SDU and the next listed DU. Enter any discovered units using Actions/Add Missed DUs.

If the SDU is the last one listed on a map page:

- the ‘next listed line’ means the next one listed on that map page, not the next one listed numerically. Check the interval between the SDU and the very first DU listed on that map page.
- check any subsequent zero map pages for missed DUs.

For group quarters structures listed by persons or beds:

- compare the original list with the current situation. If there are more units now, call your FS, and then RTI’s Sampling Department about which missed GQUs to add.

Limits on missed DUs

- Up to 5 units at one SDU
- Up to 10 units per segment
- record additional information on the List of Added Dwelling Units, then check with your FS
- Newton stores space for 5 added DUs per segment. If more are required, contact your FS to have 5 more lines transferred to your Newton.

RECONCILING MISSED DUs

Recording in the Newton the addresses of missed DUs does not automatically add them to your assignment. When ready to reconcile these missed DUs to see if they should be added, be sure that you have the original hand-written List of Dwelling Units and the block maps.

You can Reconcile at three different spots in the Newton:

- At the end of screening if you have entered a missed DU address(es). If you don't have time or your segment materials, simply say No and reconcile later.
- If you entered a missed DU address using Actions/Add Missed DUs, you will be asked if you want to reconcile.
- From the option Admin/Reconcile Missed DUs.

To Reconcile Missed DUs:

- Follow the instructions on the Newton screen carefully, making certain you refer to your segment kit as you reconcile the unit.
 - Determine if the missed unit is already on the List of DUs
 - Determine if the missed unit is in the correct geographic interval.
- If the missed unit is not on the list and is in the correct interval, it will be added to your assignment.
- Remember to mark the location of the missed DU on the correct Block Listing Map.

If you have any questions, exit the program and contact your FS.

In the following situations, check with your FS first, then **call RTI's Sampling Department:**

- More than five missed DUs are found at a specific SDU
- More than 10 missed DUs are found in a segment
- a missed GQU is discovered within a group quarters structure
- a missed group quarters structure is discovered
- a significant listing problem is discovered.

REFUSAL REASONS

These descriptions may help you in deciding how to classify a refusal in the Newton.

2. **Too busy/no time/did too many surveys already**
The number one reason for refusals is lack of time.
3. **Surveys (or government) too invasive/doesn't want teen exposed to subject**
These people feel that the government invades their privacy too much with surveys. There may be philosophical, political or religious reasons for not participating in surveys. As parents, they be concerned about exposing their teen to the sensitive subject matters in the survey.
4. **Clarify confidentiality, legitimacy, or selection**
Be sure to listen carefully to what respondents are telling you—questions about the legitimacy of the survey or how the survey guarantees confidentiality can often be explained by you on the doorstep, if you understand their concern.
5. **Nothing in it for me/uncooperative**
Although rare, sometimes people will either not give a reason for their refusal or they'll tell you that there's no reason for them to participate.
6. **Parent or HH member disallows/Welfare or INS concerns**
Sometimes people refuse to participate because of an outside force controlling them. That force may be a spouse, parent or guardian, or a fear that you are a welfare worker or an immigration officer checking on their status.
7. **Too ill/house messy/not dressed**
These refusals are situational and will not generate a refusal letter. They refused because you caught them at an awkward time.
8. **Need to discuss with FS**
In some cases, a respondent's refusal won't fit any of the above categories, but you are able to gather a sense of what is preventing them from participating. With this option write a very specific note in the refusal comment section to alert the FS. Then you can talk with him/her about how best to handle the refusal.

TIPS ON GAINING ACCESS TO CONTROLLED ACCESS BUILDINGS/GATED COMMUNITIES

If you are in doubt about how to handle a situation, please call your FS first to talk it over.

Some tips that may help you to gain access include:

- Always display your ID badge prominently and carry extra copies of the lead letter and Question and Answer Brochures.
 - Look for signs or plaques mentioning the name of the manager or owner of the building.
 - Explain to the guard/doorman that you are not selling anything, you are not going door-to-door, and you have specific units to visit on a federal government survey. Show them the lead letter that was sent and that the selected residents were notified and may be expecting your visit.
 - Be persistent! Sometimes the situation becomes more difficult as time goes by. Do your best to gain entry during your initial visits.
 - If you must talk with a manager or owner, emphasize the official nature of the study, and that RTI follows strict guidelines for confidentiality and privacy. The survey is voluntary and you will give the resident the opportunity to make an informed decision about their participation in the study.
 - If necessary, ask your FS to follow up. Your FS needs the following information:
 - Segment #
 - # of lines involved
 - Address
 - Detailed description of situation, including:
 - what steps you have taken so far
 - names or positions of people you have spoken with
 - Management company name, contact, address, phone number
 - For apartments/condos/gated communities, include:
 - Name of apt. complex/community/development, etc
 - For college campuses, include:
 - Full name of college or university
 - Types and names of facilities involved (dorms, sororities, fraternities)
 - For military bases, include:
 - Full name of base
 - Name and rank of base commander
 - Address and phone number
- If you are requesting a letter, include the name and title of the person, the address and a phone number. Letters can be faxed as well, if you can obtain the fax number.

PROCEDURES AFTER AN AUTOMOBILE ACCIDENT

After an Accident

- Check for injuries. Life and health are more important than damage to vehicles.
- Make note of specific damages to all vehicles involved.
- Write down the names, addresses and license numbers of persons involved in the accident. Also, write a description of the other vehicles.
- Call the police, even if the accident is minor.
- Jot down names and addresses of anyone who may have witnessed the accident. This can prevent disagreement concerning how the accident actually happened.

Do's and Don'ts

- DO jot down details about the accident and circumstances such as weather conditions and visibility.
- DO notify your insurance agent about the accident immediately.
- DON'T sign any document unless it is for the police or your insurance agent.

QUICK REFERENCE GUIDE AND EDIT CHECKLIST FOR CAI INTERVIEWING

In the CAI Manager, if you want to:

	<u>PRESS</u>
Start an interview	[Alt] [s]
Cancel the start of an interview	[Alt] [n]
Resume an interview	[Alt] [s]
Transmit data to RTI	[Alt] [t], [y]
View e-mail messages	[Alt] [v]
Run Tutorial	[Alt] [r]
Exit CAI Manager	[Alt] [x]

To begin CAI Interview:

Enter **Quest ID** from Newton for selected sample member.

In the Interview, if you want to:

Break off an interview	[Alt] [f], [x]
Enter Don't Know	[F3]
Enter Refused	[F4]
Return to the first screen	[F5]
Return to the first unanswered question	[F6]
Toggle audio on/off	[F7]
Enter a comment	[F8]
Save a comment	[Alt] [s]
Back up one screen	[F9]
Replay audio	[F10]

To complete verification form:

When prompted to do so, enter **VerifID** from Verification Form.
With Respondent's assistance, complete same Verification Form.

End of Interview Checklist:

Make sure your name and ID # are printed on the Verification Form. Mail promptly using RTI business reply envelope.

Record Case ID in upper right corner and mail Reference Date Calendar with PT&E to FS in your weekly shipment.

Update Record of Calls in Newton for completed interview.