

SAMHDA

SUBSTANCE ABUSE & MENTAL HEALTH DATA ARCHIVE

National Household Survey on Drug Abuse, 1985

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

Data Collection Instrument

SAMHDA

is sponsored by



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

www.samhsa.gov

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Center for Behavioral Health Statistics and Quality

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SAMHDA

Substance Abuse and Mental Health Data Archive

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APPENDIX D
DATA COLLECTION INSTRUMENTS

INSTITUTE FOR SURVEY RESEARCH
 TEMPLE UNIVERSITY
-Of The Commonwealth System Of Higher Education-
 1601 NORTH BROAD STREET
 PHILADELPHIA, PENNSYLVANIA 19122

OMB 09-30-0110
 Expires: 4/30/86

STUDY #518-323-01

01/

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

7-
19

LA#: _____ HU#: _____ DATE: _____

20-
23

TIME INTERVIEW BEGAN: _____ A.M. _____ P.M. TIME INTERVIEW ENDED: _____ A.M. _____ P.M.

24-
26

(IF RESPONDENT IS 18 OR OLDER, READ PARAGRAPH "A" AND PARAGRAPH "B."
 IF RESPONDENT IS 12-17 YEARS OLD, READ PARAGRAPH "A" TO THE PARENT;
 THEN OBTAIN PARENTAL PERMISSION BY READING PARAGRAPH "C.")

PARAGRAPH "A"

Hello, I'm _____, and I'm working on a nationwide survey for Temple University's Institute for Survey Research, sponsored by the U.S. Department of Health and Human Services, which used to be called HEW. You should have received a letter from Temple University telling about this survey. (SHOW LETTER, IF NECESSARY.) As is always true in our work, the answers which you give us will be kept strictly confidential. The results are a statistical tabulation of everyone's answers, and no names are ever connected with the survey. Most of the questions are about drugs, including alcohol and tobacco.

PARAGRAPH "B"

I would like it understood between us that if I ask you any questions that you don't want to answer, obviously you don't have to. If it is all right with you, let's get started. (PAUSE TO GIVE RESPONDENT A CHANCE TO ASK QUESTIONS OR TERMINATE.) The results of this study will provide the Federal Government with its main source of information on drug experience, knowledge, and attitudes and will be used for important research and management purposes.
 (CONDUCT THE INTERVIEW)

PARAGRAPH "C"

(HOLD OUT QUESTIONNAIRE IN A GESTURE OF OFFERING IT TO THE PARENT SO HE/SHE MAY TAKE IT IF HE/SHE WANTS TO, AND CONTINUE): This is the questionnaire we will be using. (IF PARENT WANTS TO EXAMINE QUESTIONNAIRE, LET HIM/HER DO SO, ANSWER ANY QUESTIONS, AND THEN SAY): If it is all right with you, we could get started. The results of this study will provide the Federal Government with its main source of information on drug experience, knowledge, and attitudes and will be used for important research and management purposes.

(RECORD IF PARENT TOOK THE QUESTIONNAIRE FROM YOU)

27

(TAKE BACK QUESTIONNAIRE)	Yes	1
	No	2

(AFTER OBTAINING PARENTAL PERMISSION, READ PARAGRAPH "A" AND PARAGRAPH "B" ABOVE TO 12-17 YEAR OLD WHO IS THE RESPONDENT)

INTERVIEWER: _____ ID#: _____

28-
31

THIS REPORT IS AUTHORIZED BY LAW (21 U.S.C. 1133, 21 U.S.C. 1172 AND 21 U.S.C. 1173). WHILE YOU ARE NOT REQUIRED TO RESPOND, YOUR COOPERATION IS NEEDED TO MAKE THE RESULTS OF THIS SURVEY COMPREHENSIVE, ACCURATE, AND TIMELY.

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

CIGARETTES

01/

The first question is about smoking tobacco.

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

32-33

_____ (AGE)	(SKIP TO Q. C-9)	Never tried a cigarette	97
----------------	------------------	-------------------------	----

C-2. Have you smoked as many as five packs of cigarettes, that is, at least 100 cigarettes, in your life?

34

Yes	1
No	2
Not sure	3

C-3. When was the most recent time you had a cigarette?

35

(SKIP TO Q. C-6)	In the past 30 days	1
	Within the past 6 months	2
	Within the past year	3
	One to 3 years ago	4
	More than 3 years ago	5
	Not sure	6

C-4. How many cigarettes have you smoked, on the average, during the past 30 days? Give me the average number per day.

36

Less than one cigarette a day	1
One to five cigarettes a day	2
About ½ pack a day (6-15 cigarettes)	3
About a pack a day (16-25 cigarettes)	4
About 1½ packs a day (26-35 cigarettes)	5
About two packs or more a day (over 35 cigarettes)	6
Not sur	7

C-5. For about how many years have you smoked (ANSWER FROM Q. C-4)?

(YEARS) OR _____
(MONTHS) OR _____
(WEEKS)

37-39

Not sure	998
----------	-----

C-6. About how old were you when you first started smoking daily?

(AGE)

(SKIP TO Q. C-9)

Never smoked daily

97

C-7. For how many years did you smoke daily?

(YEARS)

C-8. On the average, during most of this period when you smoked daily, about how many cigarettes did you smoke a day?

One to five cigarettes a day	1
About ½ pack a day (6-15 cigarettes)	2
About a pack a day (16-25 cigarettes)	3
About 1½ packs a day (26-35 cigarettes)	4
About two packs or more a day (over 35 cigarettes)	5

C-9. On the average, in the past 12 months, how often, if ever, have you used chewing tobacco or snuff or other smokeless tobacco?

Daily	01
Almost daily (3-6 days a week)	02
1 or 2 days a week	03
Several times a month (25-51 days a year)	04
1 to 2 times a month (12-24 days a year)	05
Every other month or so (6-11 days a year)	06
3-5 days this past year	07
1 or 2 days this past year	08
Never in the past year	09
Never used it	10

DRUGS

01/

(HAND R CARD A)

D-1. Please read this list and tell me which things you think are addictive. That is, anybody who uses it regularly becomes physically and/or psychologically dependent on it and can't get along without it. Just answer for those you have heard of. You can just give me the number.

Alcohol	01	47
Marijuana	02	
Sedatives	03	49
Tranquilizers	04	
Amphetamines	05	51
Cocaine	06	
LSD	07	53
Heroin	08	
Cigarettes	09	55
None of these	10	
All of these	11	57

(TAKE BACK CARD A)

ALCOHOL

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

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

This is an answer sheet. I would like you to mark an answer to each question after I read it to you. Either write a number on the line or circle a number or an X for each question. I'll read the instructions to you as we go along. When you finish the answer sheet, please tell me and I will ask you to put it in the envelope. At the end of the interview, I'll remind you to seal the envelope. As you can see, these questions are set up so that I will not know what your answers are.

Let's start. Read along to yourself from your answer sheet as I read the questions and instructions out loud.

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

Please write in the age that shows how old you were at that time. If you can't remember exactly how old you were, give your best guess. If you've never had an alcohol drink, just circle the X.

- A-2. The next question, A-2, asks: When was the most recent time you had an alcohol drink, that is, of beer, wine, or liquor or a mixed alcoholic drink? Did you have a drink within the past month? If so, circle the 1. If not, was it within the past six months? Just draw a circle around the number that is next to the first answer that fits you.

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

- A-3. Question A-3 asks: On those occasions when you drink alcohol, is it usually beer, wine, or liquor? Circle the number of the answer that best fits you. If you never had an alcohol drink, circle the X.

The next questions are about the past 30 days.

- A-4. The fourth question, A-4, is: If you used alcohol during the past 30 days, on about how many different days did you have one or more drinks?

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

- A-5. On the days that you drank during the past 30 days, about how many drinks did you usually have a day? By a drink we mean the equivalent of a can of beer, a glass of wine, or a shot glass of hard liquor or a mixed drink, like a glass of gin and tonic. On the line, write the number of drinks. If you did not drink during the past 30 days, write in a zero. If you never had an alcohol drink, circle the X. Please turn the answer sheet over.

- A-6. During the past 30 days, what is the most you had to drink on any one day? Write the number on the line. If you did not drink during the past 30 days, write in a zero. If you never had an alcohol drink, circle the X.
- A-7. Question A-7: On how many days in the past 30 days did you have this number of drinks? On the line, write the number of days that you had the amount that you wrote in A-6.
- A-8. Question A-8: During the past 30 days, about how many days did you have five or more drinks on the same occasion? By occasion we mean at the same time or within a couple of hours of each other. Write the number on the line. If you did not have five or more drinks on the same occasion in the past 30 days, write zero.
- A-9. About how old were you when you first began to use alcohol once a month or more? On the line, record your age. If you never used alcohol once a month or more, circle the 1. If you never had an alcohol drink, circle the X.
- A-10. Question A-10: Now, think about your drinking in the past 12 months. On the average, how often in the last 12 months have you had any alcoholic beverage, that is, beer, wine, or liquor? Circle the number of the answer that best fits you. If you never had an alcohol drink, circle the zero. Please go to the next page.
- A-11. Question A-11 asks: How many times in the past 12 months have you gotten very high or drunk on alcohol? Circle the number of the first answer that fits you. If you never had an alcohol drink, circle the zero.
- A-12. This is the last question on this answer sheet. It's A-12. In the past 12 months, did you ever drink beer, wine, or liquor and also use some other drug on the same occasion, that is, at the same time or within a couple of hours of using alcohol? Circle the number of each of those drugs that you have used on the same occasion as alcohol. If you did not drink alcohol with any other drug, circle the zero or if you did not have a drink of beer, wine, or liquor, circle the zero.

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

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

(PAUSE. REPEAT QUESTION, IF NECESSARY.)

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

PILLS

The next questions will be about prescription-type drugs. There will be separate questions for sedatives, tranquilizers, stimulants and analgesics. (HAND R CARD 1 TO REFER TO FOR SEDATIVES, TRANQUILIZERS, STIMULANTS AND ANALGESICS SECTIONS. TAKE BACK CARD AFTER ANSWER SHEET #5, ANALGESICS.) As you can see on this card, sedatives include downers, barbiturates and Seconal. Tranquilizers include antianxiety drugs like Librium, Valium, Ativan, and Meprobamate. Stimulants include uppers, amphetamines, speed, and Preludin. Analgesics include pain killers like Darvon, Demerol, Percodan, and Tylenol with codeine.

Now, read with me below the line on the card because this is very important. (PAUSE) We are interested in the nonmedical use of these prescription-type drugs. Nonmedical use of these drugs is any use on your own, that is, either:

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

Please keep this card so you can refer to it.

SEDATIVES

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

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

Please look at the sedatives on this card and keep it with you so you can refer to it. Again, we'll use an answer sheet.

(HAND R GRAY SEDATIVES ANSWER SHEET) (ANSWER SHEET #2)

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

If you took a sedative for a nonmedical reason but you don't know what the sedative was, circle 26 for "not sure." If you took a sedative that is not listed, write in what it was where it says "Other (Specify)" and circle 27. If you're not sure if what you took was a sedative, check to see if it is listed under another category on Card 1. (ALLOW TIME FOR R TO READ THE LIST OF SEDATIVES) If you never took any sedative for a nonmedical reason, circle the X at the bottom of the list and tell me that you are finished. Otherwise, please answer each question as I ask it.

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

- S-3. Now for the next question, S-3: Altogether, about how many times in your life have you taken sedatives for any nonmedical reason? Now, please turn the answer sheet over.
- S-4. Question S-4 is: When was the most recent time you took any sedative for nonmedical reasons? Circle the first answer that fits you.
- S-5. Question S-5: In the past 12 months, which of the substances listed, if any, did you use on the same occasion as a sedative, that is, at the same time or within a couple of hours? By a substance we mean one of those on the answer sheet. Just circle the number of each substance you used on the same occasion as a sedative in the past 12 months. If you did not take a sedative in the past 12 months or if you did not take a sedative with any other drug, circle the zero.

Please tell me when you are finished. (WAIT UNTIL R FINISHES THE ANSWER SHEET) Please check back and make sure you followed the instruction in S-1. If any question wasn't clear, please tell me and I'll be glad to read it again.

(PAUSE. REPEAT QUESTION, IF NECESSARY.)

Please put the answer sheet in the envelope.

(TAKE BACK CARD B)

TRANQUILIZERS

The next questions are about the use of tranquilizers on your own. People sometimes take tranquilizers to help them calm down or to relax their muscles or for some other reason.

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

Please look at the tranquilizers on this card and keep it with you so you can refer to it for the next questions.

(HAND R SALMON TRANQUILIZER ANSWER SHEET) (ANSWER SHEET #3)

Please use this answer sheet to mark down your answers.

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

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

(SKIP TO Q. T-1)	Wants interviewer to continue reading	1
	Wants to do it himself/herself	2

T-00. All right. Refer to Card 1 and then Card C and be sure to follow the instruction in T-1. Please let me know when you are finished.

(WAIT UNTIL R FINISHES THE ANSWER SHEET)

T-100. Now, please check back ... did you follow the instruction in T-1? If any question wasn't clear, I'd be happy to read it to you. (PAUSE) Now, please put the answer sheet in the envelope.

(TAKE BACK CARD C AND SKIP TO PAGE 10, STIMULANTS)

T-1. First, refer to Card 1 and Card C. Question T-1 asks you to circle the number next to each tranquilizer you ever took for nonmedical reasons, that is, on your own, either without a doctor's prescription or in greater amounts or more often or for a reason other than the doctor said you should take them. If you took a tranquilizer on your own but you don't know what it was, circle 17 for "not sure." If you took a tranquilizer that is not listed, write in what it was where it says "Other (Specify)" and circle 18. (PAUSE) If you never took any tranquilizer for a nonmedical reason, circle the X at the bottom of the list and tell me that you are finished.

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

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

T-4. Question T-4 asks: When was the most recent time you took any tranquilizer for nonmedical reasons?

T-5. Question T-5 is: In the past 12 months, which of the substances listed, if any, did you use on the same occasion as a tranquilizer, that is, at the same time or within a couple of hours? Just circle the number of each substance you used on the same occasion as a tranquilizer in the past 12 months.

Please tell me when you are finished.

Please check back and make sure you followed the instruction in T-1. If any question wasn't clear, I'd be happy to read it again.

(PAUSE. REPEAT QUESTION, IF NECESSARY.)

Please put the answer sheet in the envelope.

(TAKE BACK CARD C)

STIMULANTS

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

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

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

(HAND R PINK STIMULANTS ANSWER SHEET) (ANSWER SHEET #4)

Please use this answer sheet to mark down your answers.

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

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

(SKIP TO Q. ST-1)	Wants interviewer to continue reading	1
	Wants to do it himself/herself	2

ST-00. All right. Refer to Card 1 and Card D. Then be sure to follow the instruction in ST-1. Please tell me when you are finished.

(WAIT UNTIL R FINISHES ANSWER SHEET)

ST-100. Now please check back ... did you follow the instruction in ST-1? If any question wasn't clear, I'd be happy to read it to you. (PAUSE)
Now put the answer sheet in the envelope.

(TAKE BACK CARD D AND SKIP TO PAGE 12, ANALGESICS)

ST-1. Refer to Card 1 and Card D. The first question is ST-1. Circle the number next to each stimulant you ever took for nonmedical reasons, that is, on your own, either without a doctor's prescription or in greater amounts or more often or for a reason other than a doctor said you should take them.

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

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

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

ST-5. Question ST-5: In the past 12 months, which of the substances listed, if any, did you use on the same occasion as a stimulant, that is, at the same time or within a couple of hours? Circle the number of each substance you used on the same occasion as a stimulant in the past 12 months.

Please tell me when you are finished.

Please check back and make sure you followed the instruction in ST-1. If any question wasn't clear, I'd be happy to read it to you again.

(PAUSE. REPEAT QUESTION, IF NECESSARY.)

Please put the answer sheet in the envelope.

(TAKE BACK CARD D)

ANALGESICS

The next questions are about the use of analgesics. People sometimes take analgesics as painkillers or for some other reason. We're interested in nonmedical use--using analgesics or painkillers on your own.

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

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

(HAND R BLUE ANALGESICS ANSWER SHEET) (ANSWER SHEET #5)

Please use this answer sheet to mark down your answers. (IF YOU THINK THAT R CAN DO THIS ANSWER SHEET ON HIS/HER OWN, ASK Q. AN-0. IF THERE IS ANY DOUBT, SKIP TO Q. AN-1.)

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

(SKIP TO Q. AN-1)	Wants interviewer to read questions	1
	Wants to do it himself/herself	2

Please tell me when you are finished.

(WAIT UNTIL R FINISHES ANSWER SHEET)

AN-00. Please check back and make sure you followed the instruction in AN-1. If any question wasn't clear, I'd be happy to read it to you. (PAUSE) Now put the answer sheet in the envelope. (TAKE BACK CARD E AND CARD 1 AND SKIP TO PAGE 14, MARIJUANA)

AN-1. For the first question, circle the number next to each analgesic you ever took for nonmedical reasons, that is, on your own, either without a doctor's prescription or in greater amounts or more often or for a reason other than a doctor said you should take them.

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

AN-3. Altogether, about how many times in your life have you taken analgesics for any nonmedical reason? Now, please turn the answer sheet over.

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

AN-5. The last question on this answer sheet, AN-5, is: In the past 12 months, which of the substances listed, if any, did you use on the same occasion as an analgesic, that is, at the same time or within a couple of hours? Circle the number of each substance you used on the same occasion as an analgesic in the past 12 months.

Please tell me when you are finished.

Please check back and make sure you followed the instruction in AN-1.
If any question wasn't clear, I'd be happy to read it again.

(PAUSE. REPEAT QUESTION, IF NECESSARY.)

Now, please put the answer sheet in the envelope.

(TAKE BACK CARD E AND CARD 1)

MARIJUANA

(READ THIS STATEMENT TO ANY R WHO HAS COMPLETED ANSWER SHEET[S] ON HIS/HER OWN):

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

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

(HAND R GREEN MARIJUANA ANSWER SHEET) (ANSWER SHEET #6)

- M-1. Question M-1 is: About how old were you when you first had a chance to try marijuana or hash if you wanted to? If you're not sure how old you were, try to estimate your approximate age at that time.
- M-2. For the second question, M-2, write down about how old you were when you actually used marijuana or hash for the first time.
- M-3. Question M-3 is: Think of all the times you've used marijuana, from the first time up to the most recent time; then, look at the answer categories for question M-3 and circle the number to show, roughly, about how many times in your life you've used marijuana or hash.
- M-4. Question M-4 asks: When was the most recent time that you used marijuana or hash? Circle the first answer that fits you. Now, please go to the next page.
- M-5. The next few questions are about the past 30 days. On about how many different days did you use marijuana or hash during the past 30 days? If you're not sure, try to make a good guess. If it's no days, just put down a zero.

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

- M-6. Question M-6: About how many marijuana cigarettes, joints or reefers did you smoke per day on the average during the past 30 days? If you shared them with other people, count only the amount you smoked. If you didn't use any marijuana in the past 30 days, write zero.
- M-7. What is the total amount of marijuana that you used in all during the past 30 days? If you're not sure, just give your best guess.
- M-8. About how much money in all did the marijuana you used in the past 30 days cost you? Do not include any which you sold or gave away. Write in what the marijuana you used during the past 30 days cost you. If most of your marijuana in the past 30 days didn't cost you anything, first write in the amount you did spend and then circle the 1. If you never spent money on marijuana for your own use, circle the 2.
- M-9. During the past 30 days, when you have used marijuana, how often did you also drink alcohol on the same occasion, that is, at the same time or within a couple of hours of each other? Please go to the next page.

Now, think about the times in the past 12 months when you used only marijuana, and not hash.

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

M-11. Question M-11 is the last question on this answer sheet. In the past 12 months, which of the substances listed, if any, did you use with marijuana on the same occasion, that is, at the same time or within a couple of hours? Circle the number of each substance you used on the same occasion as marijuana in the past 12 months.

Please tell me when you are finished.

Please check back and make sure you marked an answer for each question on this answer sheet. If you have any questions, let me know.

Please put the answer sheet in the envelope.

INHALANTS

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

(HAND R CARD 2--BE SURE R TAKES CARD IN HIS/HER HAND)

(HAND R GOLD INHALANTS ANSWER SHEET) (ANSWER SHEET #7)

Please use this answer sheet to mark down your answers. If you have used any inhalant that is not on this list, write it in where it says to specify.

(IF R IS 12-17, SKIP TO Q. IN-1)

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

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

(SKIP TO Q. IN-1)	Wants interviewer to read questions	1
	Wants to do it himself/herself	2

Please let me know when you are finished.

(WAIT UNTIL R FINISHES ANSWER SHEET)

IN-00. Please check back and make sure you marked an answer to each question on both sides of the answer sheet. If any question wasn't clear, I'd be happy to read it.

(PAUSE)

Please put the answer sheet in the envelope.

(TAKE BACK CARD 2 AND SKIP TO PAGE 18, COCAINE)

IN-1. About how old were you the first time you sniffed or inhaled or huffed one of these inhalants, even once, for kicks or to get high?

IN-2. Question IN-2 asks you to circle the number next to each substance that you have ever sniffed or inhaled for kicks or to get high. The list on the answer sheet is the same as the one on the card. If you used an inhalant that is not listed, write in what that was and circle 10.

IN-3. For question IN-3, circle the number of each substance that you have sniffed or inhaled during the past 30 days for kicks or to get high. Now, please turn the answer sheet over.

IN-4. Question IN-4 asks: About how many times in your life have you used an inhalant to get high or for kicks?

IN-5. When was the most recent time that you used an inhalant, that is, sniffed or inhaled something to get high or for kicks?

- IN-6. Question IN-6 is: During the past 30 days, on about how many different days did you use an inhalant for kicks or to get high? If you did not use an inhalant for kicks or to get high in the past 30 days, write zero.
- IN-7. Thinking of all the times you used any of these inhalants, how much did you usually use? Circle the number of the answer that best fits you. If none of the answers fits you, write in your answer and circle 6.
- IN-8. Have you ever passed out from using any of these inhalants for kicks or to get high?

Please let me know when you are finished.

Please tell me which questions, if any, were not clear to you.

_____ (RECORD QUESTION NUMBERS)

All clear	1
-----------	---

(REPEAT QUESTIONS, IF NECESSARY.)

Have you marked an answer for each question?

_____ (SKIP TO STATEMENT* BELOW)

Yes	1
-----	---

No	2
----	---

We appreciate your answering every question. Even if you have never tried any of these inhalants to make you feel high, there is a place for you to show an answer for each question.

*(WHEN YOU ARE SATISFIED THAT EACH QUESTION HAS BEEN ACCOUNTED FOR):

Please put the answer sheet in the envelope.

(TAKE BACK CARD 2)

COCAINE

The next questions are about cocaine.

(HAND R YELLOW COCAINE ANSWER SHEET) (ANSWER SHEET #8)

Please use this answer sheet to mark down your answers.

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

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

(SKIP TO Q. CN-1)	Wants interviewer to read questions	1
	Wants to do it himself/herself	2

Please let me know when you are finished.

(WAIT UNTIL R FINISHES ANSWER SHEET)

CN-00. Please check back and make sure you marked an answer to each question on both sides of the answer sheet. If any question wasn't clear, I'd be happy to read it.

(PAUSE)

Please put the answer sheet in the envelope. (SKIP TO PAGE 20, HALLUCINOGENS)

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

CN-2. Then, for the second question, write down about how old you were the first time you actually used cocaine.

CN-3. Now, please think of all the times you've used cocaine, from the first time up to the most recent time. Then look at the answer categories for question CN-3 and circle a number to show about how many times in your life you used cocaine.

CN-4. Question CN-4 asks: When was the most recent time that you used cocaine? Circle the first answer that fits you.

The next few questions are about the past 30 days.

CN-5. The next question, CN-5, asks: During the past 30 days, on about how many different days did you use cocaine? If it's no days, write zero. Please go to the next page.

CN-6. Question CN-6: How many grams of cocaine in all have you used in the past 30 days regardless of how it was consumed? If it was more than one gram, write in the number of grams or ounces and circle 4.

CN-7. Question CN-7 is: About how much money in all did the cocaine you used in the past 30 days cost you? Do not include any which you sold or gave away. Write in what the cocaine you used in the past 30 days cost you.

CN-8. And question CN-8: During the past 30 days, when you have used cocaine, how often did you also drink alcohol on the same occasion, that is, at the same time or within a couple of hours of each other? Now, please go to the next page.

The next two questions are about the past 12 months.

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

CN-10. The next question, CN-10: In the past 12 months, which of the substances listed, if any, did you use with cocaine on the same occasion, that is, at the same time or within a couple of hours? Circle the number of each substance you used on the same occasion as cocaine in the past 12 months.

CN-11. The last question on this answer sheet, CN-11, asks you to circle the numbers of all the ways you have ever used cocaine. If you used it in any way that is not on the answer sheet, write in what that is where it says "Other (Specify)" and circle 5.

Please tell me when you are finished.

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

(PAUSE)

Please put the answer sheet in the envelope.

HALLUCINOGENS

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

(HAND R GRAY HALLUCINOGEN ANSWER SHEET) (ANSWER SHEET #9)

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

L-0. Shall I read these questions to you, or do you prefer to do it on your own?

(SKIP TO Q. L-1)	Wants interviewer to read questions	1
	Wants to do it himself/herself	2

Please let me know when you finish.

(WAIT UNTIL R FINISHES ANSWER SHEET)

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

	Yes	1
(REPEAT QUESTIONS, IF NECESSARY)	No/not sure	2

Please make sure you marked an answer to every question, and then put the answer sheet in the envelope. (SKIP TO PAGE 22, HEROIN)

L-1. The first question is: About how old were you when you first had a chance to try LSD or another hallucinogen, if you wanted to?

L-2. The second question asks: About how old were you the first time you actually used LSD or another hallucinogen?

L-3. Then L-3: About how many times in your life have you used LSD or another hallucinogen?

L-4. Question L-4 is: When was the most recent time you used LSD or another hallucinogen? Circle the first answer that fits you.

L-5. Question L-5: During the past 30 days, on about how many different days did you use LSD or another hallucinogen? When you've answered, please turn the answer sheet over.

L-6. Question L-6 asks you to circle the number of each hallucinogen you have ever tried. If you tried something that is not on the list, write in what it is where it says "Other (Specify)" and circle 6.

L-7. Question L-7: When was the most recent time that you used PCP?

L-8. The last question is L-8: Circle the number of each reaction you ever had, or were ever told you had, when you used PCP. Write in any other reactions you had and circle 5.

Please tell me when you are finished.

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

(PAUSE)

Please put the answer sheet in the envelope.

HEROIN

The next questions are about heroin.

(HAND R SALMON HEROIN ANSWER SHEET) (ANSWER SHEET #10)

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

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

(SKIP TO Q. H-1)	Wants interviewer to read questions	1
	Want to do it himself/herself	2

Please let me know when you are finished.

(WAIT FOR R TO FINISH)

- H-00. Did you understand all the questions? (REPEAT QUESTIONS, IF NECESSARY) Please make sure you marked an answer to every question, and then put the answer sheet in the envelope. (SKIP TO PAGE 23, HEALTH)
- H-1. The first question is: About how old were you when you first had a chance to try heroin, if you wanted to?
- H-2. The second question asks: About how old were you the first time you actually used heroin?
- H-3. Then question H-3: About how many times in your life have you used heroin?
- H-4. Question H-4 asks: When was the most recent time that you used heroin?
- H-5. Question H-5: During the past 30 days, on about how many different days did you use heroin?
- H-6. Question H-6 is: Have you ever used heroin with a needle?

Please tell me when you are finished.

Please check back and make sure you answered every question on heroin. Did you understand every question? (REPEAT QUESTIONS, IF NECESSARY)

Please put the answer sheet in the envelope.

HEALTH

H-1. Now we have some questions concerning your health. These are the kinds of questions a physician might ask you during a general check-up.

	YES	NO	
a. Have you ever been told by a doctor or nurse that you had high blood pressure or hypertension? (IF NO, SKIP TO c)	1	2	58
b. Has a doctor ever prescribed medicine for your high blood pressure or hypertension?	1	2	59
c. Have you ever had trouble with pain, discomfort or pressure in your chest when you walked fast or uphill?	1	2	60
d. Have you ever had severe pain across the front of your chest lasting for a half hour or more?	1	2	61
e. Have you ever had shortness of breath either when hurrying on level ground or walking up a slight hill?	1	2	62
f. Have you ever been told by a doctor that you had a lung or chest condition such as emphysema, asthma, chronic bronchitis, pneumonia, pleurisy or TB?	1	2	63
g. Have you ever been treated for psychological or emotional difficulties?	1	2	64
h. Have you ever been told by a doctor that you had a heart condition or heart problem?	1	2	65
i. Do you seem to get a bad cold or the flu every year?	1	2	66
j. Do you have hay fever?	1	2	67
H-2. Now, thinking only of the past 12 months:			
	YES	NO	
a. Have you been hospitalized overnight because of injury or illness in the past 12 months?	1	2	68
b. Have you had a sore throat lasting three days or more in the past 12 months?	1	2	69
c. Have you had a runny nose lasting three days or more in the past 12 months?	1	2	70
d. Have you had a cough lasting almost a week three or more times in the past 12 months?	1	2	71
e. Have you had a period of cough with phlegm lasting for three weeks or more in the past 12 months?	1	2	72
H-3. Would you describe your health for the past 12 months as:			
	excellent,	1	73
	very good,	2	
	good,	3	
	fair, or	4	
	poor?	5	

H-4. I'm going to read a list of ways you may have felt. (HAND R CARD 3)
 Please tell me how often you felt this way during the past week--rarely or none of the time, some or a little of the time, occasionally or a moderate amount of the time, or most or all of the time. Just tell me the number from this card.

- 1 Rarely or none of the time (less than a day)
- 2 Some or a little of the time (1-2 days)
- 3 Occasionally or a moderate amount of the time (3-4 days)
- 4 Most or all of the time (5-7 days)

During the past week:	-1 Day	1-2 Days	3-4 Days	5-7 Days	
a. I felt that I was just as good as other people.	1	2	3	4	74
b. I had trouble keeping my mind on what I was doing.	1	2	3	4	75
c. I felt depressed.	1	2	3	4	76
d. I felt that everything I did was an effort.	1	2	3	4	77
e. I felt hopeful about the future.	1	2	3	4	02/ 7
f. My sleep was restless.	1	2	3	4	8
g. I was happy.	1	2	3	4	9
h. People were unfriendly.	1	2	3	4	10
i. I enjoyed life.	1	2	3	4	11
j. I had crying spells.	1	2	3	4	12
k. I felt that people disliked me.	1	2	3	4	13
l. I could not get "going."	1	2	3	4	14

(TAKE BACK CARD 3)

DRUGS

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

(HAND R PINK DRUG ANSWER SHEET) (ANSWER SHEET #11)

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

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

(SKIP TO Q. DR-1)	Wants interviewer to read questions	1
	Wants to do it himself/herself	2

DR-00. Be sure to follow the instruction in DR-1 and please let me know when you are finished.

(WAIT FOR R TO FINISH)

DR-100. Please check back and make sure you followed the instruction in DR-1. If any question wasn't clear, I'd be happy to read it. (PAUSE)
Please put the answer sheet in the envelope.

(SKIP TO PAGE 26, DRINKING EXPERIENCES)

DR-1. Have you ever tried to cut down on your use of any of these drugs? Circle the number next to each one that you have tried to cut down on. If you never used cigarettes, alcohol or any of the other drugs listed, circle the X and tell the interviewer that you are finished. Otherwise, please answer each question.

DR-2. For D-2, circle the number next to each drug for which you have needed larger amounts to get the same effect or that you could no longer get high on the amount you used to use.

DR-3. Circle the number next to each drug you have ever used every day or almost daily for two or more weeks in a row. Please turn the answer sheet over.

DR-4. Circle the number next to each drug you felt that you needed or were dependent on.

DR-5. Circle the number next to each drug for which you've had withdrawal symptoms, that is, you felt sick because you stopped or cut down on your use of it.

Please let me know when you are finished.

Please check back and make sure you have answered every question. If any question wasn't clear, I'll be glad to read it again.

(PAUSE)

Please put the answer sheet in the envelope.

DRINKING EXPERIENCES

DE-1. On this answer sheet is a list of experiences that many people have had with drinking.

(HAND R BLUE DRINKING EXPERIENCES ANSWER SHEET) (ANSWER SHEET #12)

For each statement, circle the 1 if you have had this experience in the past 12 months, or circle 2 if you have not had this experience in the past 12 months. If you never had a drink of beer, wine, or liquor, circle the X at the top of the page. Otherwise, answer every statement.

Please let me know when you are finished.

(WAIT UNTIL R FINISHES ANSWER SHEET)

Please check back and make sure you followed the instruction in DE-1. If any statement wasn't clear, I'd be happy to read it.

(PAUSE)

Now put the answer sheet in the envelope.

DRUG PROBLEMS

(HAND R CARD 4--MAKE SURE R TAKES CARD IN HIS/HER HAND)

DP-1. Now we're interested in problems you may have had from your use of the substances listed on this card.

(HAND R GREEN DRUG PROBLEMS ANSWER SHEET) (ANSWER SHEET #13)

Have you had any of these problems in the past 12 months from your use of any of the substances on this card? If yes, circle 1 and write in the names of the substances you think probably caused the problem. If you did not have the problem in the past 12 months, circle the 2. If you never used any substance on this card, circle the X at the top of the page. Otherwise, please answer every statement.

Please let me know when you are finished.

(WAIT UNTIL R FINISHES ANSWER SHEET)

Please check back and make sure you followed the instruction in DP-1. If you circled a 1, check to see that you wrote in the names of drugs that caused the problem. If you need my help, just let me know.

(PAUSE)

Now put the answer sheet in the envelope.

(TAKE BACK CARD 4)

TREATMENT

(HAND R GOLD TREATMENT ANSWER SHEET) (ANSWER SHEET #14)

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

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

(SKIP TO Q. TR-1)	Wants interviewer to read questions	1
	Wants to do it himself/herself	2

TR-00. Please answer every question and tell me when you are finished.

(WAIT FOR R TO FINISH)

TR-100. Please check back and make sure you answered the questions on both sides of the answer sheet. If any question wasn't clear, I'd be happy to read it. (PAUSE) Please put the answer sheet in the envelope.

(SKIP TO PAGE 29, RISK)

TR-1. The first question is: Have you ever gone to a clinic, self-help group, counselor, doctor or other professional to get help to stop smoking?

TR-2. Question TR-2: Have you ever gotten any treatment for your drinking-- such as from a clinic, self-help group, counselor, doctor or other professional?

Now we are interested in treatment you may have gotten for your other drug use, that is, other than cigarettes or alcohol.

TR-3. Have you ever gotten treatment for your other drug use, not counting cigarettes or alcohol?

TR-4. Question TR-4: In which of the places listed have you ever received treatment for your other drug use? If you received treatment from a place that is not listed, write in what it was where it says "Other (Specify)" and circle 7. Then, please turn the answer sheet over.

TR-5. Have you ever called a drug treatment program, crisis center, telephone hotline, or other information service for your own or someone else's drug use?

(CONTINUED ON THE NEXT PAGE)'

- TR-6. Question TR-6: Now for your own drug use, did you call a drug telephone hotline for information or help in the last 12 months? If you never used any drugs, circle 2.
- TR-7. Question TR-7: Have you received treatment in the past 12 months for your drug use, not counting cigarettes or alcohol?
- TR-8. Question TR-8: In the past 12 months, have you received medical treatment for any illness, injury, or other problem that you think happened because of your use of drugs? Do not include alcohol or cigarettes.

Please tell me when you are finished.

(WAIT UNTIL R FINISHES ANSWER SHEET)

Please check back and make sure that you have answered every question.

(PAUSE)

Please put the answer sheet in the envelope.

RISK

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

(HAND R THE YELLOW RISK ANSWER SHEET) (ANSWER SHEET #15)

How much do you think people risk harming themselves physically and in other ways if they do the things listed on this answer sheet? If you're not sure, circle the number that comes closest to what you think might be the amount of risk.

Please let me know when you are finished.

(WHEN R HAS FINISHED, SAY): Please check back and make sure that you have circled one number for each question, a through m. Please put the answer sheet in the envelope.

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

1. (RECORD R'S SEX):

Male	1
Female	2

2. In what month and year were you born?

_____ AND _____
(MONTH) (YEAR)

(IF R IS 12 - 14, SKIP TO Q. 5)

3. Which of the following best describes your current status? Are you:

married,	1
widowed,	2
divorced or separated,	3
living as a couple, or	4
(SKIP TO Q. 5) have you never married?	5

4. How many times have you been married?

_____ (NUMBER OF TIMES)

5. Please look at this card and tell me which of the statements describes your present work situation: (HAND R CARD 5) (CIRCLE LOWEST CODE THAT APPLIES)

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

(TAKE BACK CARD 5)

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

_____ (MONTH) (YEAR)

(SKIP TO INSTRUCTION ABOVE Q. 11) Never 9797

7. What kind of work (are/were) you (last) doing? What (is/was) your job title?

02/

28-30

(KIND OF WORK/JOB TITLE)

8. What (are/were) your most important activities or duties in your job?

9. What kind of business or industry (is/was) this?

31-33

(BUSINESS OR INDUSTRY)

10. How many different jobs have you had in the past five years?

34-35

(NUMBER OF JOBS)

(IF R IS ONLY ADULT 18 OR OLDER IN THE HOUSEHOLD, SKIP TO Q. 16)

11. Who is considered to be the chief wage earner or source of income in this household?

36

(SKIP TO Q. 16)	Respondent	1
	Someone else (SPECIFY): _____	2
(SKIP TO Q. 16)	No one	3

12. Does (he/she) work:

37

	full-time, or	1	
	part-time?	2	
(DO NOT READ)	(SKIP TO Q. 16)	Does not work	3

13. What kind of work is (he/she) doing? What is (his/her) job title?

38-40

(OCCUPATION/JOB TITLE)

14. What are (his/her) most important activities or duties in the job?

15. What kind of business or industry is that?

(BUSINESS OR INDUSTRY)

16. What is the last grade that you completed in school?

No schooling	00
Elementary	01 02 03 04 05 06 07 08
High School	09 10 11 12
College	13 14 15 16
Graduate/Professional School	17+

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

(SKIP TO INSTRUCTION ABOVE Q. 20)	a full-time student,	1
	a part-time student,	2
	have you dropped out of school, or	3
	have you completed your schooling?	4

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

(NUMBER OF DAYS)

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

(NUMBER OF DAYS)

(IF R NOT EMPLOYED (Q. 5), SKIP TO INSTRUCTION ABOVE Q. 22)

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

(NUMBER OF DAYS)

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

(NUMBER OF DAYS)

(IF R IS 12 - 14, SKIP TO Q. 26)

02/

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

(MILES)

55-57

(SKIP TO Q. 24)	Have never driven a motor vehicle	997
-----------------	-----------------------------------	-----

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

58

Yes	1
No	2
Did not drive in the past 12 months	3

24. How many children do you have? For this question, do not include any stepchildren or foster children.

59-60

(NUMBER OF CHILDREN)

(IF NO CHILDREN, SKIP TO Q. 26)

25. What is the age and sex of each child, from oldest to youngest?

CHILDREN	AGE	MALE	FEMALE	
1		1	2	61-63
2		1	2	54-66
3		1	2	67-69
4		1	2	70-72
5		1	2	73-75
6		1	2	03/ 7-9
7		1	2	10-12
8		1	2	13-15
9		1	2	16-18
10		1	2	19-21
11		1	2	22-24
12		1	2	25-27

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

(NUMBER OF PEOPLE IN HOUSEHOLD)

(IF R LIVES ALONE, SKIP TO INSTRUCTION ABOVE Q. 28)

27a. How are the people who live here related to you? (CIRCLE CODE[S] IN Q. 27a COLUMN)

(ASK Q. 27b FOR EACH CODE 04-10 CIRCLED. OTHERWISE, SKIP TO Q. 28)

27b. How many (RELATIONSHIP) live here with you? (RECORD THE NUMBER IN Q. 27b COLUMN)

	Q. 27a	Q. 27b NUMBER
Mother/stepmother	01	X
Father/stepfather	02	
Spouse/live-in partner	03	
Parent(s)-in-law	04	
Own children	05	
Stepchildren	06	
Brothers and sisters	07	
Other relatives	08	
Friends/roommates	09	
Other unrelated people	10	

(IF R IS 12 - 16 YEARS OLD, SKIP TO Q. 33)

28. Have you ever been in the armed forces?

	Yes	1
(SKIP TO Q. 33)	No	2

29. Are you:

(SKIP TO	on extended active duty in the armed forces,	1
Q. 31)	in a reserves component, or	2
	now separated or retired from either reserves or active duty?	3

03/
48-51
52-55
56-59

30. During what years did you serve in the armed forces?

____ TO ____
(YEAR) (YEAR)

(ALL SKIP TO Q. 32)

31. When did you enter the service?

(YEAR)

60-61

32. Did you serve in Vietnam?

Yes	1
No	2

62

33. How many people who used to live here with you six months or more in the past year are now living in a:

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

63-64

65-66

67-68

34. How many different telephone numbers do you have in this household? Don't count extensions with the same number.

(NUMBER)

69

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

(NUMBER OF TIMES)

70-71

(HAND R CARD 6)

03,

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

7:

(SKIP TO INSTRUCTION ABOVE Q. 38)	American Indian or Alaskan Native	1
	Asian or Pacific Islander	2
	Black, not of Hispanic origin	3
	White, not of Hispanic origin	4
	Hispanic	5
(SKIP TO INSTRUCTION ABOVE Q. 38)	Other (SPECIFY): _____	6

(TAKE BACK CARD 6)

37. Which of these Spanish-American groups best describes you:

73

Puerto Rican,	1
Mexican,	2
Cuban, or	3
some other group? (SPECIFY): _____	4

(IF R IS 12 - 14 YEARS OLD, SKIP TO INTERVIEWER INSTRUCTION 39)

03/

38. Finally, for statistical purposes, please tell me which of the groups on this card includes your total personal earnings before deductions during the past year. Include your earnings from wages, salaries, commissions and tips from all jobs you had in the last year. Just give me the letter. (HAND R CARD 7)

YEARLY	WEEKLY
A. No personal earnings	No personal earnings 01
B. Under \$5,000	\$1 to \$96 02
C. \$5,000 to \$6,999	\$97 to \$134 03
D. \$7,000 to \$8,999	\$135 to \$173 04
E. \$9,000 to \$11,999	\$174 to \$230 05
F. \$12,000 to \$14,999	\$231 to \$288 06
G. \$15,000 to \$19,999	\$289 to \$384 07
H. \$20,000 to \$24,999	\$385 to \$480 08
I. \$25,000 to \$29,999	\$481 to \$576 09
J. \$30,000 to \$39,999	\$577 to \$769 10
K. \$40,000 to \$50,000	\$770 to \$962 11
L. More than \$50,000	More than \$962 12

74 -

(TAKE BACK CARD 7)

39. (THANK R. BE SURE YOU HAVE ALL CARDS. RECORD THE TIME HERE AND ON THE COVER.)

TIME: _____ A.M. _____ P.M.

(COMPLETE THE VERIFICATION PROCEDURE BY SAYING THE FOLLOWING TO THE RESPONDENT):

40. It is important to Temple University that I do my job right; therefore, they will be checking on my work. Would you help me by putting your name, address, and telephone number on this form and place it in this postage-paid envelope so that my supervisor can write or call you in several weeks to confirm that I did my job? As you can see, this is kept separate from your answers so they will still be completely private.

While you are doing that, I will be finishing some forms to show that I did the interview. Let me know when you are finished.

Thank you very much for your help.

41. (COMPLETE THE COVER, PAGES 38 AND 39, AND THE CALL REPORT FORM. PLACE THE SCREENING/CALL REPORT FORM BETWEEN THE FIRST TWO PAGES OF THE QUESTIONNAIRE. ASK R FOR THE LARGE ENVELOPE, PLACE THE QUESTIONNAIRE IN IT AND SEAL IT. ASK R FOR THE SMALL ENVELOPE AND INVITE R TO GO WITH YOU TO THE NEAREST MAILBOX. MAIL BOTH ENVELOPES TO ISR IMMEDIATELY.)

INTERVIEWER INSTRUCTIONS: SIGN HERE TO VERIFY THAT YOU HAVE CONDUCTED THIS INTERVIEW EXACTLY AS SPECIFIED AND ON THE DATE YOU RECORD.

(INTERVIEWER'S SIGNATURE)

(ID#)

INTERVIEWER OBSERVATIONS:

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

No difficulty--no language or reading problem	1
Just a little difficulty--almost no language or reading problem	2
A fair amount of difficulty--some language or reading problem	3
A lot of difficulty--considerable language or reading problem	4

2. How cooperative is the respondent?

Very cooperative	1
Fairly cooperative	2
Not very cooperative	3
Openly hostile	4

3. Indicate on this scale of 01 through 10 how private the interview was.
(IF COMPLETELY PRIVATE, CIRCLE CODE 01 AND SKIP TO Q. 5)

Completely private--no one was in the room or could over-hear any part of the interview	01
	02
Minor distractions	03
	04
Person(s) in the room or listening about 1/3 of the time	05
	06
Serious interruptions of privacy more than half of the time	07
	08
Constant presence of other person(s)	09
Not sure	10

4. Others present or listening to the interview were:

0-1/

12

Parent(s)	1
Spouse	2
Live-in partner/boyfriend/girlfriend	3
Other adult relative(s)	4
Other adult(s)	5
Child(ren) under 15	6
Other (SPECIFY): _____	7

15

18

5. Please note anything else essential to the interpretation and understanding of this interview.

19-22

(GO BACK TO INTERVIEWER INSTRUCTION 41 AND FOLLOW ALL REMAINING INSTRUCTIONS.)

ALCOHOL (BEER, WINE, LIQUOR, MIXED DRINKS) ANSWER SHEET

#1

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

Age: _____	
Never had a drink of beer, wine, or liquor	X

A-2. When was the most recent time that you had an alcohol drink, that is, of beer, wine, or liquor or mixed alcoholic drinks?

Within the past month (30 days)	1
Within the past six months but more than a month ago	2
Six months to a year ago	3
More than a year to three years ago	4
More than three years ago	5
Never had a drink of beer, wine, or liquor	X

A-3. On those occasions when you drink alcohol, is it usually beer, wine, or liquor?

Beer	1
Wine	2
Liquor	3
It varies	4
Never had a drink of beer, wine, or liquor	X

A-4. If you used alcohol during the past 30 days, on how many different days did you have one or more drinks? (IF NONE IN THE PAST 30 DAYS, WRITE IN ZERO.)

Total number of days: _____	
Never had a drink of beer, wine, or liquor	X

A-5. On the days that you drank during the past 30 days, about how many drinks did you usually have a day?

Usual number of drinks: _____	
Never had a drink of beer, wine, or liquor	X

(PLEASE TURN THE ANSWER SHEET OVER.)

A-6. During the past 30 days, what is the most you had to drink on any one day?

Most number of drinks: _____	
Never had a drink of beer, wine, or liquor	X

A-7. On how many days in the past 30 days did you have this number of drinks? (The amount you wrote in question A-6.)

Number of days you drank amount in A-6: _____	
Never had a drink of beer, wine, or liquor	X

A-8. During the past 30 days, about how many days did you have five 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 you drank five or more drinks: _____	
Never had a drink of beer, wine, or liquor	X

A-9. About how old were you when you first began to use alcohol once a month or more?

Age: _____	
Never used alcohol once a month or more	1
Never had a drink of beer, wine, or liquor	X

A-10. On the average, how often in the last 12 months have you had any alcoholic beverage, that is, beer, wine, or liquor?

Daily	1
Almost daily or 3 to 6 days a week	2
About 1 or 2 days a week	3
Several times a month or about 25 to 51 days a year	4
1 to 2 times a month or 12 to 24 days a year	5
Every other month or so or 6 to 11 days a year	6
3 to 5 days in the past 12 months	7
1 or 2 days in the past 12 months	8
None	

A-11. How many times in the past 12 months have you gotten very high or drunk on alcohol?

24

Daily	1
Almost daily or 3 to 6 days a week	2
About 1 or 2 days a week	3
Several times a month or about 25 to 51 days a year	4
1 to 2 times a month or 12 to 24 days a year	5
Every other month or so or 6 to 11 days a year	6
3 to 5 days in the past 12 months	7
1 or 2 days in the past 12 months	8
None	0

A-12. In the past 12 months, did you ever drink beer, wine, or liquor and also use some other drug on the same occasion, that is, at the same time or within a couple of hours of using alcohol? (CIRCLE THE NUMBER OF EACH OF THOSE DRUGS THAT YOU HAVE USED ON THE SAME OCCASION AS ALCOHOL)

Sedatives--downers, barbiturates, sleeping pills, and Seconal	1	25
Tranquilizers--antianxiety drugs like Librium and Valium	2	
Stimulants--uppers, amphetamines, and speed	3	27
Analgesics--pain killers like Darvon, Demerol, and Percodan	4	
Marijuana	5	29
Inhalants	6	
Cocaine	7	31
Hallucinogens like LSD, PCP, Peyote, Mescaline, etc.	8	
Opiates like heroin, morphine	9	33
None	0	

(PLEASE TELL THE INTERVIEWER WHEN YOU ARE FINISHED.)

SEDATIVES ANSWER SHEET

#2

S-1. Circle the number next to each sedative you ever took for nonmedical reasons-- on your own, either without a doctor's prescription or in greater amounts or more often or for a reason other than a doctor said you should take them.

35

BUTISOL	01 ³⁶	PLACIDYL	10 ⁴⁵	NEMBUTAL	19 ⁵⁴
BUTICAPS	02	DORIDEN	11	CARBRITAL	20
AMYTAL	03 ³⁸	NOLUDAR	12 ⁴⁷	SECONAL	21 ⁵⁶
ESKABARB	04	SOPOR	13	TUINAL	22
LUMINAL	05 ⁴⁰	QUAALUDE	14 ⁴⁹	PENTOBARBITAL	23 ⁵⁸
MEBARAL	06	PAREST	15	SECOBARBITAL	24
AMOBARBITAL	07 ⁴²	NOCTEC	16 ⁵¹	DALMANE	25 ⁶⁰
PHENOBARBITAL	08	METHAQUALONE	17	NOT SURE	26
ALURATE	09	CHLORAL HYDRATE	18	OTHER (SPECIFY): _____	27

62-65

If you never took any sedative for nonmedical reasons, circle the X here and tell the interviewer that you are finished. Otherwise, answer every question.

X

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

66-67

Age: _____

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

68

1 or 2 times	1
3 to 5 times	2
6 to 10 times	3
11 to 49 times	4
50 to 99 times	5
100 to 199 times	6
200 or more times	7

(PLEASE TURN THE ANSWER SHEET OVER.)

S-4. When was the most recent time you took any sedative for nonmedical reasons? "

Within the past month (30 days)	1
Within the past six months but more than a month ago	2
Six months to a year ago	3
More than a year to three years ago	4
More than three years ago	5

S-5. In the past 12 months, which of the substances listed, if any, did you use on the same occasion as a sedative, that is, at the same time or within a couple of hours? (CIRCLE THE NUMBER OF EACH OF THOSE SUBSTANCES)

Alcohol	1
Tranquilizers--antianxiety drugs like Librium and Valium	2
Stimulants--uppers, amphetamines, and speed	3
Analgesics--pain killers like Darvon, Demerol, and Percodan	4
Marijuana	5
Inhalants	
Cocaine	7
Hallucinogens like LSD, PCP, Peyote, Mescaline, etc.	8
Opiates like heroin, morphine	9
None in the past 12 months on the same occasion	0

(PLEASE TELL THE INTERVIEWER WHEN YOU ARE FINISHED.)

TRANQUILIZERS ANSWER SHEET

#3

T-1. Circle the number next to each tranquilizer you ever took for nonmedical reasons-- on your own, either without a doctor's prescription or in greater amounts or more often or for a reason other than a doctor said you should take them.

7-8

VALIUM	01	⁹	MILTOWN	10	¹⁸
LIBRIUM	02		EQUANIL	11	
LIBRITABS	03	¹¹	MEPROBAMATE	12	²⁰
SK-LYGEN	04		VISTARIL	13	
SERAX	05	¹³	ATARAX	14	²²
TRANXENE	06		BENADRYL	15	
ATIVAN	07	¹⁵	XANAX	16	²⁴
VERSTRAN	08		NOT SURE	17	
MEPROSPAN	09		OTHER (SPECIFY): _____		18

26-29

If you never took any tranquilizer for nonmedical reasons, circle the X here and tell the interviewer that you are finished. Otherwise, answer every question.

X

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

30-31

Age: _____

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

32

1 or 2 times	1
3 to 5 times	2
6 to 10 times	3
11 to 49 times	4
50 to 99 times	5
100 to 199 times	6
200 or more times	7

T-4. When was the most recent time you took any tranquilizer for nonmedical reasons?

Within the past month (30 days)	1
Within the past six months but more than a month ago	2
Six months to a year ago	3
More than a year to three years ago	4
More than three years ago	5

T-5. In the past 12 months, which of the substances listed, if any, did you use on the same occasion as a tranquilizer, that is, at the same time or within a couple of hours? (CIRCLE THE NUMBER OF EACH OF THOSE SUBSTANCES)

Alcohol	1
Sedatives--downers, barbiturates, sleeping pills, and Seconal	2
Stimulants--uppers, amphetamines, and speed	3
Analgesics--pain killers like Darvon, Demerol, and Percodan	4
Marijuana	5
Inhalants	6
Cocaine	7
Hallucinogens like LSD, PCP, Peyote, Mescaline, etc.	8
Opiates like heroin, morphine	9
None in the past 12 months on the same occasion	0

(PLEASE TELL THE INTERVIEWER WHEN YOU ARE FINISHED.)

STIMULANTS ANSWER SHEET

#4

ST-1. Circle the number next to each stimulant you ever took for nonmedical reasons-- on your own, either without a doctor's prescription or in greater amounts or more often or for a reason other than a doctor said you should take them.

DEXEDRINE	01 ⁴⁶	OBEDRIN-L.A.	09 ⁵⁴	PONDIMIN	17 ⁶²
DEXAMYL	02	TENUATE	10	VORANIL	18
ESKATROL	03 ⁴⁸	TEPANIL	11 ⁵⁶	SANOREX	19 ⁶⁴
BENZEDRINE	04	DIDREX	12	RITALIN	20
BIPHETAMINE	05 ⁵⁰	PLEGINE	13 ⁵⁸	CYLERT	21 ⁶⁶
DESOXYN	06	PRELUDIN	14	NOT SURE	22
DETROAMPHETAMINE	07 ⁵²	PRE-SATE	15 ⁶⁰	OTHER (SPECIFY): _____	68-71
METHEDRINE	08	IONAMIN	16		23

If you never took any stimulant for nonmedical reasons, circle the X here and tell the interviewer that you are finished. Otherwise, answer every question.

X

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

72-73

Age: _____

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

74

1 or 2 times	1
3 to 5 times	2
6 to 10 times	3
11 to 49 times	4
50 to 99 times	5
100 to 199 times	6
200 or more times	7

(PLEASE TURN THE ANSWER SHEET OVER.)

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

75

Within the past month (30 days)	1
Within the past six months but more than a month ago	2
Six months to a year ago	3
More than a year to three years ago	4
More than three years ago	5

ST-5. In the past 12 months, which of the substances listed, if any, did you use on the same occasion as a stimulant, that is, at the same time or within a couple of hours? (CIRCLE THE NUMBER OF EACH OF THOSE SUBSTANCES)

Alcohol	1	76
Sedatives--downers, barbiturates, sleeping pills, and Seconal	2	
Tranquilizers--antianxiety drugs like Librium and Valium	3	78
Analgesics--pain killers like Darvon, Demerol, and Percodan	4	
Marijuana	5	
Inhalants	6	07/ 7
Cocaine	7	
Hallucinogens like LSD, PCP, Peyote, Mescaline, etc.	8	9
Opiates like heroin, morphine	9	
None in the past 12 months on the same occasion	0	11

(PLEASE TELL THE INTERVIEWER WHEN YOU ARE FINISHED.)

ANALGESICS ANSWER SHEET

#5

AN-1. Circle the number next to each analgesic you ever took for nonmedical reasons-- on your own, either without a doctor's prescription or in greater amounts or more often or for a reason other than a doctor said you should take them.

12-13

DARVON	01 ¹⁴	TYLENOL WITH CODEINE	10 ²³
DOLENE	02	CODEINE	11
SK-65	03 ¹⁶	DOLOPHINE	12 ²⁵
PROPOXYPHENE	04	WESTODONE	13
LERITINE	05 ¹⁸	METHADONE	14 ²⁷
LEVO-DROMORAN	06	TALWIN	15
PERCODAN	07 ²⁰	NOT SURE	16
DEMEROL	08	OTHER (SPECIFY): _____	17
DILAUDID	09	_____	

30-33

If you never took any analgesic for nonmedical reasons, circle the X here and tell the interviewer that you are finished. Otherwise, answer every question.

X

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

34-35

Age: _____

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

36

1 or 2 times	1
3 to 5 times	2
6 to 10 times	3
11 to 49 times	4
50 to 99 times	5
100 to 199 times	6
200 or more times	7

(PLEASE TURN THE ANSWER SHEET OVER.)

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

Within the past month (30 days)	1	37
Within the past six months but more than a month ago	2	
Six months to a year ago	3	
More than a year to three years ago	4	
More than three years ago	5	
Never took any analgesic for nonmedical reasons	X	

AN-5. In the past 12 months, which of the substances listed, if any, did you use on the same occasion as an analgesic, that is, at the same time or within a couple of hours? (CIRCLE THE NUMBER OF EACH OF THOSE SUBSTANCES)

Alcohol	1	38
Sedatives--downers, barbiturates, sleeping pills, and Seconal	2	
Tranquilizers--antianxiety drugs like Librium and Valium	3	40
Stimulants--uppers, amphetamines, and speed	4	
Marijuana	5	42
Inhalants	6	
Cocaine	7	44
Hallucinogens like LSD, PCP, Peyote, Mescaline, etc.	8	
Opiates like heroin, morphine	9	46
None in the past 12 months on the same occasion	0	

(PLEASE TELL THE INTERVIEWER WHEN YOU ARE FINISHED.)

MARIJUANA AND HASHISH ANSWER SHEET

#6

M-1. About how old were you when you first had a chance to try marijuana or hash if you wanted to?

48-49

Age: _____	
Never had a chance to try marijuana or hashish	X

M-2. About how old were you the first time you actually used marijuana or hash?

50-51

Age: _____	
Never used marijuana or hashish	X

M-3. About how many times in your life have you used marijuana or hash?

52

1 or 2 times	1
3 to 5 times	2
6 to 10 times	3
11 to 49 times	4
50 to 99 times	5
100 to 199 times	6
200 or more times	7
Never used marijuana or hashish	X

M-4. When was the most recent time that you used marijuana or hash?

53

Within the past week	1
Within the past month (30 days) but more than a week ago	2
Within the past six months but more than a month ago	3
Six months to a year ago	4
More than a year to three years	5
More than three years ago	6
Never used marijuana or hashish	X

M-5. On about how many different days did you use marijuana or hash during the past 30 days?

54-55

Number of days: _____

Never used marijuana or hashish

M-6. About how many marijuana cigarettes, joints or reefers did you smoke per day on the average during the past 30 days?

56-57

Average number per day: _____

Never used marijuana

M-7. What is the total amount of marijuana that you used in all during the past 30 days?

58

Less than 10 joints in the past 30 days	1	5 to 6 ounces in the past 30 days	6
10 to 20 joints in the past 30 days	2	7 or more ounces in the past 30 days	7
About 1 ounce in the past 30 days	3	None in the past 30 days	0
About 2 ounces in the past 30 days	4	Never used marijuana	<input checked="" type="checkbox"/>
3 to 4 ounces in the past 30 days	5		

M-8. About how much money in all did the marijuana you used in the past 30 days cost you? Do not include any which you sold or gave away.

59-62

Total cost of marijuana used during the past 30 days \$ _____

Most of the marijuana used in the past 30 days didn't cost me anything

Never spent money on marijuana for my own use

Never used marijuana

M-9. During the past 30 days, when you have used marijuana, how often did you also drink alcohol on the same occasion, that is, at the same time or within a couple of hours of each other?

63

Always drank alcohol with marijuana

More than half the times

About half the times

Less than half the times

One or two times

Never drank alcohol with marijuana or didn't use marijuana in the past 30 days

Never used marijuana

M-10. On the average, how often in the last 12 months have you used marijuana?

64-65

Several times a day	01
Daily	02
Almost daily, 3 to 6 days a week	03
1 or 2 days a week	04
Several times a month, about 25 to 51 days a year	05
1 to 2 times a month, 12 to 24 days a year	06
Every other month or so, 6 to 11 days a year	07
3 to 5 days in the past 12 months	08
1 or 2 days in the past 12 months	09
Did not use marijuana in the past 12 months	00
Never used marijuana	X

M-11. In the past 12 months, which of the substances listed, if any, did you use with marijuana on the same occasion, that is, at the same time or within a couple of hours? (CIRCLE THE NUMBER OF EACH OF THOSE SUBSTANCES)

Alcohol	1	66
Sedatives--downers, barbiturates, sleeping pills, and Seconal	2	
Tranquilizers--antianxiety drugs like Librium and Valium	3	68
Stimulants--uppers, amphetamines, and speed	4	
Analgesics--pain killers like Darvon, Demerol, and Percodan	5	70
Inhalants	6	
Cocaine	7	72
Hallucinogens like LSD, PCP, Peyote, Mescaline, etc.	8	
Opiates like heroin, morphine	9	74
None in the past 12 months on the same occasion	0	
Never used marijuana	X	

(PLEASE TELL THE INTERVIEWER WHEN YOU ARE FINISHED.)

INHALANTS ANSWER SHEET

#7

IN-1. About how old were you the first time you sniffed or inhaled or huffed one of these inhalants, even once, for kicks or to get high?

8-9

Age: _____	
Never used an inhalant to get high	X

IN-2. Circle the number next to each substance that you have ever sniffed or inhaled for kicks or to get high.

Gasoline or lighter fluids	01
Spray paints	02
Other aerosol sprays	03
Shoe shine, glue or toluene	04
Lacquer thinner or other paint solvents	05
Amyl nitrite, "Poppers," locker room odorizer, "Rush"	06
Halothane, ether, or other anesthetics	07
Nitrous oxide, whippets	08
Correction fluids, degreasers, cleaning fluids	09
Other substances used as inhalants (SPECIFY): _____ _____	10
Never used an inhalant to get high	X

IN-3. Circle the number next to each substance that you have sniffed or inhaled for kicks or to get high during the past 30 days.

Gasoline or lighter fluids	01
Spray paints	02
Other aerosol sprays	03
Shoe shine, glue or toluene	04
Lacquer thinner or other paint solvents	05
Amyl nitrite, "Poppers," locker room odorizer, "Rush"	06
Halothane, ether, or other anesthetics	07
Nitrous oxide, whippets	08
Correction fluids, degreasers, cleaning fluids	09
Other substances used as inhalants (SPECIFY): _____ _____	10
Did not use an inhalant during the past 30 days to get high	0
Never used an inhalant to get high	X

(PLEASE TURN THE ANSWER SHEET OVER.)

IN-4. About how many times in your life have you used an inhalant to get high or for kicks?

37

1 or 2 times	1	50 to 99 times	5
3 to 5 times	2	100 to 199 times	6
6 to 10 times	3	200 or more times	7
11 to 49 times	4	Never used an inhalant to get high	X

IN-5. When was the most recent time that you used an inhalant, that is, sniffed or inhaled something to get high or for kicks?

38

Within the past week	1
Within the past month (30 days) but more than a week ago	2
Within the past six months but more than a month ago	3
Six months to a year ago	4
More than a year to three years ago	5
More than three years ago	6
Never used an inhalant to get high	X

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

39-40

Number of days: _____	
Never used an inhalant to get high	X

IN-7. Thinking of all the times you used any of these inhalants, how much did you usually use?

41

Enough to feel it a little	1
Enough to feel it a lot	2
Enough to get high	3
Enough until you staggered or dropped things	4
Enough to feel you were going to pass out or come close to it	5
Something else (SPECIFY): _____ _____	6
Never used an inhalant to get high	X

IN-8. Have you ever passed out from using any of these inhalants for kicks or to get high?

42

Yes	1
No	2
Never used an inhalant to get high	X

COCAINE ANSWER SHEET

#8

45

CN-1. About how old were you when you first had a chance to try cocaine if you wanted to?

46-47

Age: _____

Never had a chance to try cocaine	X
-----------------------------------	---

CN-2. About how old were you the first time you actually used cocaine?

48-49

Age: _____

Never used cocaine	X
--------------------	---

CN-3. About how many times in your life have you used cocaine?

50

1 or 2 times	1
--------------	---

3 to 5 times	2
--------------	---

6 to 10 times	3
---------------	---

11 to 49 times	4
----------------	---

50 to 99 times	5
----------------	---

100 to 199 times	6
------------------	---

200 or more times	7
-------------------	---

Never used cocaine	X
--------------------	---

CN-4. When was the most recent time that you used cocaine?

51

Within the past month (30 days)	1
---------------------------------	---

Within the past six months but more than a month ago	2
--	---

Six months to a year ago	3
--------------------------	---

More than a year to three years ago	4
-------------------------------------	---

More than three years ago	5
---------------------------	---

Never used cocaine	X
--------------------	---

CN-5. During the past 30 days, on about how many different days did you use cocaine?

52-53

Number of days: _____

Never used cocaine	X
--------------------	---

(PLEASE GO TO THE NEXT PAGE.)

CN-6. How many grams of cocaine in all have you used in the past 30 days regardless of how it was consumed?

5

Less than 1/4 gram--about 4 big lines in the past 30 days	1
1/4 to 1/2 gram in the past 30 days	2
1/2 to 1 gram in the past 30 days	3
More than 1 gram in the past 30 days--Specify number of grams _____ or ounces _____	4
Did not use cocaine in the past 30 days	0
Never used cocaine	X

55-56

CN-7. About how much money in all did the cocaine you used in the past 30 days cost you? Do not include any which you sold or gave away.

57-60

Total cost of cocaine used during the past 30 days: \$ _____	
Never spent money on cocaine for my own use	1
Never used cocaine	X

CN-8. During the past 30 days, when you have used cocaine, how often did you also drink alcohol on the same occasion, that is, at the same time or within a couple of hours of each other?

61

Always drank alcohol with cocaine	1
More than half the times	2
About half the times	3
Less than half the times	4
One or two times	5
Never drank alcohol with cocaine or didn't use cocaine in the past 30 days	0
Never used cocaine	X

(PLEASE GO TO THE NEXT PAGE.)

CN-9. On the average, how often in the last 12 months have you used cocaine?

62

Daily	1
Almost daily, 3 to 6 days a week	2
1 or 2 days a week	3
Several times a month, about 25 to 51 days a year	4
1 to 2 times a month, 12 to 24 days a year	5
Every other month or so, 6 to 11 days a year	6
3 to 5 days in the past 12 months	7
1 or 2 days in the past 12 months	8
Did not use cocaine in the past 12 months	0
Never used cocaine	X

CN-10. In the past 12 months, which of the substances listed, if any, did you use on the same occasion as cocaine, that is, at the same time or within a couple of hours? (CIRCLE THE NUMBER OF EACH OF THOSE SUBSTANCES)

Alcohol	1	63
Sedatives--downers, barbiturates, sleeping pills, and Seconal	2	
Tranquilizers--antianxiety drugs like Librium and Valium	3	65
Stimulants--uppers, amphetamines, and speed	4	
Analgesics--pain killers like Darvon, Demerol, and Percodan	5	67
Marijuana	6	
Inhalants	7	69
Hallucinogens like LSD, PCP, Peyote, Mescaline, etc.	8	
Opiates like heroin, morphine	9	71
None in the past 12 months on the same occasion	0	
Never used cocaine	X	

CN-11. Circle the numbers of all the ways you have ever used cocaine.

74

Sniffing or snorting--intranasally	1
Swallowing or drinking	2
Injecting or IV route	3
Smoking or free basing	4
Other (SPECIFY): _____	5
Never used cocaine	X

(PLEASE TELL THE INTERVIEWER WHEN YOU ARE FINISHED.)

HALLUCINOGENS (LSD, PCP OR PHENCYCLIDINE, Mescaline, Peyote, #9
PSILOCYBIN, DMT, ETC.) ANSWER SHEET

L-1. About how old were you when you first had a chance to try LSD or another hallucinogen, if you wanted to?

9-10

Age: _____	
Never had a chance to try LSD or another hallucinogen	X

L-2. About how old were you the first time you actually used LSD or another hallucinogen?

11-12

Age: _____	
Never used LSD or another hallucinogen	X

L-3. About how many times in your life have you used LSD or another hallucinogen?

13

1 or 2 times	1
3 to 5 times	2
6 to 10 times	3
11 to 49 times	4
50 to 99 times	5
100 to 199 times	6
200 or more times	7
Never used LSD or another hallucinogen	X

L-4. When was the most recent time that you used LSD or another hallucinogen?

14

Within the past month (30 days)	1
Within the past six months but more than a month ago	2
Six months to a year ago	3
More than a year to three years ago	4
More than three years ago	5
Never used LSD or another hallucinogen	X

L-5. During the past 30 days, on about how many different days did you use LSD or another hallucinogen?

15-16

Number of days: _____	
Never used LSD or another hallucinogen	X

L-6. Which of the following hallucinogens have you ever tried? (CIRCLE THE NUMBER OF EACH HALLUCINOGEN YOU HAVE EVER TRIED)

LSD	1	
Peyote	2	
Mescaline	3	19
Psilocybin (Mushrooms)	4	
PCP (Angel Dust)	5	21
Other (SPECIFY): _____	6	
Never used any hallucinogen	X	

24-27

L-7. When was the most recent time that you used PCP?

28

Within the past month (30 days)	1
Within the past six months but more than a month ago	2
Six months to a year ago	3
More than a year to three years ago	4
More than three years ago	5
Never used PCP	X

L-8. Circle the number of each reaction you ever had, or were ever told you had, when you used PCP.

Had flashbacks	1	29
Had trouble seeing or hearing	2	
Felt violent	3	31
Did something violent or aggressive	4	
Other (SPECIFY): _____	5	33
No reaction	6	
Never used PCP	X	

36-39

(PLEASE TELL THE INTERVIEWER WHEN YOU ARE FINISHED.)

HEROIN ANSWER SHEET

#10

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

41-42

Age: _____	
Never had a chance to try heroin	X

H-2. About how old were you the first time you actually used heroin?

43-44

Age: _____	
Never used heroin	X

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

45

1 or 2 times	1
3 to 5 times	2
6 to 10 times	3
11 to 49 times	4
50 to 99 times	5
100 to 199 times	6
200 or more times	7
Never used heroin	X

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

46

Within the past month (30 days)	1
Within the past six months but more than a month ago	2
Six months to a year ago	3
More than a year to three years ago	4
More than three years ago	5
Never used heroin	X

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

47-48

Number of days: _____	
Never used heroin	X

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

49

Yes	1
No	2
Never used heroin	X

DRUGS ANSWER SHEET

#11

50-51

DR-1. Have you ever tried to cut down on your use of any of these drugs? (CIRCLE THE NUMBER OF EACH OF THOSE DRUGS)

Cigarettes	01 ⁵²	Inhalants	08 ⁵⁹
Alcohol	02	Cocaine	09
Sedatives	03 ⁵⁴	Hallucinogens	10 ⁶¹
Tranquilizers	04	Heroin	11
Stimulants	05 ⁵⁶	Other opiates, morphine, codeine	12 ⁶³
Analgesics	06	Never tried to cut down use of any drug	13
Marijuana	07	If you never used cigarettes, alcohol, or any of these other drugs, circle the X here and tell the interviewer that you are finished. Otherwise, answer every question.	X

DR-2. Circle the number next to each drug for which you have needed larger amounts to get the same effect or that you could no longer get high on the amount you used to use.

Cigarettes	01 ⁶⁵	Inhalants	08 ⁷²
Alcohol	02	Cocaine	09
Sedatives	03 ⁶⁷	Hallucinogens	10 ⁷⁴
Tranquilizers	04	Heroin	11
Stimulants	05 ⁶⁹	Other opiates, morphine, codeine	12 ⁷⁶
Analgesics	06	Never needed larger amounts of any drug	13
Marijuana	07 ⁷¹		

DR-3. Circle the number next to each drug you have ever used every day or almost daily for two or more weeks in a row.

Cigarettes	01 ⁷	Inhalants	08 ¹⁴
Alcohol	02	Cocaine	09
Sedatives	03 ⁹	Hallucinogens	10 ¹⁶
Tranquilizers	04	Heroin	11
Stimulants	05 ¹¹	Other opiates, morphine, codeine	12 ¹⁸
Analgesics	06	Never used any drug that often	13
Marijuana	07		

10/

(PLEASE TURN THE ANSWER SHEET OVER.)

DR-4. Circle the number of each drug you felt that you needed or were dependent on.

Cigarettes	01 ²⁰	Inhalants	08
Alcohol	02	Cocaine	09
Sedatives	03 ²²	Hallucinogens	10 ²⁹
Tranquilizers	04	Heroin	11
Stimulants	05 ²⁴	Other opiates, morphine, codeine	12 ³¹
Analgesics	06	Never felt I needed any drug	13
Marijuana	07		

DR-5. Circle the number next to each drug for which you've had withdrawal symptoms, that is, you felt sick because you stopped or cut down on your use of it.

Cigarettes	01 ³³	Inhalants	08 ⁴⁰
Alcohol	02	Cocaine	09
Sedatives	03 ³⁵	Hallucinogens	10 ⁴²
Tranquilizers	04	Heroin	11
Stimulants	05 ³⁷	Other opiates, morphine, codeine	12
Analgesics	06	Never had withdrawal symptoms	13
Marijuana	07		

(PLEASE TELL THE INTERVIEWER WHEN YOU ARE FINISHED.)

DRINKING EXPERIENCES ANSWER SHEET

#12

DE-1. For each statement, circle the 1 if you have had this experience in the past 12 months, or circle the 2 if you have not had this experience in the past 12 months.

46

If you never had a drink of beer, wine, or liquor in the past 12 months, circle the X here and tell the interviewer that you are finished. Otherwise, answer every statement.

X

	YES	NO
a. I felt aggressive or cross while drinking.	1	2
b. I got into a heated argument while drinking.	1	2
c. I stayed away from work or school because of a hangover.	1	2
d. I was high or tight when on the job or at school.	1	2
e. I lost a job, or nearly lost one, because of drinking.	1	2
f. My wife/husband or girl/boyfriend told me that I should cut down on drinking.	1	2
g. A relative (other than my wife/husband) told me I should cut down on my drinking.	1	2
h. Friends told me that I should cut down on drinking.	1	2
i. I tossed down several drinks pretty fast to get a quicker effect.	1	2
j. I was afraid I might be an alcoholic or that I might become one.	1	2
k. I stayed drunk for more than one day at a time.	1	2
l. Once I started drinking, it was difficult for me to stop before I became completely intoxicated.	1	2
m. I have awakened unable to remember some of the things I had done while drinking the day before.	1	2
n. I had a quick drink or so when no one was looking.	1	2
o. I often took a drink the first thing when I got up in the morning.	1	2
p. My hands shook a lot after drinking the day before.	1	2
q. Sometimes I got high or tight when drinking by myself.	1	2
r. Sometimes I kept on drinking after promising myself not to.	1	2

(PLEASE TELL THE INTERVIEWER WHEN YOU ARE FINISHED.)

DRUG PROBLEMS ANSWER SHEET

#13

10/

DP-1. Have you had any of these problems in the past 12 months from your use of any of the substances on this card? If yes, circle 1 and write in which substances you think probably caused the problem. If you did not have the problem in the past 12 months, circle the 2. If you never used any substance on this card, circle the X at the top of the page. Otherwise, please answer every statement.

65

If you never used any of these substances, circle the X here and tell the interviewer that you are finished. Otherwise, answer every statement.

X

	YES	(WRITE IN THE DRUGS):	NO	
a. Became depressed or lost interest in things.	1		2	66-78
b. Had arguments and fights with family or friends.	1		2	11/ 7-19
c. Had trouble at school or on the job.	1		2	20-32
d. Drove unsafely.	1		2	33-45
e. At times, I could not remember what happened to me.	1		2	46-58
f. Felt completely alone and isolated.	1		2	59-71
g. Felt very nervous and anxious.	1		2	12/ 7-19
h. Had health problems.	1		2	20-32
i. Found it difficult to think clearly.	1		2	33-45
j. Had serious money problems.	1		2	46-58
k. Felt irritable and upset.	1		2	59-71
l. Got less work done than usual at school or on the job.	1		2	13/ 7-19
m. Felt suspicious and distrustful of people.	1		2	20-32
n. Had trouble with the police.	1		2	33-45
o. Skipped four or more regular meals in a row.	1		2	46-58
p. Found it harder to handle my problems.	1		2	59-71
q. Had to get emergency medical help.	1		2	14/ 7-19

(PLEASE TELL THE INTERVIEWER WHEN YOU ARE FINISHED.)

TREATMENT ANSWER SHEET

#14

TR-1. Have you ever gone to a clinic, self-help group, counselor, doctor or other professional to get help to stop smoking?

21

Yes	1
No	2

TR-2. Have you ever gotten any treatment for your drinking--such as from a clinic, self-help group, counselor, doctor or other professional?

22

Yes	1
No	2

Now we are interested in treatment you may have gotten for your other drug use, that is, other than cigarettes or alcohol.

TR-3. Have you ever gotten treatment for your other drug use, not counting cigarettes or alcohol?

23

Yes	1
No	2

TR-4. In which of the places listed have you ever received treatment for your other drug use? (CIRCLE THE NUMBER OF EACH OF THOSE PLACES)

Emergency room	1	24
Hospital as an inpatient	2	
Private doctor's office	3	26
Drug treatment or rehabilitation facility	4	
Mental health center or facility	5	28
Self-help group	6	
Other (SPECIFY): _____	7	30
Never received treatment for other drug use	X	

(PLEASE TURN THE ANSWER SHEET OVER.)

TR-5. Have you ever called a drug treatment program, crisis center, telephone hotline, or other information service for your own or someone else's drug use?

Yes	1
No	2

TR-6. Now for your own drug use, did you call a drug telephone hotline for information or help in the past 12 months? If you never used any drugs, circle 2.

37	
Yes	1
No	2

TR-7. Have you received treatment in the past 12 months for your drug use (not counting cigarettes or alcohol)?

38	
Yes	1
No	2

TR-8. In the past 12 months, have you received medical treatment for any illness, injury, or other problem that you think happened because of your use of drugs? Do not include alcohol or cigarettes.

39	
Yes	1
No	2

(PLEASE TELL THE INTERVIEWER WHEN YOU ARE FINISHED.)

RISK ANSWER SHEET

#15

R-1. How much do you think people risk harming themselves physically and in other ways if they do the following? If you're not sure, circle the number that comes closest to what you think might be the amount of risk.

	NO RISK	SLIGHT RISK	MODERATE RISK	GREAT RISK	
a. Smoke one or more packs of cigarettes per day?	1	2	3	4	40
b. Smoke marijuana occasionally?	1	2	3	4	
c. Smoke marijuana regularly?	1	2	3	4	42
d. Try PCP once or twice?	1	2	3	4	
e. Use PCP regularly?	1	2	3	4	44
f. Try heroin once or twice?	1	2	3	4	
g. Use heroin regularly?	1	2	3	4	46
h. Try cocaine once or twice?	1	2	3	4	
i. Use cocaine occasionally?	1	2	3	4	48
j. Use cocaine regularly?	1	2	3	4	
k. Take one or two drinks nearly every day?	1	2	3	4	50
l. Take four or five drinks nearly every day?	1	2	3	4	
m. Have five or more drinks once or twice a week?	1	2	3	4	52

(PLEASE TELL THE INTERVIEWER WHEN YOU ARE FINISHED.)