



National Household Survey on Drug Abuse, 1997

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

Data Collection Instrument



is sponsored by



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Office of Applied Studies
www.samhsa.gov

Terms of Use

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

Privacy of Research Subjects

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

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

Citing Data

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

Disclaimer

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

Violations

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

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

Definitions

CBHSQ

Center for Behavioral Health Statistics and Quality

Promise of confidentiality

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

Research subject

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

SAMHDA

Substance Abuse and Mental Health Data Archive

SAMHSA

Substance Abuse and Mental Health Services Administration

Information about Copyrighted Content

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

NOTICE WARNING CONCERNING COPYRIGHT RESTRICTIONS

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

NOTICE: Public reporting burden for this collection of information is estimated to average 66 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to DHHS Reports Clearance Officer, Paperwork Reduction Project (0930-0110); Room 531-H; Humphrey Building; 200 Independence Ave., SW; Washington, DC 20201. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0110.

DATE INTERVIEW BEGAN: 1997
MONTH DAY

TIME INTERVIEW BEGAN: :
HOUR MIN.

ENTER NUMBER FROM BELOW BARCODE ON SCREENER:

CASE ID # - - TIME OF DAY: A.M. ☐ 1

ENTER ROSTER NUMBER OF SELECTED HH MEMBER:

P.M. ☐ 2ROSTER #

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 18,000 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 11,500 Americans. We cannot substitute anyone else if you decide not to participate.

The study collects information on use of alcohol, cigarettes, and drugs, certain illegal behaviors, and other physical and mental 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. (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. The Federal Government has issued a Certificate of Confidentiality to the researchers who are conducting this study indicating that Federal laws require all information obtained from you only be used for research purposes. Your participation will not put you at any 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.

- 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	<input type="checkbox"/> 1
BLACK	<input type="checkbox"/> 2
INDIAN (AMERICAN), ALEUT, ESKIMO	<input type="checkbox"/> 3
ASIAN OR PACIFIC ISLANDER (INCL. ASIAN INDIAN)	<input type="checkbox"/> 4
- CONDUCT THE INTERVIEW.

U.S. Department of Health and Human Services, Public Health Service
Substance Abuse and Mental Health Services Administration
Office of Applied Studies

- 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 procedures so that the answers your child provides will represent those of approximately 5,000 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. 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, cigarettes, and drugs, certain illegal behaviors, as well as other physical and mental health-related issues 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 18,000 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 5,000 Americans. We cannot substitute anyone else if you decide not to participate.

The study collects information on use of alcohol, cigarettes and drugs, certain illegal behaviors, as well as other physical and mental 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. (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. The Federal Government has issued a Certificate of Confidentiality to the researchers who are conducting this study indicating that Federal laws require all information obtained from you only be used for research purposes. 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.

<u>RACE OF 12-17 YEAR-OLD SAMPLE MEMBER</u>	
WHITE	<input type="checkbox"/> 1
BLACK	<input type="checkbox"/> 2
INDIAN (AMERICAN), ALEUT, ESKIMO	<input type="checkbox"/> 3
ASIAN OR PACIFIC ISLANDER (INCL. ASIAN INDIAN)	<input type="checkbox"/> 4
 - CONDUCT THE INTERVIEW.

EXAMPLE QUESTIONS

EQ-1. How long has it been since you last went to the movies?

- Within the past 30 days ☐ 1
 More than 30 days ago but within the past 12 months ☒ 2
 More than 12 months ago but within the past 3 years ☐ 3
 More than 3 years ago ☐ 4
 I have never been to the movies in my life ☐ 91

EQ-2. During the past 30 days, on how many days did you eat corn?

- Number of days I ate corn
 I have eaten corn but not during the past 30 days ☐ 93
 I have never eaten corn in my life ☐ 91

The first 10 questions are about cigarettes only.

C-1. Have you ever smoked a cigarette, even one or two puffs?

- Yes, I have smoked at least a puff or two from a cigarette ☐ 1
 No, I have never smoked a cigarette in my life ☐ 2

C-2. How old were you the first time you smoked a cigarette, even one or two puffs?

- The first time I smoked a cigarette, I was years old
 I have never smoked a cigarette in my life ☐ 991

C-3. Think about the entire time since you first smoked a cigarette. Altogether, on how many days in your life have you smoked a cigarette?

- More than 300 days ☐ 1
 At least 101 but not more than 300 days ☐ 2
 At least 12 but not more than 100 days ☐ 3
 At least 3 but not more than 11 days ☐ 4
 At least 1 but not more than 2 days ☐ 5
 I have never smoked a cigarette in my life ☐ 91

(PLEASE TURN THE PAGE.)

C-4. How long has it been since you last smoked a cigarette?

- Within the past 30 days ☐ 1
More than 30 days ago but within the past 12 months ☐ 2
More than 12 months ago but within the past 3 years ☐ 3
More than 3 years ago ☐ 4
I have never smoked a cigarette in my life ☐ 91

THE NEXT THREE QUESTIONS REFER TO THE PAST 30 DAYS ONLY.

C-5. Think specifically about the past 30 days -- that is, from your 30-day reference date up to and including today. During the past 30 days, on how many days did you smoke a cigarette?

- Number of days I smoked at least a puff or two from a cigarette ☐
- IF NONE,
MARK ONE →
BOX FOR
BEST ANSWER
- [I have smoked cigarettes but not during the past 30 days ☐ 93
I have never smoked a cigarette in my life ☐ 91

C-6. When you smoked cigarettes during the past 30 days, how many did you usually smoke each day? *If the number varied from day to day, mark the box for the number of cigarettes you smoked on a typical day.*

- At least a puff or two but less than 1 cigarette each day ☐ 1
At least 1 but not more than 5 cigarettes each day ☐ 2
At least 6 but not more than 15 cigarettes (about 1/2 pack) each day ☐ 3
At least 16 but not more than 25 cigarettes (about 1 pack) each day ☐ 4
At least 26 but not more than 35 cigarettes (about 1 1/2 packs) each day ☐ 5
More than 35 cigarettes (about 2 packs or more) each day ☐ 6
- IF NONE,
MARK ONE →
BOX FOR
BEST ANSWER
- [I have smoked cigarettes but not during the past 30 days ☐ 93
I have never smoked a cigarette in my life ☐ 91

C-7. When you smoked cigarettes during the past 30 days, how soon after you woke up in the morning did you usually smoke your first cigarette?

- 5 minutes or less ☐ 1
6 to 30 minutes ☐ 2
31 to 60 minutes ☐ 3
1 to 3 hours ☐ 4
4 or more hours ☐ 5
- IF NONE,
MARK ONE →
BOX FOR
BEST ANSWER
- [I have smoked cigarettes but not during the past 30 days ☐ 93
I have never smoked a cigarette in my life ☐ 91

(PLEASE GO TO THE NEXT PAGE.)

THE REST OF THE QUESTIONS ON THIS ANSWER SHEET ASK ABOUT YOUR ENTIRE LIFETIME.

C-8. Has there ever been a period in your life when you smoked cigarettes every day?

Yes ☐ 1
No ☐ 2

C-9. How old were you when you first started smoking cigarettes every day?

IF NONE,
MARK ONE →
BOX FOR
BEST ANSWER

I started smoking cigarettes every day when I was years old
I have smoked cigarettes but never every day ☐ 993
I have never smoked a cigarette in my life ☐ 991

C-10. For how many years have you smoked or did you smoke cigarettes every day?

RECORD NUMBER OF YEARS OR MARK A BOX:

IF NONE,
MARK ONE →
BOX FOR
BEST ANSWER

Number of years I smoked cigarettes every day was year(s)
I smoked cigarettes every day but only for less than one whole year ☐ 0
I have smoked cigarettes but never every day ☐ 993
I have never smoked a cigarette in my life ☐ 991

The last 2 questions are about smokeless tobacco, such as chewing tobacco and snuff.

C-11. Have you ever, even once, used chewing tobacco or snuff?

Yes, I have used chewing tobacco or snuff ☐ 1
No, I have never used chewing tobacco or snuff in my life ☐ 2

C-12. How long has it been since you last used chewing tobacco or snuff?

Within the past 30 days ☐ 1
More than 30 days ago but within the past 12 months ☐ 2
More than 12 months ago but within the past 3 years ☐ 3
More than 3 years ago ☐ 4
I have never used chewing tobacco or snuff in my life ☐ 91

YOU HAVE FINISHED THE QUESTIONS ABOUT TOBACCO.

THANK YOU FOR ANSWERING THESE QUESTIONS.

TELL THE INTERVIEWER THAT YOU ARE FINISHED
WITH THE TOBACCO QUESTIONS.

ALCOHOL**Answer Sheet #2**

- A-1.** The next few questions are about drinks of alcoholic beverages. By a "drink," we mean a can or bottle of beer, a glass of wine or a wine cooler, a shot of liquor, or a mixed drink with liquor in it. Have you ever, even once, had a drink of any type of alcoholic beverage? *Do not include sips from another person's drink.*

Yes, I have had a drink of an alcoholic beverage ☐ 1

No, I have never had a drink of any alcoholic beverage in my life ☐ 2

- A-2.** How old were you the first time you had a drink of any alcoholic beverage? *Do not include sips from another person's drink.*

The first time I drank an alcoholic beverage, I was years old

I have never drunk an alcoholic beverage in my life ☐ 991

- A-3.** Think about the last time you drank any type of alcoholic beverage. How long has it been since you last drank an alcoholic beverage?

Within the past 30 days ☐ 1

More than 30 days ago but within the past 12 months ☐ 2

More than 12 months ago but within the past 3 years ☐ 3

More than 3 years ago ☐ 4

I have never drunk an alcoholic beverage in my life ☐ 91

- A-4.** Now think about the past 12 months, from your 12-month reference date through today. On how many days in the past 12 months did you drink an alcoholic beverage?

More than 300 days (every day or almost every day) ☐ 1

At least 201 but not more than 300 days (5 to 6 days a week) ☐ 2

At least 101 but not more than 200 days (3 to 4 days a week) ☐ 3

At least 51 but not more than 100 days (1 to 2 days a week) ☐ 4

At least 25 but not more than 50 days (3 to 4 days a month) ☐ 5

At least 12 but not more than 24 days (1 to 2 days a month) ☐ 6

At least 6 but not more than 11 days (less than one day a month) ☐ 7

At least 3 but not more than 5 days in the past 12 months ☐ 8

At least 1 but not more than 2 days in the past 12 months ☐ 9

IF NONE,
MARK ONE →
BOX FOR
BEST ANSWER

[I have drunk alcoholic beverages but not during the past 12 months ☐ 93
I have never drunk an alcoholic beverage in my life ☐ 91

(PLEASE TURN THE PAGE.)

A-5. During the past 12 months, when you drank alcoholic beverages, on how many days did you get very high or drunk?

More than 300 days (every day or almost every day) ☐ 1

At least 201 but not more than 300 days (5 to 6 days a week) ☐ 2

At least 101 but not more than 200 days (3 to 4 days a week) ☐ 3

At least 51 but not more than 100 days (1 to 2 days a week) ☐ 4

At least 25 but not more than 50 days (3 to 4 days a month) ☐ 5

At least 12 but not more than 24 days (1 to 2 days a month) ☐ 6

At least 6 but not more than 11 days (less than one day a month) ☐ 7

At least 3 but not more than 5 days in the past 12 months ☐ 8

At least 1 but not more than 2 days in the past 12 months ☐ 9

IF NONE,
MARK ONE →
BOX FOR
BEST ANSWER

I drank an alcoholic beverage in the past 12 months but I
did not get very high or drunk ☐ 90

I have drunk alcoholic beverages but not during the past 12 months ☐ 93

I have never drunk an alcoholic beverage in my life ☐ 91

(PLEASE GO TO THE NEXT PAGE.)

THE NEXT THREE QUESTIONS REFER TO THE PAST 30 DAYS ONLY.

A-6. Think specifically about the past 30 days -- that is, from your 30-day reference date up to and including today. During the past 30 days, on how many days did you drink one or more drinks of alcoholic beverages?

	Number of days I had a drink of an alcoholic beverage	<input type="text"/>
IF NONE, MARK ONE → BOX FOR BEST ANSWER	[I have drunk alcoholic beverages but not during the past 30 days	<input type="checkbox"/> 93
	[I have never drunk an alcoholic beverage in my life	<input type="checkbox"/> 91

A-7. On the days that you drank during the past 30 days, how many drinks did you usually have? Count as a drink a can or bottle of beer; a wine cooler or a glass of wine, champagne, or sherry; a shot of liquor or a mixed drink or cocktail.

	On the days I had an alcoholic beverage, I usually had	<input type="text"/> drink(s) per day
IF NONE, MARK ONE → BOX FOR BEST ANSWER	[I have drunk alcoholic beverages but not during the past 30 days	<input type="checkbox"/> 93
	[I have never drunk an alcoholic beverage in my life	<input type="checkbox"/> 91

A-8. During the past 30 days, on how many days did you have 5 or more drinks on the same occasion? By "occasion," we mean at the same time or within a couple of hours of each other.

	Number of days I drank 5 or more drinks of an alcoholic beverage	<input type="text"/>
IF NONE, MARK ONE → BOX FOR BEST ANSWER	[On the days I drank during the past 30 days, I never had 5 or more drinks . .	<input type="checkbox"/> 90
	[I have drunk alcoholic beverages but not during the past 30 days	<input type="checkbox"/> 93
	[I have never drunk an alcoholic beverage in my life	<input type="checkbox"/> 91

YOU HAVE FINISHED THE QUESTIONS ABOUT ALCOHOL.

 THANK YOU FOR ANSWERING THESE QUESTIONS.

 TELL THE INTERVIEWER THAT YOU ARE FINISHED
 WITH THE ALCOHOL QUESTIONS.

MARIJUANA**Answer Sheet #3**

The questions in this section are about marijuana and hashish. Marijuana is also called pot or grass. Marijuana is usually smoked -- either in cigarettes, called joints, or in a pipe. It is sometimes cooked in food. Hashish is a form of marijuana that is also called "hash." It is usually smoked in a pipe. Another form of hashish is hash oil.

M-1. Have you ever, even once, used marijuana or hashish?

Yes, I have used marijuana or hashish ☐ 1

No, I have never used marijuana or hashish in my life ☐ 2

M-2. How old were you the first time you used marijuana or hashish?

The first time I used marijuana or hashish, I was years old

I have never used marijuana or hashish in my life ☐ 991

M-3. Think about the entire time since you first used marijuana or hashish. Altogether, on how many days in your life have you used marijuana or hashish?

More than 300 days ☐ 1

At least 101 but not more than 300 days ☐ 2

At least 12 but not more than 100 days ☐ 3

At least 3 but not more than 11 days ☐ 4

At least 1 but not more than 2 days ☐ 5

I have never used marijuana or hashish in my life ☐ 91

M-4. How long has it been since you last used marijuana or hashish?

Within the past 30 days ☐ 1

More than 30 days ago but within the past 12 months ☐ 2

More than 12 months ago but within the past 3 years ☐ 3

More than 3 years ago ☐ 4

I have never used marijuana or hashish in my life ☐ 91

(PLEASE TURN THE ANSWER SHEET OVER.)

M-5. Now think about the past 12 months, from your 12-month reference date through today. On how many days in the past 12 months did you use marijuana or hashish?

More than 300 days (every day or almost every day)

At least 201 but not more than 300 days (5 to 6 days a week)

At least 101 but not more than 200 days (3 to 4 days a week)

At least 51 but not more than 100 days (1 to 2 days a week)

At least 25 but not more than 50 days (3 to 4 days a month)

At least 12 but not more than 24 days (1 to 2 days a month)

At least 6 but not more than 11 days (less than one day a month)

At least 3 but not more than 5 days in the past 12 months

At least 1 but not more than 2 days in the past 12 months

I have used marijuana or hashish but not during the past 12 months

I have never used marijuana or hashish in my life

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7

☐ 8

☐ 9

☐ 93

☐ 91

IF NONE,
MARK ONE →
BOX FOR
BEST ANSWER

M-6. Think specifically about the past 30 days -- that is, from your 30-day reference date up to and including today. During the past 30 days, on how many days did you use marijuana or hashish?

Number of days I used marijuana or hashish

I have used marijuana or hashish but not during the past 30 days

I have never used marijuana or hashish in my life

☐ 93

☐ 91

IF NONE,
MARK ONE →
BOX FOR
BEST ANSWER

YOU HAVE FINISHED THE QUESTIONS ABOUT MARIJUANA.

THANK YOU FOR ANSWERING THESE QUESTIONS.

TELL THE INTERVIEWER THAT YOU ARE FINISHED WITH THE MARIJUANA QUESTIONS.

COCAINE**Answer Sheet #4**

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

CN-1. Have you ever, even once, used any form of cocaine?

Yes, I have used some form of cocaine ☐ 1

No, I have never used any form of cocaine in my life ☐ 2

CN-2. How old were you the first time you used cocaine, in any form?

The first time I used some form of cocaine, I was years old

I have never used any form of cocaine in my life ☐ 991

CN-3. Think about the entire time since you first used cocaine. Altogether, on how many days in your life have you used cocaine?

More than 300 days ☐ 1

At least 101 but not more than 300 days ☐ 2

At least 12 but not more than 100 days ☐ 3

At least 3 but not more than 11 days ☐ 4

At least 1 but not more than 2 days ☐ 5

I have never used any form of cocaine in my life ☐ 91

CN-4. How long has it been since you last used any form of cocaine?

Within the past 30 days ☐ 1

More than 30 days ago but within the past 12 months ☐ 2

More than 12 months ago but within the past 3 years ☐ 3

More than 3 years ago ☐ 4

I have never used any form of cocaine in my life ☐ 91

(PLEASE TURN THE ANSWER SHEET OVER.)

CN-5. Now think about the past 12 months. On how many days in the past 12 months did you use cocaine?

- More than 300 days (every day or almost every day) ☐ 1
At least 201 but not more than 300 days (5 to 6 days a week) ☐ 2
At least 101 but not more than 200 days (3 to 4 days a week) ☐ 3
At least 51 but not more than 100 days (1 to 2 days a week) ☐ 4
At least 25 but not more than 50 days (3 to 4 days a month) ☐ 5
At least 12 but not more than 24 days (1 to 2 days a month) ☐ 6
At least 6 but not more than 11 days (less than one day a month) ☐ 7
At least 3 but not more than 5 days in the past 12 months ☐ 8
At least 1 but not more than 2 days in the past 12 months ☐ 9

*IF NONE,
MARK ONE →
BOX FOR
BEST ANSWER*

- [I have used cocaine but not during the past 12 months ☐ 93
I have never used any form of cocaine in my life ☐ 91

CN-6. Think specifically about the past 30 days. During the past 30 days, on how many days did you use cocaine?

Number of days I used some form of cocaine

*IF NONE,
MARK ONE →
BOX FOR
BEST ANSWER*

- [I have used cocaine but not during the past 30 days ☐ 93
I have never used any form of cocaine in my life ☐ 91

YOU HAVE FINISHED THE QUESTIONS ABOUT COCAINE.

THANK YOU FOR ANSWERING THESE QUESTIONS.

**TELL THE INTERVIEWER THAT YOU ARE FINISHED
WITH THE COCAINE QUESTIONS.**

"CRACK" COCAINE**Answer Sheet #5**

The next 6 questions refer only to "crack" (cocaine in rock or chunk form) and not the other forms of cocaine.

CK-1. Have you ever, even once, used "crack?"

Yes, I have used "crack" ☐ 1

No, I have never used "crack" in my life ☐ 2

CK-2. How old were you the first time you used "crack?"

The first time I used "crack," I was years old

I have never used "crack" in my life ☐ 991

CK-3. Think about the entire time since you first used "crack." Altogether, on how many days in your life have you used "crack?"

More than 300 days ☐ 1

At least 101 but not more than 300 days ☐ 2

At least 12 but not more than 100 days ☐ 3

At least 3 but not more than 11 days ☐ 4

At least 1 but not more than 2 days ☐ 5

I have never used "crack" my life ☐ 91

CK-4. How long has it been since you last used "crack?"

Within the past 30 days ☐ 1

More than 30 days ago but within the past 12 months ☐ 2

More than 12 months ago but within the past 3 years ☐ 3

More than 3 years ago ☐ 4

I have never used "crack" in my life ☐ 91

(PLEASE TURN THE ANSWER SHEET OVER.)

CK-5. Now think about the past 12 months, from your 12-month reference date through today. On how many days in the past 12 months did you use "crack?"

More than 300 days (every day or almost every day)	<input type="checkbox"/> 1
At least 201 but not more than 300 days (5 to 6 days a week)	<input type="checkbox"/> 2
At least 101 but not more than 200 days (3 to 4 days a week)	<input type="checkbox"/> 3
At least 51 but not more than 100 days (1 to 2 days a week)	<input type="checkbox"/> 4
At least 25 but not more than 50 days (3 to 4 days a month)	<input type="checkbox"/> 5
At least 12 but not more than 24 days (1 to 2 days a month)	<input type="checkbox"/> 6
At least 6 but not more than 11 days (less than one day a month)	<input type="checkbox"/> 7
At least 3 but not more than 5 days in the past 12 months	<input type="checkbox"/> 8
At least 1 but not more than 2 days in the past 12 months	<input type="checkbox"/> 9
<i>IF NONE,</i> <i>MARK <u>ONE</u> →</i> <i>BOX FOR</i> <i>BEST ANSWER</i>	[I have used "crack" but not during the past 12 months <input type="checkbox"/> 93
	[I have never used "crack" in my life <input type="checkbox"/> 91

CK-6. Think specifically about the past 30 days -- that is, from your 30-day reference date up to and including today. During the past 30 days, on how many days did you use "crack?"

Number of days I used "crack"	<input type="text"/>
<i>IF NONE,</i> <i>MARK <u>ONE</u> →</i> <i>BOX FOR</i> <i>BEST ANSWER</i>	[I have used "crack" but not during the past 30 days <input type="checkbox"/> 93
	[I have never used "crack" in my life <input type="checkbox"/> 91

YOU HAVE FINISHED THE QUESTIONS ABOUT "CRACK."

THANK YOU FOR ANSWERING THESE QUESTIONS.

**TELL THE INTERVIEWER THAT YOU ARE FINISHED
WITH THE "CRACK" QUESTIONS.**

HEROIN**Answer Sheet #6**

H-1. Have you ever, even once, used heroin?

Yes, I have used heroin ☐ 1

No, I have never used heroin in my life ☐ 2

H-2. How old were you the first time you used heroin?

The first time I used heroin, I was years old

I have never used heroin in my life ☐ 991

H-3. Think about the entire time since you first used heroin. Altogether, on how many days in your life have you used heroin?

More than 300 days ☐ 1

At least 101 but not more than 300 days ☐ 2

At least 12 but not more than 100 days ☐ 3

At least 3 but not more than 11 days ☐ 4

At least 1 but not more than 2 days ☐ 5

I have never used heroin in my life ☐ 91

H-4. How long has it been since you last used heroin?

Within the past 30 days ☐ 1

More than 30 days ago but within the past 12 months ☐ 2

More than 12 months ago but within the past 3 years ☐ 3

More than 3 years ago ☐ 4

I have never used heroin in my life ☐ 91

(PLEASE TURN THE ANSWER SHEET OVER.)

H-5. Now think about the past 12 months. On how many days in the past 12 months did you use heroin?

- More than 300 days (every day or almost every day) ☐ 1
 At least 201 but not more than 300 days (5 to 6 days a week) ☐ 2
 At least 101 but not more than 200 days (3 to 4 days a week) ☐ 3
 At least 51 but not more than 100 days (1 to 2 days a week) ☐ 4
 At least 25 but not more than 50 days (3 to 4 days a month) ☐ 5
 At least 12 but not more than 24 days (1 to 2 days a month) ☐ 6
 At least 6 but not more than 11 days (less than one day a month) ☐ 7
 At least 3 but not more than 5 days in the past 12 months ☐ 8
 At least 1 but not more than 2 days in the past 12 months ☐ 9

IF NONE,
 MARK ONE →
 BOX FOR
 BEST ANSWER

- [I have used heroin but not during the past 12 months ☐ 93
 I have never used heroin in my life ☐ 91

H-6. Think specifically about the past 30 days. During the past 30 days, on how many days did you use heroin?

Number of days I used heroin

IF NONE,
 MARK ONE →
 BOX FOR
 BEST ANSWER

- [I have used heroin but not during the past 30 days ☐ 93
 I have never used heroin in my life ☐ 91

YOU HAVE FINISHED THE QUESTIONS ABOUT HEROIN.

THANK YOU FOR ANSWERING THESE QUESTIONS.

**TELL THE INTERVIEWER THAT YOU ARE FINISHED
 WITH THE HEROIN QUESTIONS.**

HALLUCINOGENS**Answer Sheet #7**

- L-1.** As you read the following list of hallucinogens, please mark one box beside each hallucinogen to indicate whether you have ever used that hallucinogen, even once.

Ever used?
YES **NO**

- a. LSD ("acid") ☐ 1 . . . ☐ 2
- b. PCP ("angel dust," phencyclidine) ☐ 1 . . . ☐ 2
- c. Peyote ☐ 1 . . . ☐ 2
- d. Mescaline ☐ 1 . . . ☐ 2
- e. Psilocybin (mushrooms) ☐ 1 . . . ☐ 2
- f. "Ecstasy" (MDMA) ☐ 1 . . . ☐ 2
- g. Have you ever used a hallucinogen whose name you don't know? ☐ 1 . . . ☐ 2
- h. Have you ever used any other hallucinogens besides the ones listed above? ☐ 1 . . . ☐ 2

PLEASE PRINT NAME(S) OF OTHER HALLUCINOGENS BELOW:

- L-2.** How old were you the first time you used LSD, PCP, or any other hallucinogen?

The first time I used a hallucinogen, I was years old
 I have never used any hallucinogen in my life ☐ 991

- L-3.** Think about the entire time since you first used LSD, PCP, or any other hallucinogen.
 On how many days in your life have you used LSD, PCP, or any other hallucinogen?

- More than 300 days ☐ 1
- At least 101 but not more than 300 days ☐ 2
- At least 12 but not more than 100 days ☐ 3
- At least 3 but not more than 11 days ☐ 4
- At least 1 but not more than 2 days ☐ 5
- I have never used any hallucinogen in my life ☐ 91

(PLEASE TURN THE PAGE.)

L-4. How long has it been since you last used LSD, PCP, or any other hallucinogen?

- Within the past 30 days ☐ 1
More than 30 days ago but within the past 12 months ☐ 2
More than 12 months ago but within the past 3 years ☐ 3
More than 3 years ago ☐ 4
I have never used any hallucinogen in my life ☐ 91

L-5. Now think about the past 12 months, from the 12-month reference date through today. On how many days in the past 12 months did you use LSD, PCP, or any other hallucinogen?

- More than 300 days (every day or almost every day) ☐ 1
At least 201 but not more than 300 days (5 to 6 days a week) ☐ 2
At least 101 but not more than 200 days (3 to 4 days a week) ☐ 3
At least 51 but not more than 100 days (1 to 2 days a week) ☐ 4
At least 25 but not more than 50 days (3 to 4 days a month) ☐ 5
At least 12 but not more than 24 days (1 to 2 days a month) ☐ 6
At least 6 but not more than 11 days (less than one day a month) ☐ 7
At least 3 but not more than 5 days in the past 12 months ☐ 8
At least 1 but not more than 2 days in the past 12 months ☐ 9

IF NONE,
MARK ONE →
BOX FOR
BEST ANSWER

- [I have used an hallucinogen but not during the past 12 months ☐ 93
I have never used any hallucinogen in my life ☐ 91

L-6. Think specifically about the past 30 days -- that is, from your 30-day reference date up to and including today. During the past 30 days, on how many days did you use LSD, PCP, or any other hallucinogen?

Number of days I used LSD, PCP, or another hallucinogen

IF NONE,
MARK ONE →
BOX FOR
BEST ANSWER

- [I have used an hallucinogen but not during the past 30 days ☐ 93
I have never used any hallucinogen in my life ☐ 91

L-7. Now think only about LSD. How long has it been since you last used LSD?

- Within the past 30 days ☐ 1
More than 30 days ago but within the past 12 months ☐ 2
More than 12 months ago but within the past 3 years ☐ 3
More than 3 years ago ☐ 4
I have never used LSD in my life ☐ 91

(PLEASE GO TO THE NEXT PAGE.)

L-8. Now think only about PCP. How long has it been since you last used PCP?

- Within the past 30 days ☐ 1
More than 30 days ago but within the past 12 months ☐ 2
More than 12 months ago but within the past 3 years ☐ 3
More than 3 years ago ☐ 4
I have never used PCP in my life ☐ 91

YOU HAVE FINISHED THE QUESTIONS ABOUT HALLUCINOGENS.

THANK YOU FOR ANSWERING THESE QUESTIONS.

**TELL THE INTERVIEWER THAT YOU ARE FINISHED
WITH THE HALLUCINOGENS QUESTIONS.**

INHALANTS**Answer Sheet #8**

IN-1. As you read the following list of inhalants, please mark one box beside each type of inhalant to indicate whether you have ever used that kind of inhalant, even once, for kicks or to get high.

**Ever used for
kicks or to get high?**
YES NO

- | | | |
|---|-----|-----|
| a. Amyl nitrite, "poppers," locker room odorizers, or "rush" | □ 1 | □ 2 |
| b. Correction fluid, degreaser, or cleaning fluid | □ 1 | □ 2 |
| c. Gasoline or lighter fluid | □ 1 | □ 2 |
| d. Glue, shoe polish, or toluene | □ 1 | □ 2 |
| e. Halothane, ether, or other anesthetics | □ 1 | □ 2 |
| f. Lacquer thinner or other paint solvents | □ 1 | □ 2 |
| g. Lighter gases (butane, propane) | □ 1 | □ 2 |
| h. Nitrous oxide or "whippets" | □ 1 | □ 2 |
| i. Spray paints | □ 1 | □ 2 |
| j. Other aerosol sprays | □ 1 | □ 2 |
| k. Have you ever used an inhalant whose name you don't
know for kicks or to get high? | □ 1 | □ 2 |
| l. Have you ever used any other inhalants, besides
those listed above, for kicks or to get high? | □ 1 | □ 2 |

PLEASE PRINT NAME(S) OF OTHER INHALANTS BELOW:

IN-2. How old were you the first time you used any inhalant for kicks or to get high?

The first time I used any inhalant for kicks or to get high, I was years old
 I have never used any inhalant for kicks or to get high in my life ☐ 991

IN-3. Think about the entire time since you first used an inhalant for kicks or to get high. Altogether, on how many days in your life have you used an inhalant of any kind?

- | | |
|--|------|
| More than 300 days | □ 1 |
| At least 101 but not more than 300 days | □ 2 |
| At least 12 but not more than 100 days | □ 3 |
| At least 3 but not more than 11 days | □ 4 |
| At least 1 but not more than 2 days | □ 5 |
| I have never used any inhalant for kicks or to get high in my life | □ 91 |

(PLEASE TURN THE ANSWER SHEET OVER.)

IN-4. How long has it been since you last used any inhalant for kicks or to get high?

- Within the past 30 days ☐ 1
More than 30 days ago but within the past 12 months ☐ 2
More than 12 months ago but within the past 3 years ☐ 3
More than 3 years ago ☐ 4
I have never used any inhalant for kicks or to get high in my life ☐ 91

IN-5. Now think about the past 12 months. On how many days in the past 12 months did you use an inhalant for kicks or to get high?

- More than 300 days (every day or almost every day) ☐ 1
At least 201 but not more than 300 days (5 to 6 days a week) ☐ 2
At least 101 but not more than 200 days (3 to 4 days a week) ☐ 3
At least 51 but not more than 100 days (1 to 2 days a week) ☐ 4
At least 25 but not more than 50 days (3 to 4 days a month) ☐ 5
At least 12 but not more than 24 days (1 to 2 days a month) ☐ 6
At least 6 but not more than 11 days (less than one day a month) ☐ 7
At least 3 but not more than 5 days in the past 12 months ☐ 8
At least 1 but not more than 2 days in the past 12 months ☐ 9

*IF NONE,
MARK ONE →
BOX FOR
BEST ANSWER*

- I have used an inhalant for kicks or to get high but not during the past 12 months ☐ 93
I have never used any inhalant for kicks or to get high in my life ☐ 91

IN-6. Think specifically about the past 30 days. During the past 30 days, on how many days did you use any inhalant for kicks or to get high?

*IF NONE,
MARK ONE →
BOX FOR
BEST ANSWER*

- Number of days I have used some kind of inhalant for kicks or to get high
I have used an inhalant for kicks or to get high but not during the past 30 days ☐ 93
I have never used any inhalant for kicks or to get high in my life ☐ 91

YOU HAVE FINISHED THE QUESTIONS ABOUT INHALANTS.

THANK YOU FOR ANSWERING THESE QUESTIONS.

TELL THE INTERVIEWER THAT YOU ARE FINISHED WITH THE INHALANTS QUESTIONS.

ANALGESICS**Answer Sheet #9**

PK-1. As you read the following list of prescription pain killers, please mark one box beside each pain killer to indicate whether you have ever used that pain killer when it was not prescribed for you, or that you took only for the experience or feeling it caused. Again, we are interested in all kinds of prescription pain killers, in pill or non-pill form.

Ever used without a
prescription or for
the experience?
YES **NO**

- a. Codeine ☐ 1 ☐ 2
- b. Darvon ☐ 1 ☐ 2
- c. Demerol ☐ 1 ☐ 2
- d. Dilaudid ☐ 1 ☐ 2
- e. Methadone ☐ 1 ☐ 2
- f. Morphine ☐ 1 ☐ 2
- g. Percodan ☐ 1 ☐ 2
- h. Talwin ☐ 1 ☐ 2
- i. Tylenol with codeine ☐ 1 ☐ 2
- j. Have you ever used a pain killer whose name you don't
know that was not prescribed for you, or that you
took only for the experience or feeling it caused? ☐ 1 ☐ 2
- k. Have you ever used any other pain killer besides the ones
listed above, that was not prescribed for you, or that
you took only for the experience or feeling it caused? . ☐ 1 ☐ 2

PLEASE PRINT NAME(S) OF OTHER PAIN KILLERS BELOW:

If you answered "NO" to each of the items a through k in Question PK-1 above, circle the 91 in the box to the right. Then tell the interviewer that you are finished with this answer sheet. Otherwise, continue with PK-2 below.

91

PK-2. How old were you the first time you used a pain killer that was not prescribed for you, or that you took only for the experience or feeling it caused?

The first time I used a pain killer that was not prescribed for me, or that
I took only for the experience or feeling it caused, I was years old

(PLEASE TURN THE ANSWER SHEET OVER.)

PK-3. Think about the entire time since you first used a pain killer that was not prescribed for you, or that you took only for the experience or feeling it caused. Altogether, on how many days in your life have you used a pain killer that was not prescribed for you, or that you took only for the experience or feeling it caused?

- More than 300 days ☐ 1
- At least 101 but not more than 300 days ☐ 2
- At least 12 but not more than 100 days ☐ 3
- At least 3 but not more than 11 days ☐ 4
- At least 1 but not more than 2 days ☐ 5

PK-4. How long has it been since you last used a pain killer that was not prescribed for you, or that you took only for the experience or feeling it caused?

- Within the past 30 days ☐ 1
- More than 30 days ago but within the past 12 months ☐ 2
- More than 12 months ago but within the past 3 years ☐ 3
- More than 3 years ago ☐ 4

PK-5. Now think about the past 12 months. On how many days in the past 12 months did you use any pain killer that was not prescribed for you, or that you took only for the experience or feeling it caused?

- More than 300 days (every day or almost every day) ☐ 1
- At least 201 but not more than 300 days (5 to 6 days a week) ☐ 2
- At least 101 but not more than 200 days (3 to 4 days a week) ☐ 3
- At least 51 but not more than 100 days (1 to 2 days a week) ☐ 4
- At least 25 but not more than 50 days (3 to 4 days a month) ☐ 5
- At least 12 but not more than 24 days (1 to 2 days a month) ☐ 6
- At least 6 but not more than 11 days (less than one day a month) ☐ 7
- At least 3 but not more than 5 days in the past 12 months ☐ 8
- At least 1 but not more than 2 days in the past 12 months ☐ 9
- I have used a pain killer that was not prescribed for me, or that I took only for the experience or feeling it caused, but not during the past 12 months ☐ 93

YOU HAVE FINISHED THE QUESTIONS ABOUT ANALGESICS.

THANK YOU FOR ANSWERING THESE QUESTIONS.

**TELL THE INTERVIEWER THAT YOU ARE FINISHED
WITH THE ANALGESICS QUESTIONS.**

TRANQUILIZERS**Answer Sheet #10**

T-1. As you read the following list of prescription tranquilizers, please mark one box beside each tranquilizer to indicate whether you have ever used that tranquilizer when it was not prescribed for you, or that you took only for the experience or feeling it caused. Again, we are interested in all kinds of prescription tranquilizers, in pill or non-pill form.

**Ever used without a
prescription or for
the experience?**
YES NO

- a. Atarax ☐ 1 ☐ 2
- b. Ativan ☐ 1 ☐ 2
- c. Diazepam ☐ 1 ☐ 2
- d. Librium ☐ 1 ☐ 2
- e. Tranxene ☐ 1 ☐ 2
- f. Valium ☐ 1 ☐ 2
- g. Xanax ☐ 1 ☐ 2
- h. Have you ever used a tranquilizer whose name you don't
know that was not prescribed for you, or that you
took only for the experience or feeling it caused? ☐ 1 ☐ 2
- i. Have you ever used any other tranquilizer besides the ones
listed above, that was not prescribed for you, or that
you took only for the experience or feeling it caused? . ☐ 1 ☐ 2

PLEASE PRINT NAME(S) OF OTHER TRANQUILIZERS BELOW:

If you answered "NO" to each of the items a through i in Question T-1 above, circle the 91 in the box to the right. Then tell the interviewer that you are finished with this answer sheet. Otherwise, continue with T-2 below.

91

T-2. How old were you the first time you used a tranquilizer that was not prescribed for you, or that you took only for the experience or feeling it caused?

The first time I used a tranquilizer that was not prescribed for me, or
that I took only for the experience or feeling it caused, I was years old

(PLEASE TURN THE ANSWER SHEET OVER.)

T-3. Think about the entire time since you first used a tranquilizer that was not prescribed for you, or that you took only for the experience or feeling it caused. Altogether, on how many days in your life have you used a tranquilizer that was not prescribed for you, or that you took only for the experience or feeling it caused?

- More than 300 days ☐ 1
- At least 101 but not more than 300 days ☐ 2
- At least 12 but not more than 100 days ☐ 3
- At least 3 but not more than 11 days ☐ 4
- At least 1 but not more than 2 days ☐ 5

T-4. How long has it been since you last used a tranquilizer that was not prescribed for you, or that you took only for the experience or feeling it caused?

- Within the past 30 days ☐ 1
- More than 30 days ago but within the past 12 months ☐ 2
- More than 12 months ago but within the past 3 years ☐ 3
- More than 3 years ago ☐ 4

T-5. Now think about the past 12 months, from your 12-month reference date through today. On how many days in the past 12 months did you use any tranquilizer that was not prescribed for you, or that you took only for the experience or feeling it caused?

- More than 300 days (every day or almost every day) ☐ 1
- At least 201 but not more than 300 days (5 to 6 days a week) ☐ 2
- At least 101 but not more than 200 days (3 to 4 days a week) ☐ 3
- At least 51 but not more than 100 days (1 to 2 days a week) ☐ 4
- At least 25 but not more than 50 days (3 to 4 days a month) ☐ 5
- At least 12 but not more than 24 days (1 to 2 days a month) ☐ 6
- At least 6 but not more than 11 days (less than one day a month) ☐ 7
- At least 3 but not more than 5 days in the past 12 months ☐ 8
- At least 1 but not more than 2 days in the past 12 months ☐ 9
- I have used a tranquilizer that was not prescribed for me, or that I took only for the experience or feeling it caused, but not during the past 12 months ☐ 93

YOU HAVE FINISHED THE QUESTIONS ABOUT TRANQUILIZERS.
THANK YOU FOR ANSWERING THESE QUESTIONS.
TELL THE INTERVIEWER THAT YOU ARE FINISHED
WITH THE TRANQUILIZERS QUESTIONS.

STIMULANTS**Answer Sheet #11**

ST-1. As you read the following list of prescription stimulants, please mark one box beside each stimulant to indicate whether you have ever used that stimulant when it was not prescribed for you, or that you took only for the experience or feeling it caused. Again, we are interested in all kinds of prescription stimulants, in pill or non-pill form.

Ever used without a
prescription or for
the experience?
YES **NO**

- a. Benzedrine ☐ 1 ☐ 2
- b. Biphedamine ☐ 1 ☐ 2
- c. Dexamyl ☐ 1 ☐ 2
- d. Dexedrine ☐ 1 ☐ 2
- e. Fastin ☐ 1 ☐ 2
- f. Ionamin ☐ 1 ☐ 2
- g. Methamphetamine ☐ 1 ☐ 2
- h. Methedrine ☐ 1 ☐ 2
- i. Preludin ☐ 1 ☐ 2
- j. Have you ever used a stimulant whose name you don't know
that was not prescribed for you, or that you took
only for the experience or feeling it caused? ☐ 1 ☐ 2
- k. Have you ever used any other stimulant besides the ones
listed above, that was not prescribed for you, or that
you took only for the experience or feeling it caused? . ☐ 1 ☐ 2

PLEASE PRINT NAME(S) OF OTHER STIMULANTS BELOW:

If you answered "NO" to each of the items a through k in Question ST-1 above, circle the 91 in the box to the right. Then tell the interviewer that you are finished with this answer sheet. Otherwise, continue with ST-2 below.

91

ST-2. How old were you the first time you used a stimulant that was not prescribed for you, or that you took only for the experience or feeling it caused?

The first time I used a stimulant that was not prescribed for me, or
that I took only for the experience or feeling it caused, I was years old

(PLEASE TURN THE ANSWER SHEET OVER.)

ST-3. Think about the entire time since you first used a stimulant that was not prescribed for you, or that you took only for the experience or feeling it caused. Altogether, on how many days in your life have you used a stimulant that was not prescribed for you, or that you took only for the experience or feeling it caused?

- More than 300 days ☐ 1
- At least 101 but not more than 300 days ☐ 2
- At least 12 but not more than 100 days ☐ 3
- At least 3 but not more than 11 days ☐ 4
- At least 1 but not more than 2 days ☐ 5

ST-4. How long has it been since you last used a stimulant that was not prescribed for you, or that you took only for the experience or feeling it caused?

- Within the past 30 days ☐ 1
- More than 30 days ago but within the past 12 months ☐ 2
- More than 12 months ago but within the past 3 years ☐ 3
- More than 3 years ago ☐ 4

ST-5. Now think about the past 12 months. On how many days in the past 12 months did you use any stimulant that was not prescribed for you, or that you took only for the experience or feeling it caused?

- More than 300 days (every day or almost every day) ☐ 1
- At least 201 but not more than 300 days (5 to 6 days a week) ☐ 2
- At least 101 but not more than 200 days (3 to 4 days a week) ☐ 3
- At least 51 but not more than 100 days (1 to 2 days a week) ☐ 4
- At least 25 but not more than 50 days (3 to 4 days a month) ☐ 5
- At least 12 but not more than 24 days (1 to 2 days a month) ☐ 6
- At least 6 but not more than 11 days (less than one day a month) ☐ 7
- At least 3 but not more than 5 days in the past 12 months ☐ 8
- At least 1 but not more than 2 days in the past 12 months ☐ 9
- I have used a stimulant that was not prescribed for me, or that I took only for the experience or feeling it caused, but not during the past 12 months ☐ 93

YOU HAVE FINISHED THE QUESTIONS ABOUT STIMULANTS.

THANK YOU FOR ANSWERING THESE QUESTIONS.

**TELL THE INTERVIEWER THAT YOU ARE FINISHED
WITH THE STIMULANTS QUESTIONS.**

SEDATIVES**Answer Sheet #12**

S-1. As you read the following list of prescription sedatives, please mark one box beside each sedative to indicate whether you have ever used that sedative when it was not prescribed for you, or that you took only for the experience or feeling it caused. Again, we are interested in all kinds of prescription sedatives, in pill or non-pill form.

**Ever used without a
prescription or for
the experience?**

YES NO

- a. Dalmane ☐ 1 ☐ 2
- b. Halcion ☐ 1 ☐ 2
- c. Methaqualone (including Sopor and Quaalude) ☐ 1 ☐ 2
- d. Nembutal ☐ 1 ☐ 2
- e. Phenobarbital ☐ 1 ☐ 2
- f. Placidyl ☐ 1 ☐ 2
- g. Seconal ☐ 1 ☐ 2
- h. Tuinal ☐ 1 ☐ 2
- i. Have you ever used a sedative whose name you don't know
that was not prescribed for you, or that you took
only for the experience or feeling it caused? ☐ 1 ☐ 2
- j. Have you ever used any other sedative besides the ones
listed above, that was not prescribed for you, or that you
took only for the experience or feeling it caused? ☐ 1 ☐ 2
- PLEASE PRINT NAME(S) OF OTHER SEDATIVES BELOW:***

If you answered "NO" to each of the items a through j in Question S-1 above, circle the 91 in the box to the right. Then tell the interviewer that you are finished with this answer sheet. Otherwise, continue with S-2 below.

91

S-2. How old were you the first time you used a sedative that was not prescribed for you, or that you took only for the experience or feeling it caused?

The first time I used a sedative that was not prescribed for me, or that
I took only for the experience or feeling it caused, I was years old

(PLEASE TURN THE ANSWER SHEET OVER.)

S-3. Think about the entire time since you first used a sedative that was not prescribed for you, or that you took only for the experience or feeling it caused. Altogether, on how many days in your life have you used a sedative that was not prescribed for you, or that you took only for the experience or feeling it caused?

- More than 300 days ☐ 1
At least 101 but not more than 300 days ☐ 2
At least 12 but not more than 100 days ☐ 3
At least 3 but not more than 11 days ☐ 4
At least 1 but not more than 2 days ☐ 5

S-4. How long has it been since you last used a sedative that was not prescribed for you, or that you took only for the experience or feeling it caused?

- Within the past 30 days ☐ 1
More than 30 days ago but within the past 12 months ☐ 2
More than 12 months ago but within the past 3 years ☐ 3
More than 3 years ago ☐ 4

S-5. Now think about the past 12 months, from your 12-month reference date through today. On how many days in the past 12 months did you use any sedative that was not prescribed for you, or that you took only for the experience or feeling it caused?

- More than 300 days (every day or almost every day) ☐ 1
At least 201 but not more than 300 days (5 to 6 days a week) ☐ 2
At least 101 but not more than 200 days (3 to 4 days a week) ☐ 3
At least 51 but not more than 100 days (1 to 2 days a week) ☐ 4
At least 25 but not more than 50 days (3 to 4 days a month) ☐ 5
At least 12 but not more than 24 days (1 to 2 days a month) ☐ 6
At least 6 but not more than 11 days (less than one day a month) ☐ 7
At least 3 but not more than 5 days in the past 12 months ☐ 8
At least 1 but not more than 2 days in the past 12 months ☐ 9
I have used a sedative that was not prescribed for me, or that
I took only for the experience or feeling it caused, but
not during the past 12 months ☐ 93

YOU HAVE FINISHED THE QUESTIONS ABOUT SEDATIVES.

THANK YOU FOR ANSWERING THESE QUESTIONS.

**TELL THE INTERVIEWER THAT YOU ARE FINISHED
WITH THE SEDATIVES QUESTIONS.**

SPECIAL DRUGS**Answer Sheet #13**

SD-1. Have you ever, even once, used heroin in any form?

YES, I have used heroin . . . ☐ 1 → **SD-2.**

NO, I have never used
heroin ☐ 2

**GO TO
QUESTION SD-6
AT TOP OF
PAGE 2**

Have you ever, even once, smoked heroin?

Yes, I have smoked heroin ☐ 1

No, I have used heroin, but I never
smoked it ☐ 2

SD-3. How long has it been since you last smoked heroin?

Within the past 30 days ☐ 1

More than 30 days ago but within
the past 12 months ☐ 2

More than 12 months ago but within
the past 3 years ☐ 3

More than 3 years ago ☐ 4

I have used heroin, but I never smoked it . . . ☐ 93

SD-4. Have you ever, even once, sniffed ("snorted") heroin powder
through your nose?

Yes, I have sniffed ("snorted") heroin ☐ 1

No, I have used heroin, but I have never
sniffed ("snorted") it ☐ 2

SD-5. How long has it been since you last sniffed ("snorted")
heroin powder through your nose?

Within the past 30 days ☐ 1

More than 30 days ago but within the past
12 months ☐ 2

More than 12 months ago but within the past
3 years ☐ 3

More than 3 years ago ☐ 4

I have used heroin, but I have never sniffed
("snorted") it ☐ 93

(PLEASE TURN THE PAGE)

SD-6. Have you ever, even once, used a needle to inject a drug that was not prescribed for you, or that you took only for the experience or feeling it caused?

YES, I have used a needle
to inject a drug ☐ 1 →

NO, I have never used a
needle to inject a drug . . ☐ 2

SD-7. Have you ever, even once, used a needle to inject cocaine?

Yes, I have used a needle to inject
cocaine ☐ 1

[No, I have used cocaine, but never
with a needle ☐ 93
No, I have never used any form of
cocaine in my life ☐ 91

IF NEVER,
MARK ONE →
BOX FOR
BEST ANSWER

GO TO
BOX A
AT BOTTOM OF
PAGE 4

SD-8. How long has it been since you last used a needle
to inject cocaine?

Within the past 30 days ☐ 1

More than 30 days ago but within
the past 12 months ☐ 2

More than 12 months ago but within
the past 3 years ☐ 3

More than 3 years ago ☐ 4

[I have used cocaine, but never
with a needle ☐ 93
I have never used any form of
cocaine in my life ☐ 91

IF NEVER,
MARK ONE →
BOX FOR
BEST ANSWER

SD-9. Have you ever, even once, used a needle to inject heroin?

Yes, I have used a needle to inject
heroin ☐ 1

[No, I have used heroin, but never
with a needle ☐ 93
No, I have never used heroin in my
life ☐ 91

IF NEVER,
MARK ONE →
BOX FOR
BEST ANSWER

(PLEASE GO TO THE NEXT PAGE.)

SD-10. How long has it been since you last used a needle to inject heroin?

- Within the past 30 days ☐ 1
- More than 30 days ago but within the past 12 months ☐ 2
- More than 12 months ago but within the past 3 years ☐ 3
- More than 3 years ago ☐ 4
- [I have used heroin, but never with a needle ☐ 93
- [I have never used heroin in my life ☐ 91

IF NEVER,
MARK ONE →
BOX FOR
BEST ANSWER

SD-11. Have you ever, even once, used a needle to inject a stimulant when it was not prescribed for you, or that you took only for the experience or feeling it caused?

- Yes, I have used a needle to inject a stimulant when it was not prescribed
for me or only for the experience or feeling it caused ☐ 1
- [No, I have used a stimulant when it was not prescribed for me or only for the
experience or feeling it caused, but never with a needle ☐ 93
- [No, I have never in my life used any stimulant when it was not prescribed for me
or only for the experience or feeling it caused ☐ 91

IF NEVER,
MARK ONE →
BOX FOR
BEST ANSWER

SD-12. How long has it been since you last used a needle to inject any stimulant when it was not prescribed for you, or that you took only for the experience or feeling it caused?

- Within the past 30 days ☐ 1
- More than 30 days ago but within the past 12 months ☐ 2
- More than 12 months ago but within the past 3 years ☐ 3
- More than 3 years ago ☐ 4
- [I have used a stimulant when it was not prescribed for me or only for
the experience or feeling it caused, but never with a needle ☐ 93
- [I have never in my life used any stimulant when it was not
prescribed for me or only for the experience or feeling it caused ☐ 91

IF NEVER,
MARK ONE →
BOX FOR
BEST ANSWER

SD-13. Now think about the last time you used a needle for injecting drugs. The last time you used a needle for injecting drugs, were you reusing a needle that you had used before?

- Yes, the last time I used a needle for injecting drugs, I reused a needle
that I had used before ☐ 1
- No, the last time I used a needle for injecting drugs, I did not reuse a
needle that I had used before ☐ 2

(PLEASE TURN TO THE NEXT PAGE.)

- SD-14.** The last time you used a needle for injecting drugs, did you use a needle that you knew or suspected someone else had used before?
- Yes, the last time I used a needle for injecting drugs, I used a needle that I knew or suspected someone else had used before ☐ 1
- No, the last time I used a needle for injecting drugs, I did not use a needle that I knew or suspected someone else had used before ☐ 2
- SD-15.** The last time you used a needle for injecting drugs, did you use bleach to clean the needle before you used it?
- Yes, the last time I used a needle for injecting drugs, I used bleach to clean the needle before I used it ☐ 1
- No, the last time I used a needle for injecting drugs, I did not use bleach to clean the needle before I used it ☐ 2
- SD-16.** The last time you used a needle for injecting drugs, did someone else use the needle after you?
- Yes, the last time I used a needle for injecting drugs, someone else used the needle after me ☐ 1
- No, no one else used the needle after me the last time I used a needle for injecting drugs ☐ 2
- SD-17.** The last time you used a needle for injecting drugs, how did you get the needle? *PLEASE MARK ONLY ONE BOX FOR THE BEST ANSWER.*
- I bought the needle from a pharmacy ☐ 1
- I got the needle from a needle exchange ☐ 2
- I bought the needle on the street ☐ 3
- I got the needle in a shooting gallery ☐ 4
- I got the needle some other way ☐ 5
- PLEASE DESCRIBE HOW YOU GOT THE NEEDLE:*
- _____

BOX A	YOU HAVE FINISHED THE QUESTIONS ABOUT SPECIAL DRUGS.
	THANK YOU FOR ANSWERING THESE QUESTIONS.
	PLEASE TELL THE INTERVIEWER THAT YOU ARE FINISHED
	WITH THE SPECIAL DRUGS QUESTIONS.

RISK/AVAILABILITY**Answer Sheet #14**

R-1. How much do you think people risk harming themselves physically and in other ways when they do each of the following activities?

(If you're not sure, mark the box for the amount of risk that comes closest to what you think might be true for that activity. MARK ONE BOX ON EACH LINE.)

How much do people risk harming themselves physically and in other ways when they ...

**NO
RISK**

**SLIGHT
RISK**

**MODERATE
RISK**

**GREAT
RISK**

- a. Smoke one or more packs of cigarettes per day? ☐ 1 ☐ 2 ☐ 3 ☐ 4
- b. Smoke marijuana once a month? ☐ 1 ☐ 2 ☐ 3 ☐ 4
- c. Smoke marijuana once or twice a week? ☐ 1 ☐ 2 ☐ 3 ☐ 4
- d. Try LSD once or twice? ☐ 1 ☐ 2 ☐ 3 ☐ 4
- e. Use LSD once or twice a week? ☐ 1 ☐ 2 ☐ 3 ☐ 4
- f. Try heroin once or twice? ☐ 1 ☐ 2 ☐ 3 ☐ 4
- g. Use heroin once or twice a week? ☐ 1 ☐ 2 ☐ 3 ☐ 4
- h. Use cocaine once a month? ☐ 1 ☐ 2 ☐ 3 ☐ 4
- i. Use cocaine once or twice a week? ☐ 1 ☐ 2 ☐ 3 ☐ 4
- j. Have four or five drinks nearly every day? ☐ 1 ☐ 2 ☐ 3 ☐ 4
- k. Have five or more drinks once or twice a week? ☐ 1 ☐ 2 ☐ 3 ☐ 4

R-2. How difficult do you think it would be for you to get each of the following types of drugs, if you wanted some? (MARK ONE BOX ON EACH LINE.)

How difficult or easy would it be for you to get some ...

**PROBABLY
IMPOSSIBLE**

**VERY
DIFFICULT**

**FAIRLY
DIFFICULT**

**FAIRLY
EASY**

**VERY
EASY**

- a. Marijuana ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
- b. LSD ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
- c. Cocaine ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
- d. "Crack" ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
- e. Heroin ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

(PLEASE TURN THE ANSWER SHEET OVER.)

R-3. In the past 30 days, has anyone approached you to sell you an illegal drug?

Yes ☐ 1
No ☐ 2

R-4. How often does each of the following statements apply to you? (MARK ONE BOX ON EACH LINE.)

How often do you ...	<u>NEVER</u>	<u>SELDOM</u>	<u>SOME- TIMES</u>	<u>ALWAYS</u>	<u>I DON'T DRIVE</u>
a. Get a real kick out of doing things that are a little dangerous?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
b. Like to test yourself by doing something a little risky?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
c. Wear a seatbelt when you ride in the front passenger seat of a car?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
d. Wear a seatbelt when you drive a car?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 91

YOU HAVE FINISHED THE QUESTIONS ABOUT RISK/AVAILABILITY.

THANK YOU FOR ANSWERING THESE QUESTIONS.

**TELL THE INTERVIEWER THAT YOU ARE FINISHED
WITH THE RISK/AVAILABILITY QUESTIONS.**

DRUGS**Answer Sheet #15**

All the questions on this answer sheet refer to the past 12 months -- that is, since your 12-month reference date.

DR-1. As you read the following list of types of drugs, please mark one box beside each type of drug to indicate whether you have used that type of drug during the past 12 months.

		<u>Used in past 12 months?</u>	
		<u>YES</u>	<u>NO</u>
a.	Cigarettes	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b.	Alcohol	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c.	Marijuana or hashish	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d.	Cocaine (including "crack")	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e.	Heroin	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f.	Hallucinogens, such as LSD, "acid," PCP, "Ecstasy," psilocybin (mushrooms), mescaline, peyote	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g.	Inhalants, such as amyl nitrite, "poppers," nitrous oxide, gasoline or lighter fluids, glue, spray paints, correction fluids	<input type="checkbox"/> 1	<input type="checkbox"/> 2
h.	Pain killers, such as codeine, Tylenol with codeine, Darvon, Percodan, Demerol, methadone, opiates	<input type="checkbox"/> 1	<input type="checkbox"/> 2
i.	Tranquilizers, such as Valium, Xanax, Librium, Ativan, other antianxiety drugs	<input type="checkbox"/> 1	<input type="checkbox"/> 2
j.	Stimulants, such as the methamphetamine, "speed," Dexedrine, Biphedamine, Benzedrine, "uppers," other amphetamines	<input type="checkbox"/> 1	<input type="checkbox"/> 2
k.	Sedatives, such as methaqualone, Seconal, Tuinal, Placidyl, barbiturates, sleeping pills, "downers"	<input type="checkbox"/> 1	<input type="checkbox"/> 2

If you answered "NO" to each of the items a through k in Question DR-1 above, circle the 93 in the box to the right. Then tell the interviewer that you are finished with this answer sheet. Otherwise, continue with DR-2 below.

93

DR-2. As you read the following list of types of drugs, please mark one box beside each type of drug to indicate whether you had a period of a month or more during the past 12 months when you spent a great deal of time getting the drug, using the drug, or getting over its effects.

		<u>Month or more when great deal of time spent involved with the drug?</u>	
		<u>YES</u>	<u>NO</u>
a.	Cigarettes	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b.	Alcohol	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c.	Marijuana or hashish	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d.	Cocaine (including "crack")	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e.	Heroin	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f.	Hallucinogens, such as LSD, "acid," PCP, "Ecstasy," psilocybin (mushrooms), mescaline, peyote	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g.	Inhalants, such as amyl nitrite, "poppers," nitrous oxide, gasoline or lighter fluids, glue, spray paints, correction fluids	<input type="checkbox"/> 1	<input type="checkbox"/> 2
h.	Pain killers, such as codeine, Tylenol with codeine, Darvon, Percodan, Demerol, methadone, opiates	<input type="checkbox"/> 1	<input type="checkbox"/> 2
i.	Tranquilizers, such as Valium, Xanax, Librium, Ativan, other antianxiety drugs	<input type="checkbox"/> 1	<input type="checkbox"/> 2
j.	Stimulants, such as the methamphetamine, "speed," Dexedrine, Biphedamine, Benzedrine, "uppers," other amphetamines	<input type="checkbox"/> 1	<input type="checkbox"/> 2
k.	Sedatives, such as methaqualone, Seconal, Tuinal, Placidyl, barbiturates, sleeping pills, "downers"	<input type="checkbox"/> 1	<input type="checkbox"/> 2

(PLEASE TURN THE PAGE.)

DR-3. As you read the following list of types of drugs, please mark one box beside each type of drug to indicate whether you have used that kind of drug much more often or in larger amounts than you intended to during the past 12 months.

		Used more often or in larger amounts?	
		YES	NO
a.	Cigarettes	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b.	Alcohol	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c.	Marijuana or hashish	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d.	Cocaine (including "crack")	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e.	Heroin	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f.	Hallucinogens, such as LSD, "acid," PCP, "Ecstasy," psilocybin (mushrooms), mescaline, peyote	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g.	Inhalants, such as amyl nitrite, "poppers," nitrous oxide, gasoline or lighter fluids, glue, spray paints, correction fluids	<input type="checkbox"/> 1	<input type="checkbox"/> 2
h.	Pain killers, such as codeine, Tylenol with codeine, Darvon, Percodan, Demerol, methadone, opiates	<input type="checkbox"/> 1	<input type="checkbox"/> 2
i.	Tranquilizers, such as Valium, Xanax, Librium, Ativan, other antianxiety drugs	<input type="checkbox"/> 1	<input type="checkbox"/> 2
j.	Stimulants, such as the methamphetamine, "speed," Dexedrine, Biphedamine, Benzedrine, "uppers," other amphetamines	<input type="checkbox"/> 1	<input type="checkbox"/> 2
k.	Sedatives, such as methaqualone, Seconal, Tuinal, Placidyl, barbiturates, sleeping pills, "downers"	<input type="checkbox"/> 1	<input type="checkbox"/> 2

DR-4. As you read the following list of types of drugs, please mark one box beside each type of drug to indicate whether you have built up a tolerance for the drug so that the same amount of the drug had less effect than before during the past 12 months.

		Built up a tolerance?	
		YES	NO
a.	Cigarettes	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b.	Alcohol	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c.	Marijuana or hashish	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d.	Cocaine (including "crack")	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e.	Heroin	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f.	Hallucinogens, such as LSD, "acid," PCP, "Ecstasy," psilocybin (mushrooms), mescaline, peyote	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g.	Inhalants, such as amyl nitrite, "poppers," nitrous oxide, gasoline or lighter fluids, glue, spray paints, correction fluids	<input type="checkbox"/> 1	<input type="checkbox"/> 2
h.	Pain killers, such as codeine, Tylenol with codeine, Darvon, Percodan, Demerol, methadone, opiates	<input type="checkbox"/> 1	<input type="checkbox"/> 2
i.	Tranquilizers, such as Valium, Xanax, Librium, Ativan, other antianxiety drugs	<input type="checkbox"/> 1	<input type="checkbox"/> 2
j.	Stimulants, such as the methamphetamine, "speed," Dexedrine, Biphedamine, Benzedrine, "uppers," other amphetamines	<input type="checkbox"/> 1	<input type="checkbox"/> 2
k.	Sedatives, such as methaqualone, Seconal, Tuinal, Placidyl, barbiturates, sleeping pills, "downers"	<input type="checkbox"/> 1	<input type="checkbox"/> 2

(PLEASE GO TO THE NEXT PAGE.)

DR-5. As you read the following list of types of drugs, please mark one box beside each type of drug to indicate whether your use of that drug has often kept you from working, going to school, taking care of children, or engaging in recreational activities during the past 12 months.

		Important activities reduced or given up?	
		YES	NO
a.	Cigarettes	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b.	Alcohol	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c.	Marijuana or hashish	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d.	Cocaine (including "crack")	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e.	Heroin	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f.	Hallucinogens, such as LSD, "acid," PCP, "Ecstasy," psilocybin (mushrooms), mescaline, peyote	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g.	Inhalants, such as amyl nitrite, "poppers," nitrous oxide, gasoline or lighter fluids, glue, spray paints, correction fluids	<input type="checkbox"/> 1	<input type="checkbox"/> 2
h.	Pain killers, such as codeine, Tylenol with codeine, Darvon, Percodan, Demerol, methadone, opiates	<input type="checkbox"/> 1	<input type="checkbox"/> 2
i.	Tranquilizers, such as Valium, Xanax, Librium, Ativan, other antianxiety drugs	<input type="checkbox"/> 1	<input type="checkbox"/> 2
j.	Stimulants, such as the methamphetamine, "speed," Dexedrine, Biphedamine, Benzedrine, "uppers," other amphetamines	<input type="checkbox"/> 1	<input type="checkbox"/> 2
k.	Sedatives, such as methaqualone, Seconal, Tuinal, Placidyl, barbiturates, sleeping pills, "downers"	<input type="checkbox"/> 1	<input type="checkbox"/> 2

DR-6. As you read the following list of types of drugs, please mark one box beside each type of drug to indicate whether your use of the drug has caused you to have any emotional or psychological problems -- such as feeling uninterested in things, feeling depressed, feeling suspicious of people, feeling paranoid, or having strange ideas during the past 12 months.

		Had emotional problems?	
		YES	NO
a.	Cigarettes	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b.	Alcohol	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c.	Marijuana or hashish	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d.	Cocaine (including "crack")	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e.	Heroin	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f.	Hallucinogens, such as LSD, "acid," PCP, "Ecstasy," psilocybin (mushrooms), mescaline, peyote	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g.	Inhalants, such as amyl nitrite, "poppers," nitrous oxide, gasoline or lighter fluids, glue, spray paints, correction fluids	<input type="checkbox"/> 1	<input type="checkbox"/> 2
h.	Pain killers, such as codeine, Tylenol with codeine, Darvon, Percodan, Demerol, methadone, opiates	<input type="checkbox"/> 1	<input type="checkbox"/> 2
i.	Tranquilizers, such as Valium, Xanax, Librium, Ativan, other antianxiety drugs	<input type="checkbox"/> 1	<input type="checkbox"/> 2
j.	Stimulants, such as the methamphetamine, "speed," Dexedrine, Biphedamine, Benzedrine, "uppers," other amphetamines	<input type="checkbox"/> 1	<input type="checkbox"/> 2
k.	Sedatives, such as methaqualone, Seconal, Tuinal, Placidyl, barbiturates, sleeping pills, "downers"	<input type="checkbox"/> 1	<input type="checkbox"/> 2

(PLEASE TURN THE PAGE.)

DR-7. As you read the following list of types of drugs, please mark one box beside each type of drug to indicate whether your use of that drug has caused you any health problems -- such as liver disease, stomach disease, pancreatitis, feet tingling, numbness, memory problems, an accidental overdose, a persistent cough, a seizure or fit, hepatitis, or abscesses during the past 12 months.

		Had physical problems?	
		YES	NO
a.	Cigarettes	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b.	Alcohol	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c.	Marijuana or hashish	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d.	Cocaine (including "crack")	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e.	Heroin	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f.	Hallucinogens, such as LSD, "acid," PCP, "Ecstasy," psilocybin (mushrooms), mescaline, peyote	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g.	Inhalants, such as amyl nitrite, "poppers," nitrous oxide, gasoline or lighter fluids, glue, spray paints, correction fluids	<input type="checkbox"/> 1	<input type="checkbox"/> 2
h.	Pain killers, such as codeine, Tylenol with codeine, Darvon, Percodan, Demerol, methadone, opiates	<input type="checkbox"/> 1	<input type="checkbox"/> 2
i.	Tranquilizers, such as Valium, Xanax, Librium, Ativan, other antianxiety drugs	<input type="checkbox"/> 1	<input type="checkbox"/> 2
j.	Stimulants, such as the methamphetamine, "speed," Dexedrine, Biphedamine, Benzedrine, "uppers," other amphetamines	<input type="checkbox"/> 1	<input type="checkbox"/> 2
k.	Sedatives, such as methaqualone, Seconal, Tuinal, Placidyl, barbiturates, sleeping pills, "downers"	<input type="checkbox"/> 1	<input type="checkbox"/> 2

DR-8. As you read the following list of types of drugs, please mark one box beside each type of drug to indicate whether, during the past 12 months, you have wanted or tried to stop or cut down on your use of that drug but found that you couldn't.

		Wanted or tried to stop or cut down on use?	
		YES	NO
a.	Cigarettes	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b.	Alcohol	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c.	Marijuana or hashish	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d.	Cocaine (including "crack")	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e.	Heroin	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f.	Hallucinogens, such as LSD, "acid," PCP, "Ecstasy," psilocybin (mushrooms), mescaline, peyote	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g.	Inhalants, such as amyl nitrite, "poppers," nitrous oxide, gasoline or lighter fluids, glue, spray paints, correction fluids	<input type="checkbox"/> 1	<input type="checkbox"/> 2
h.	Pain killers, such as codeine, Tylenol with codeine, Darvon, Percodan, Demerol, methadone, opiates	<input type="checkbox"/> 1	<input type="checkbox"/> 2
i.	Tranquilizers, such as Valium, Xanax, Librium, Ativan, other antianxiety drugs	<input type="checkbox"/> 1	<input type="checkbox"/> 2
j.	Stimulants, such as the methamphetamine, "speed," Dexedrine, Biphedamine, Benzedrine, "uppers," other amphetamines	<input type="checkbox"/> 1	<input type="checkbox"/> 2
k.	Sedatives, such as methaqualone, Seconal, Tuinal, Placidyl, barbiturates, sleeping pills, "downers"	<input type="checkbox"/> 1	<input type="checkbox"/> 2

YOU HAVE FINISHED THE QUESTIONS ABOUT DRUGS.

THANK YOU FOR ANSWERING THESE QUESTIONS.

TELL THE INTERVIEWER THAT YOU ARE FINISHED WITH THE DRUGS QUESTIONS.

SPECIAL TOPICS**Answer Sheet #16**

These questions are about treatment or counseling for drug or alcohol use, and encounters with the police or someone connected with the courts.

SP-1. At any time during the past 12 months did you receive treatment or counseling for your drug or alcohol use?

YES, I have received treatment
or counseling during the
past 12 months ☐ 1

NO, I have not received treatment
or counseling during the
past 12 months ☐ 2

**GO TO
QUESTION SP-6
AT TOP OF
PAGE 3**

SP-2. At any time during the past 12 months did you need
treatment or counseling for your drug or alcohol use?

YES, I needed treatment or
counseling during the
past 12 months ☐ 1

NO, I did not need treatment
or counseling during the
past 12 months ☐ 2

**GO TO
QUESTION SP-3
AT TOP OF
PAGE 2**

**GO TO
QUESTION SP-6
AT TOP OF
PAGE 3**

SP-3. As you read the following list of drugs, please mark one box beside each type of drug to indicate whether you needed treatment or counseling for your use of that kind of drug during the past 12 months.

	In past 12 months, needed treatment for this drug?	
	<u>YES</u>	<u>NO</u>
a. Alcohol	<input type="checkbox"/> 1 . . .	<input type="checkbox"/> 2
b. Marijuana or hashish	<input type="checkbox"/> 1 . . .	<input type="checkbox"/> 2
c. Cocaine or "crack"	<input type="checkbox"/> 1 . . .	<input type="checkbox"/> 2
d. Heroin	<input type="checkbox"/> 1 . . .	<input type="checkbox"/> 2
e. Hallucinogens	<input type="checkbox"/> 1 . . .	<input type="checkbox"/> 2
f. Inhalants	<input type="checkbox"/> 1 . . .	<input type="checkbox"/> 2
g. Prescription pain killers or analgesics	<input type="checkbox"/> 1 . . .	<input type="checkbox"/> 2
h. Prescription tranquilizers	<input type="checkbox"/> 1 . . .	<input type="checkbox"/> 2
i. Prescription stimulants	<input type="checkbox"/> 1 . . .	<input type="checkbox"/> 2
j. Prescription sedatives	<input type="checkbox"/> 1 . . .	<input type="checkbox"/> 2
k. I needed treatment for use of some other drug(s)	<input type="checkbox"/> 1 . . .	<input type="checkbox"/> 2

PLEASE PRINT NAME(S) BELOW:

SP-4. During the past 12 months, did you take any steps to obtain treatment or counseling for your drug or alcohol use?

Yes, during the past 12 months, I took steps to obtain treatment or counseling ☐ 1

No, during the past 12 months, I did not take steps to obtain treatment or counseling . . ☐ 2

SP-5. As you read the following list of reasons, please mark one box beside each reason to indicate whether it explains why you did not obtain treatment or counseling for your drug or alcohol use during the past 12 months.

	Reason for not obtaining treatment or counseling?	
	<u>YES</u>	<u>NO</u>
a. I had no transportation to the treatment or counseling programs	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. The nearest treatment or counseling programs were too far away	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. The treatment or counseling programs' hours were not convenient	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. There were no openings in the treatment or counseling programs	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. The programs didn't offer the type of treatment or counseling I wanted	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f. I didn't have insurance or money to pay for the programs	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g. The programs' facilities were not accessible to the handicapped	<input type="checkbox"/> 1	<input type="checkbox"/> 2
h. Participation in the program was too complicated	<input type="checkbox"/> 1	<input type="checkbox"/> 2
i. The programs' counselors didn't meet my ethnic or language needs	<input type="checkbox"/> 1	<input type="checkbox"/> 2
j. The programs did not offer special services that I needed, such as medical or mental health care, housing, employment counseling, child care, etc.	<input type="checkbox"/> 1	<input type="checkbox"/> 2
k. I did not obtain treatment or counseling for some other reason(s)	<input type="checkbox"/> 1	<input type="checkbox"/> 2

PLEASE SPECIFY REASON(S) BELOW:

(PLEASE GO TO THE NEXT PAGE.)

SP-6. Not counting minor traffic violations, have you ever been arrested and booked for breaking the 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.

YES, I have been arrested
and booked for
breaking a law ☐ 1 →

NO, I have never been
arrested and booked
for breaking a law . . . ☐ 2

SP-7. Not counting minor traffic violations, how many times during the past 12 months have you been arrested and booked for breaking a law? **RECORD NUMBER OF TIMES OR MARK THE BOX:**

Number of times arrested
and booked in the past
12 months times

I have not been arrested
and booked in the past
12 months ☐ 93

GO TO
QUESTION SP-9
AT TOP OF
PAGE 4

SP-8. Below is a list of offenses that are against the law. As you read the list, please mark one box beside each offense to indicate whether you were arrested and booked for that offense in the past 12 months. *For this question, do not include minor traffic violations.*

		In past 12 months, arrested and booked?	
		YES	NO
a.	Larceny or theft	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b.	Burglary or breaking and entering	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c.	Aggravated assault	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d.	Other assault, such as simple assault or battery	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e.	Motor vehicle theft	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f.	Robbery	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g.	Forcible rape	<input type="checkbox"/> 1	<input type="checkbox"/> 2
h.	Murder, homicide, or nonnegligent manslaughter	<input type="checkbox"/> 1	<input type="checkbox"/> 2
i.	Arson	<input type="checkbox"/> 1	<input type="checkbox"/> 2
j.	Driving under the influence	<input type="checkbox"/> 1	<input type="checkbox"/> 2
k.	Drunkenness or other liquor law violation	<input type="checkbox"/> 1	<input type="checkbox"/> 2
l.	Possession or sale of drugs	<input type="checkbox"/> 1	<input type="checkbox"/> 2
m.	Prostitution or commercialized sex	<input type="checkbox"/> 1	<input type="checkbox"/> 2
n.	Other property offenses, such as fraud, possessing stolen goods, or vandalism	<input type="checkbox"/> 1	<input type="checkbox"/> 2
o.	Other offenses	<input type="checkbox"/> 1	<input type="checkbox"/> 2

(PLEASE DESCRIBE): _____

(PLEASE TURN TO THE NEXT PAGE.)

SP-9. Were you on probation at any time during the past 12 months?

- Yes, I was on probation at some time during the past 12 months ☐ 1
No, I was not on probation during the past 12 months ☐ 2

SP-10. Were you on parole at any time during the past 12 months?

- Yes, I was on parole at some time during the past 12 months ☐ 1
No, I was not on parole during the past 12 months ☐ 2

SP-11. This question deals with activities that may be against the law. Read each item, then mark one box beside each question to indicate whether you have done the activity during the past 12 months.

- | | Done during the
past 12 months? | |
|--|--|----------------------------|
| | <u>YES</u> | <u>NO</u> |
| a. During the past 12 months, I drove a vehicle while I was under the
influence of a combination of alcohol and illegal drugs used together | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| b. During the past 12 months, I drove a vehicle while I was under the
influence of alcohol | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| c. During the past 12 months, I drove a vehicle while I was under the
influence of illegal drugs | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

YOU HAVE FINISHED THE SPECIAL TOPICS QUESTIONS.

THANK YOU FOR ANSWERING THESE QUESTIONS.

**TELL THE INTERVIEWER THAT YOU ARE FINISHED
WITH THE SPECIAL TOPICS QUESTIONS.**

TREATMENT**Answer Sheet #17**

This set of questions deals with treatment for alcohol and drug problems, not including cigarettes. For these questions we are interested in treatment designed to help you reduce or stop your alcohol or drug use and also treatment for medical problems associated with your alcohol or drug use.

TX-1. Have you ever received treatment or counseling for your use of alcohol or any drug, not counting cigarettes?

YES, I have received
treatment for my
use of alcohol or
some drug ☐ 1 →

NO, I have never
received treatment
for my use of alcohol
or any drug ☐ 2

TX-2. How many times in your life have you started into treatment or counseling for your use of alcohol or any drug, not counting cigarettes?

I have started into treatment or
counseling for my alcohol
or drug use times.

TX-3. How many times in the past 12 months have you started into treatment or counseling for your use of alcohol or any drug, not counting cigarettes?

In the past 12 months I have started into
treatment or counseling for my
alcohol or drug use times.

TX-4. As you read the following list of places where treatment for alcohol use is offered, please mark one box beside each type of treatment place to indicate whether you have received treatment for your alcohol use in that type of facility during the past 12 months.

**In past 12 months,
got treatment here for
your alcohol use?**
YES NO

- a. A hospital overnight as an inpatient ☐ 1 ☐ 2
- b. A residential drug or alcohol rehabilitation facility (overnight) ☐ 1 ☐ 2
- c. A drug or alcohol rehabilitation facility as an outpatient ☐ 1 ☐ 2
- d. A mental health center or facility as an outpatient ☐ 1 ☐ 2
- e. An emergency room ☐ 1 ☐ 2
- f. A private doctor's office ☐ 1 ☐ 2
- g. A prison or jail ☐ 1 ☐ 2
- h. A self-help group ☐ 1 ☐ 2
- i. I received treatment in some other place. ☐ 1 ☐ 2

**PLEASE DESCRIBE BELOW
THIS OTHER PLACE:**

**GO TO BOX A
AT BOTTOM OF
PAGE 4**

(PLEASE TURN THE PAGE.)

TX-5. As you read the following list of places where treatment for drug use is offered, please mark one box beside each type of treatment place to indicate whether you have received treatment for your use of other drugs not counting cigarettes or alcohol in that type of facility during the past 12 months.

	In past 12 months, got treatment here for your drug use?	
	<u>YES</u>	<u>NO</u>
a. A hospital overnight as an inpatient	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. A residential drug or alcohol rehabilitation facility (overnight)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. A drug or alcohol rehabilitation facility as an outpatient	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. A mental health center or facility as an outpatient	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. An emergency room	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f. A private doctor's office	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g. A prison or jail	<input type="checkbox"/> 1	<input type="checkbox"/> 2
h. A self-help group	<input type="checkbox"/> 1	<input type="checkbox"/> 2
i. I received treatment in some other place.	<input type="checkbox"/> 1	<input type="checkbox"/> 2

PLEASE DESCRIBE BELOW THIS OTHER PLACE:

TX-6. During the past 12 months, how many times did you visit a hospital emergency room to receive treatment related to your use of cocaine, heroin, marijuana, or other illegal drugs?

During the past 12 months, the number of times I received treatment
for my use of some illegal drug in a hospital emergency room was times.

The rest of the questions on this answer sheet refer to treatment for your use of drugs or alcohol.

TX-7. How long has it been since you last received treatment or counseling for your alcohol or drug use, not counting cigarettes?

Within the past 30 days	<input type="checkbox"/> 1
More than 30 days ago but within the past 12 months	<input type="checkbox"/> 2
More than 12 months ago but within the past 3 years	<input type="checkbox"/> 3
More than 3 years ago	<input type="checkbox"/> 4

(PLEASE GO TO THE NEXT PAGE.)

TX-8. What was the primary place where you received treatment the last time you started treatment for your alcohol or other drug use, not counting cigarettes? **MARK ONLY ONE BOX FOR THE BEST ANSWER.**

- A hospital overnight as an inpatient ☐ 1
- A residential drug or alcohol rehabilitation facility (overnight) ☐ 2
- A drug or alcohol rehabilitation facility as an outpatient ☐ 3
- A mental health center or facility as an outpatient ☐ 4
- An emergency room ☐ 5
- A private doctor's office ☐ 6
- A prison or jail ☐ 7
- A self-help group ☐ 8
- I received treatment in some other place. ☐ 9

PLEASE DESCRIBE BELOW THIS OTHER PLACE:

TX-9. As you read the following list of drugs, please mark one box beside each type of drug to indicate whether you received treatment or counseling for your use of that kind of drug the last time you entered treatment.

Got treatment for this drug?

YES NO

- | | | | |
|--|----------------------------|-------|----------------------------|
| a. Alcohol | <input type="checkbox"/> 1 | . . . | <input type="checkbox"/> 2 |
| b. Marijuana or hashish | <input type="checkbox"/> 1 | . . . | <input type="checkbox"/> 2 |
| c. Cocaine or "crack" | <input type="checkbox"/> 1 | . . . | <input type="checkbox"/> 2 |
| d. Heroin | <input type="checkbox"/> 1 | . . . | <input type="checkbox"/> 2 |
| e. Hallucinogens | <input type="checkbox"/> 1 | . . . | <input type="checkbox"/> 2 |
| f. Inhalants | <input type="checkbox"/> 1 | . . . | <input type="checkbox"/> 2 |
| g. Prescription pain killers or analgesics | <input type="checkbox"/> 1 | . . . | <input type="checkbox"/> 2 |
| h. Prescription tranquilizers | <input type="checkbox"/> 1 | . . . | <input type="checkbox"/> 2 |
| i. Prescription stimulants | <input type="checkbox"/> 1 | . . . | <input type="checkbox"/> 2 |
| j. Prescription sedatives | <input type="checkbox"/> 1 | . . . | <input type="checkbox"/> 2 |
| k. I received treatment for use of some other drug(s). | <input type="checkbox"/> 1 | . . . | <input type="checkbox"/> 2 |

PLEASE PRINT NAME(S) BELOW:

TX-10. What was the primary drug you entered treatment for during the last time you were treated?

Write name of primary drug: _____

TX-11. What was the outcome of the primary treatment or counseling at the place you marked in question TX-8? **PLEASE MARK ONLY ONE BOX FOR THE BEST ANSWER.**

- I am still in treatment ☐ 1
- I successfully completed treatment ☐ 2
- I left because I had a problem with the program ☐ 3
- I left because I couldn't afford to continue treatment ☐ 4
- I left because my family needed me ☐ 5
- I left because I began using drug(s) again ☐ 6
- My last treatment had some other outcome. ☐ 7

PLEASE DESCRIBE THE OUTCOME BELOW:

(PLEASE TURN THE PAGE.)

TX-12. How long did you stay in treatment for your alcohol or drug use during your last treatment at the place you marked in question TX-8? If you are currently in treatment for alcohol or drug use, how long have you been in treatment so far? Please fill in either the number of days or the number of months below.

OR: I was in treatment for days
 I was in treatment for months

TX-13. As you read the following list of sources of payment for treatment, please mark one box beside each source to indicate whether your last treatment or counseling that you marked in question TX-8 for alcohol or drug use was paid for by that source, even if it only paid part of the cost.

	Source paid for last treatment?	
	<u>YES</u>	<u>NO</u>
a. Health insurance paid for the <u>last</u> treatment I received	<input type="checkbox"/> 1 . . .	<input type="checkbox"/> 2
b. Medicare paid for the <u>last</u> treatment I received	<input type="checkbox"/> 1 . . .	<input type="checkbox"/> 2
c. Medicaid paid for the <u>last</u> treatment I received	<input type="checkbox"/> 1 . . .	<input type="checkbox"/> 2
d. I used my own savings or earnings to pay for the <u>last</u> treatment I received	<input type="checkbox"/> 1 . . .	<input type="checkbox"/> 2
e. Family members paid for the <u>last</u> treatment I received	<input type="checkbox"/> 1 . . .	<input type="checkbox"/> 2
f. My employer paid for the <u>last</u> treatment I received	<input type="checkbox"/> 1 . . .	<input type="checkbox"/> 2
g. The <u>last</u> treatment I received was free	<input type="checkbox"/> 1 . . .	<input type="checkbox"/> 2
h. My <u>last</u> treatment was paid for by some other source.	<input type="checkbox"/> 1 . . .	<input type="checkbox"/> 2

PLEASE DESCRIBE BELOW:

TX-14. Were you enrolled in a treatment program for your alcohol or drug use (whether or not it was your last treatment episode) on October 1, 1996? For this question, please include only treatment received at a hospital, drug rehabilitation facility, or mental health center.

YES, I was enrolled in a treatment program for my alcohol
or drug use on October 1, 1996 ☐ 1
 NO, I was not enrolled in a treatment program for my
alcohol or drug use on October 1, 1996 ☐ 2

BOX A	YOU HAVE FINISHED THE QUESTIONS ABOUT TREATMENT.
	THANK YOU FOR ANSWERING THESE QUESTIONS.
	PLEASE TELL THE INTERVIEWER THAT YOU ARE FINISHED WITH THE TREATMENT QUESTIONS.

WORKPLACE ISSUES**Answer Sheet #18**

The first seven questions are about work-related accidents in which you may have been involved. When we refer to your involvement in work-related accidents, we mean that you were part of an accident at the time it took place while you were working, and that this accident resulted in any or all of the following: damage to property or equipment, an injury to yourself, or an injury to another person. Please keep this definition in mind as you answer this series of questions.

W-1. Have you ever been involved in a work-related accident?

YES, I have been involved in a work-related accident ☐ 1 →

NO, I have never been involved in a work-related accident ☐ 2

W-2. Have you been involved in a work-related accident during the past 12 months?

YES, I have been involved in a work-related accident during the past 12 months ☐ 1

NO, I have not been involved in a work-related accident during the past 12 months ☐ 2

W-3. As a result of any work-related accidents you were involved in during the past 12 months, were you required to take an alcohol or drug test?

YES, I was required to take an alcohol or drug test ☐ 1

NO, I was not required to take an alcohol or drug test ☐ 2

**GO TO QUESTION
W-6
AT TOP OF
PAGE 3**

(PLEASE TURN THE PAGE.)

W-4. During the past 30 days, have you been involved in any work-related accidents?

YES, I have been
involved in a
work-related
accident during
the past 30
days ☐ 1 → **W-5.**

NO, I have not
been involved
in a work-related
accident during
the past 30 days ☐ 2

As a result of any work-related accidents you were involved
in during the past 30 days, were you required to take an
alcohol or drug test?

YES, I was required to take an
alcohol or drug test ☐ 1

NO, I was not required to take
an alcohol or drug test ☐ 2

(PLEASE GO TO THE NEXT PAGE.)

W-6. During the past 12 months, have you voluntarily left an employer?

YES, during the past 12 months, I have voluntarily
left an employer ☐ 1

NO, during the past 12 months, I have not voluntarily
left an employer ☐ 2

W-7. During the past 12 months, have you involuntarily left an employer for any of the following reasons?
PLEASE MARK ONE BOX FOR EACH ITEM.

	<u>YES</u>	<u>NO</u>
a. You were fired	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. You were permanently laid off	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. For some other reason. <i>PLEASE</i> <i>SPECIFY REASON BELOW:</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2

YOU HAVE FINISHED THE QUESTIONS ABOUT WORKPLACE ISSUES.

THANK YOU FOR ANSWERING THESE QUESTIONS.

**TELL THE INTERVIEWER THAT YOU ARE FINISHED
WITH THE WORKPLACE ISSUES QUESTIONS.**

DRUG EXPERIENCES**Answer Sheet #19**

DE-1. Have you ever smoked a cigar, even one or two puffs? Please include any cigarillos you may have smoked.

YES, I have smoked at least a puff or two from a cigar ☐ 1 →

NO, I have never smoked a cigar in my life ☐ 2

DE-2. Have you smoked at least 50 cigars in your lifetime?

Yes, I have smoked at least 50 cigars . . . ☐ 1

No, I have not smoked 50 cigars in my life ☐ 2

DE-3. Now think about the past 30 days, from your 30-day reference date through today. During the past 30 days, on how many days did you smoke a cigar?

Number of days I smoked a cigar

I have smoked a cigar but not during the past 30 days ☐ 93

(PLEASE TURN THE PAGE.)

**GO TO
QUESTION DE-4
AT TOP OF PAGE 2**

DE-4. Has anyone ever offered you marijuana or hashish, or tried to sell you marijuana or hashish?

Yes ☐ 1

No ☐ 2

DE-5 Have you ever, even once, used marijuana or hashish?

YES, I have used marijuana
or hashish ☐ 1

NO, I have never used
marijuana or hashish ☐ 2



DE-6. Who were the other people with you the first time
you smoked marijuana or hashish? *PLEASE*
MARK ALL THAT APPLY.

I was alone ☐ 1

With boyfriend/girlfriend/spouse .. ☐ 2

With friend(s) ☐ 3

With someone I just met ☐ 4

With my brother(s) or sister(s) ... ☐ 5

With my father ☐ 6

With my mother ☐ 7

With other relative(s) ☐ 8

Some other person/people ☐ 9

*PLEASE SPECIFY THIS
RELATIONSHIP:*

**GO TO
QUESTION DE-10
AT TOP OF PAGE 4**

DE-7. Here are some reasons people give for using marijuana or hashish the first time. Please indicate whether each of these was a reason why you used marijuana or hashish the first time. *PLEASE MARK ONLY ONE BOX FOR EACH REASON.*

Was this a reason for you?

- | | <u>YES</u> | <u>NO</u> |
|---|----------------------------|----------------------------|
| a. I wanted to see what it was like | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| b. I thought it would make me feel good | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| c. My friends were using it | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| d. My boyfriend/girlfriend/spouse wanted me to try it | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| e. I wanted to get away from my problems or troubles | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| f. I was bored and wanted to try something new | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| g. I wanted to disobey the people who told me not to use it | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| h. Some other reason | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

PLEASE SPECIFY THIS OTHER REASON: _____

(PLEASE GO TO THE NEXT PAGE.)

DE-8. Now think about the past 12 months, from your 12-month reference date through today. Have you used marijuana or hashish during the past 12 months?

YES, I have used marijuana or hashish
during the past 12 months ☐ 1 →

**GO TO QUESTION DE-11
AT THE TOP OF PAGE 5**

NO, I have not used marijuana or hashish
during the past 12 months ☐ 2

DE-9. Here are some reasons people give for not using marijuana or hashish. Please indicate whether each of these was a reason why you did not use marijuana or hashish in the past 12 months. *PLEASE MARK ONLY ONE BOX FOR EACH REASON.*

Was this a reason for you?

- | | <u>YES</u> | <u>NO</u> |
|--|----------------------------|----------------------------|
| a. I'm not interested in using it any more | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| b. I think it harms me physically | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| c. Using it makes me feel sick | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| d. Using it is against my beliefs | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| e. I'm afraid of drug testing at a job | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| f. I feel that it harms me psychologically | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| g. I'm afraid it might lead me to use stronger drugs | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| h. I'm afraid I could become addicted | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| i. I got pregnant, or I wanted to get pregnant | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| j. I don't want to use it around my children | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| k. My parents disapprove | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| l. My spouse/boyfriend/girlfriend disapproves | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| m. My friends disapprove | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| n. It's too expensive | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| o. I wouldn't know where to get it | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| p. I'm afraid to associate with drug dealers | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| q. Using marijuana or hashish is illegal | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| r. Buying marijuana or hashish helps support criminals .. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| s. Some other reason | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

PLEASE SPECIFY THIS OTHER REASON:

**GO TO QUESTION DE-11
AT THE TOP OF PAGE 5**

DE-10. Here are some reasons people give for never using marijuana or hashish. Please indicate whether each of these was a reason why you never used marijuana or hashish. *PLEASE MARK ONLY ONE BOX FOR EACH REASON.*

Was this a reason for you?

- | | <u>YES</u> | <u>NO</u> |
|---|----------------------------|----------------------------|
| a. I'm not interested in using it | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| b. I think it could harm me physically | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| c. I don't think I'd like it | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| d. Using it is against my beliefs | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| e. I'm afraid of drug testing at a job | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| f. I think that it could harm me psychologically | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| g. I'm afraid it might lead me to use stronger drugs | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| h. I'm afraid I could become addicted | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| i. I'm afraid it might harm my children during pregnancy .. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| j. I don't want to use it around my children | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| k. My parents would disapprove | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| l. My spouse/boyfriend/girlfriend would disapprove | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| m. My friends would disapprove | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| n. It's too expensive | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| o. I wouldn't know where to get it | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| p. I'm afraid to associate with drug dealers | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| q. Using marijuana or hashish is illegal | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| r. Buying marijuana or hashish helps support criminals | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| s. Some other reason | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

PLEASE SPECIFY THIS OTHER REASON:

(PLEASE GO TO THE NEXT PAGE.)

FOR THE REST OF THE QUESTIONS ON THIS ANSWER SHEET, PLEASE THINK ABOUT ALL THE DIFFERENT FORMS OF COCAINE INCLUDING POWDER, "CRACK," FREE BASE, AND COCA PASTE.

DE-11. Has anyone ever offered you cocaine, or tried to sell you cocaine?

Yes ☐ 1
No ☐ 2

DE-12. Have you ever, even once, used cocaine?

YES, I have used cocaine ☐ 1 →
NO, I have never used cocaine ☐ 2

DE-13. Who were the other people with you the first time you used cocaine? *PLEASE MARK ALL THAT APPLY.*

I was alone ☐ 1
With boyfriend/girlfriend/spouse .. ☐ 2
With friend(s) ☐ 3
With someone I just met ☐ 4
With my brother(s) or sister(s) ... ☐ 5
With my father ☐ 6
With my mother ☐ 7
With other relative(s) ☐ 8
Some other person/people ☐ 9

PLEASE SPECIFY THIS RELATIONSHIP:

GO TO
QUESTION DE-17
AT TOP OF PAGE 7

DE-14. Here are some reasons people give for using cocaine for the first time. Please indicate whether each of these was a reason why you used cocaine the first time. *PLEASE MARK ONLY ONE BOX FOR EACH REASON.*

Was this a reason for you?

	<u>YES</u>	<u>NO</u>
a. I wanted to see what it was like	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. I thought it would make me feel good	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. My friends were using it	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. My boyfriend/girlfriend/spouse wanted me to try it	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. I wanted to get away from my problems or troubles	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f. I was bored and wanted to try something new	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g. I wanted to disobey the people who told me not to use it	<input type="checkbox"/> 1	<input type="checkbox"/> 2
h. Some other reason	<input type="checkbox"/> 1	<input type="checkbox"/> 2

PLEASE SPECIFY THIS OTHER REASON:

(PLEASE TURN TO THE NEXT PAGE.)

DE-15. Now think about the past 12 months, from your 12-month reference date through today. Have you used cocaine during the past 12 months?

YES, I have used cocaine during the
past 12 months ☐ 1 →

**GO TO BOX A AT THE
BOTTOM OF PAGE 7**

NO, I have not used cocaine during
the past 12 months ☐ 2

DE-16. Here are some reasons people give for not using cocaine. Please indicate whether each of these was a reason why you did not use cocaine in the past 12 months. *PLEASE MARK ONLY ONE BOX FOR EACH REASON.*

	<u>Was this a reason for you?</u>	
	<u>YES</u>	<u>NO</u>
a. I'm not interested in using it any more	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. I think it harms me physically	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Using it makes me feel sick	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. Using it is against my beliefs	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. I'm afraid of drug testing at a job	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f. I feel that it harms me psychologically	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g. I'm afraid it might lead me to use stronger drugs	<input type="checkbox"/> 1	<input type="checkbox"/> 2
h. I'm afraid I could become addicted	<input type="checkbox"/> 1	<input type="checkbox"/> 2
i. I got pregnant, or I wanted to get pregnant	<input type="checkbox"/> 1	<input type="checkbox"/> 2
j. I don't want to use it around my children	<input type="checkbox"/> 1	<input type="checkbox"/> 2
k. My parents disapprove	<input type="checkbox"/> 1	<input type="checkbox"/> 2
l. My spouse/boyfriend/girlfriend disapproves	<input type="checkbox"/> 1	<input type="checkbox"/> 2
m. My friends disapprove	<input type="checkbox"/> 1	<input type="checkbox"/> 2
n. It's too expensive	<input type="checkbox"/> 1	<input type="checkbox"/> 2
o. I wouldn't know where to get it	<input type="checkbox"/> 1	<input type="checkbox"/> 2
p. I'm afraid to associate with drug dealers	<input type="checkbox"/> 1	<input type="checkbox"/> 2
q. Using cocaine is illegal	<input type="checkbox"/> 1	<input type="checkbox"/> 2
r. Buying cocaine helps support criminals	<input type="checkbox"/> 1	<input type="checkbox"/> 2
s. Some other reason	<input type="checkbox"/> 1	<input type="checkbox"/> 2

PLEASE SPECIFY THIS OTHER REASON:

**GO TO BOX A
AT THE BOTTOM OF
PAGE 7**

DE-17. Here are some reasons people give for never using cocaine. Please indicate whether each of these was a reason why you never used cocaine. *PLEASE MARK ONLY ONE BOX FOR EACH REASON.*

Was this a reason for you?

- | | <u>YES</u> | <u>NO</u> |
|--|----------------------------|----------------------------|
| a. I'm not interested in using it | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| b. I think it could harm me physically | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| c. I don't think I'd like it | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| d. Using it is against my beliefs | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| e. I'm afraid of drug testing at a job | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| f. I think that it could harm me psychologically | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| g. I'm afraid it might lead me to use stronger drugs | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| h. I'm afraid I could become addicted | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| i. I'm afraid it might harm my children during pregnancy | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| j. I don't want to use it around my children | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| k. My parents would disapprove | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| l. My spouse/boyfriend/girlfriend would disapprove | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| m. My friends would disapprove | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| n. It's too expensive | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| o. I wouldn't know where to get it | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| p. I'm afraid to associate with drug dealers | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| q. Using cocaine is illegal | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| r. Buying cocaine helps support criminals | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| s. Some other reason | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

PLEASE SPECIFY THIS OTHER REASON:

BOX A	<p>YOU HAVE FINISHED THE QUESTIONS ABOUT DRUG EXPERIENCES.</p> <p>THANK YOU FOR ANSWERING THESE QUESTIONS.</p> <p>TELL THE INTERVIEWER THAT YOU ARE FINISHED WITH THE DRUG EXPERIENCES QUESTIONS.</p>
------------------	--

YOUTH EXPERIENCES**Answer Sheet #20**

Y-1. Have you been enrolled in any type of school at any time during the past 12 months?

YES, I have been enrolled in school
during the past 12 months ☐ 1 → **Y-2.**

NO, I was not enrolled in school at
any time during the past 12 months .. ☐ 2

As you read the following types of schools,
please mark one box beside each type of school
to indicate whether you were enrolled in that
type of school at any time during the past 12
months.

YES **NO**

a. Public school; working
toward a high school
diploma ☐ 1 ... ☐ 2

b. Private school; working
toward a high school
diploma ☐ 1 ... ☐ 2

c. Home school ☐ 1 ... ☐ 2

d. A 4-year college or
university ☐ 1 ... ☐ 2

e. A 2-year college or
university ☐ 1 ... ☐ 2

f. Vocational or
trade school ☐ 1 ... ☐ 2

g. Some other type of school ☐ 1 ... ☐ 2

PLEASE SPECIFY:

**GO TO QUESTION Y-8 AT
THE TOP OF PAGE 3**

Y-3. What were your grades for the last semester or
grading period that you completed?

Mostly A's or B's ☐ 1

Mostly B's or C's ☐ 2

Mostly C's or D's ☐ 3

Mostly D's or below ☐ 4

My school does not give
these grades ☐ 91

(PLEASE TURN THE PAGE.)

Y-4. As you read each of the following activities, please mark one box beside each activity to indicate whether you have taken part in that activity during the past 12 months.

**Participated during the
past 12 months?**

- | | <u>YES</u> | <u>NO</u> |
|--|----------------------------|----------------------------|
| a. Boy Scouts/Girl Scouts | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| b. Private lessons (such as piano, dance, tennis, karate, horseback riding, etc.) .. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| c. Team sports (such as football, basketball, swimming, gymnastics, etc.) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| d. 4-H Club | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| e. School band, orchestra, or choir | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| f. School-related clubs | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| g. Student government | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| h. Volunteer activities | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| i. Church choir | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| j. Some other activity | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

PLEASE SPECIFY: _____

Y-5. During the past 12 months, did you work at a job for pay at any time?

Yes ☐ 1

No ☐ 2



Y-6. Did you work at a job for pay before or after school on school days?

Yes ☐ 1

No ☐ 2



Y-7. During the past 12 months, have you had any of the following alcohol or drug education classes in school?
PLEASE MARK ONLY ONE BOX FOR EACH ITEM.

**Participated in this
type of class?**

- | | <u>YES</u> | <u>NO</u> |
|---|----------------------------|----------------------------|
| a. A special course about alcohol or drugs taught by your regular teacher | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| b. A special course about alcohol or drugs (like DARE) taught by someone
other than your regular teacher | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| c. Special classes or other experiences (like a field trip) not connected
to one of your regularly scheduled classes | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| d. Some other alcohol or drug education experience in school | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

PLEASE DESCRIBE THIS OTHER EDUCATION BELOW:

(PLEASE GO TO THE NEXT PAGE.)

Y-8. During the past 12 months, have you seen or heard any alcohol or drug prevention messages from sources outside school (for example, posters, pamphlets, radio or TV ads)?

Yes ☐ 1
No ☐ 2

Y-9. During the past 12 months, have you spoken with a parent or other adult about the dangers of alcohol or drug use?

Yes ☐ 1
No ☐ 2

Y-10. How do you think your parents would feel if they thought you did the following things? *PLEASE MARK ONLY ONE BOX FOR EACH ITEM.*

How would your parents feel?

	<u>NOT AT ALL</u> <u>UPSET</u>	<u>SOMEWHAT</u> <u>UPSET</u>	<u>VERY</u> <u>UPSET</u>
a. Smoked 1 or more packs of cigarettes per day	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Tried marijuana once or twice	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Smoked marijuana once a month	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Smoked marijuana once or twice a week	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. Tried inhalants once or twice	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. Tried heroin once or twice	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. Used cocaine once a month	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h. Had five or more drinks once or twice a week	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Y-11. How do you think your close friends would feel if they thought you did the following things? *PLEASE MARK ONLY ONE BOX FOR EACH ITEM.*

How would your close friends feel?

	<u>NOT AT ALL</u> <u>UPSET</u>	<u>SOMEWHAT</u> <u>UPSET</u>	<u>VERY</u> <u>UPSET</u>
a. Smoked 1 or more packs of cigarettes per day	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Tried marijuana once or twice	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Smoked marijuana once a month	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Smoked marijuana once or twice a week	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. Tried inhalants once or twice	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. Tried heroin once or twice	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. Used cocaine once a month	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h. Had five or more drinks once or twice a week	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

(PLEASE TURN TO THE NEXT PAGE.)

Y-12. How many of your close friends have done each of the following things? *PLEASE MARK ONLY ONE BOX FOR EACH ITEM.*

	<u>NONE OF THEM</u>	<u>A FEW OF THEM</u>	<u>MOST OF THEM</u>
a. Smoked 1 or more packs of cigarettes per day	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Tried marijuana once or twice	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Smoked marijuana once a month	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Smoked marijuana once or twice a week	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. Tried inhalants once or twice	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. Tried heroin once or twice	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. Used cocaine once a month	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h. Had five or more drinks once or twice a week	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

(PLEASE GO TO THE NEXT PAGE.)

Y-13. If you wanted to talk to someone about a serious problem, which of the following people would you turn to? *MARK ALL THAT APPLY.*

- There is nobody I can talk to about serious problems ☐ 0
- My mother ☐ 1
- My father ☐ 2
- My boyfriend or girlfriend ☐ 3
- My brother or sister ☐ 4
- Some other relative ☐ 5
- A friend ☐ 6
- A teacher, coach, or school counselor ☐ 7
- A pastor or clergy ☐ 8
- Some other person ☐ 9

PLEASE DESCRIBE YOUR RELATIONSHIP TO THIS OTHER PERSON:

Y-14. Now think about the one person you are most likely to talk to about a serious problem. Who would that person be? *PLEASE MARK ONLY ONE BOX FOR THE BEST ANSWER.*

- There is nobody I can talk to about serious problems ☐ 0
- My mother ☐ 1
- My father ☐ 2
- My boyfriend or girlfriend ☐ 3
- My brother or sister ☐ 4
- Some other relative ☐ 5
- A friend ☐ 6
- A teacher, coach, or school counselor ☐ 7
- A pastor or clergy ☐ 8
- Some other person ☐ 9

PLEASE DESCRIBE YOUR RELATIONSHIP TO THIS OTHER PERSON:

(PLEASE TURN TO THE NEXT PAGE.)

Y-15. How strict are your parents about ...

	Not at all Strict	Just Strict Enough	Too Strict
The way you dress?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Staying out late at night (curfew)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Time spent doing homework?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Y-16. During the past 12 months, how often have you argued with your parents?

Every day	<input type="checkbox"/> 1
Several times a week	<input type="checkbox"/> 2
About once a week	<input type="checkbox"/> 3
About once a month	<input type="checkbox"/> 4
Rarely or never	<input type="checkbox"/> 5

Y-17. During the past 12 months, how many times have you gotten into a gang fight?

Never	<input type="checkbox"/> 1
1 or 2 times	<input type="checkbox"/> 2
3 or 4 times	<input type="checkbox"/> 3
5 or more times	<input type="checkbox"/> 4

Y-18. During the past 12 months, how many times have you taken something from a store without paying for it?

Never	<input type="checkbox"/> 1
1 or 2 times	<input type="checkbox"/> 2
3 or 4 times	<input type="checkbox"/> 3
5 or more times	<input type="checkbox"/> 4

YOU HAVE FINISHED THE YOUTH EXPERIENCES QUESTIONS.

THANK YOU FOR ANSWERING THESE QUESTIONS.

**TELL THE INTERVIEWER THAT YOU ARE FINISHED
WITH THE YOUTH EXPERIENCES QUESTIONS.**