



## **National Survey on Drug Use and Health, 2002**

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

Computer-Assisted Interview Showcard Booklet



is sponsored by



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

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# **2002 National Survey on Drug Use and Health**

## **SHOWCARD BOOKLET**

**RESEARCH TRIANGLE INSTITUTE**

## Supervisor Contacts

FS Name . . . . . \_\_\_\_\_

FS Number . . . . . ( \_\_\_\_\_ ) \_\_\_\_\_

RS Name . . . . . \_\_\_\_\_

RS Number . . . . . ( \_\_\_\_\_ ) \_\_\_\_\_

## RTI Telephone Numbers

Tech Support . . . \_\_\_\_\_

Headway . . . . . \_\_\_\_\_

To reach other RTI staff, call toll-free \_\_\_\_\_,  
then ask the operator for the employee with whom you  
wish to speak.

## Website Addresses

NSDUH . . . . . <http://nsduhweb.org>

RTI . . . . . <http://www.rti.org>

SAMHSA . . . . . <http://www.samhsa.gov>



\_\_\_\_\_, 2002

Dear Resident:

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

When the RTI representative arrives, please ask to see his or her personal identification card. (An example of the ID card is shown below.) He or she will ask a few preliminary questions, and then may ask one or possibly two members of your household to participate in a voluntary interview. It is also possible no one from your household will be asked to participate. If any members of your household are selected for the interview and choose to participate, they will receive a cash payment of \$30 at the end of the interview.

Feel free to ask the RTI representative any questions you may have about the study. This research is authorized by Section 505 of the Public Health Service Act. The confidentiality of the information collected is protected under Section 501 of the Public Health Service Act. The information collected is confidential and will only be used for research and analysis and cannot be used for any other purpose. This letter is addressed to "Resident" because the initial selection is made by address, and we are unaware of your name.

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

Sincerely yours,

\_\_\_\_\_  
Assistant Project Officer, DHHS

\_\_\_\_\_  
National Field Director, RTI

\_\_\_\_\_  
Assigned Field Representative



**Public Health Service  
Office of Applied Studies**

## **Study Description**

Your residence is among several in this area randomly selected for the 2002 National Survey on Drug Use and Health (NSDUH). This study, sponsored by the United States Public Health Service, Substance Abuse and Mental Health Services Administration (SAMHSA), collects information about tobacco, alcohol, and drug use; knowledge and attitudes about drugs; mental health; and other health related issues. The study provides important statistics that are used for research and program development. You cannot be identified as the source of any information you provide because no identifying information, such as name and address, is attached to your responses. Additionally, the confidentiality of the answers you provide to the questions is protected under Federal law (Section 501 of the Public Health Service Act). Your answers will only be used for research and analysis and cannot be used for any other purpose.

The time required to participate in this study varies. The screening questions take just a few minutes. If anyone in your household is selected for an interview, the time is approximately one hour. In appreciation, each interview participant will receive a cash payment of \$30 at the end of the interview. You are free to withdraw at any time or to refuse to answer any question.

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

We thank you for your cooperation and time.

\_\_\_\_\_, M.D., Director  
Office of Applied Studies, SAMHSA  
U.S. Public Health Service  
Department of Health and Human Services



# INTRODUCTION AND INFORMED CONSENT FOR INTERVIEW RESPONDENTS AGE 18+

**IF INTERVIEW RESPONDENT IS NOT SCREENING RESPONDENT, INTRODUCE YOURSELF AND STUDY AS NECESSARY:** Hello, I'm \_\_\_\_\_, and I'm working on a nationwide study sponsored by the U.S. Public Health Service. You should have received a letter about this study. (SHOW LEAD LETTER, IF NECESSARY.)

## READ THE BOXED INFORMATION BELOW BEFORE STARTING EVERY INTERVIEW

We are interviewing approximately 70,000 people across the nation and you have been selected to participate based on scientific sampling procedures. You will represent over 3,000 other people similar to yourself. Your participation is voluntary, but we cannot substitute anyone if you decide not to participate.

### **GIVE STUDY DESCRIPTION TO R IF YOU HAVE NOT ALREADY DONE SO.**

This study collects information on tobacco, alcohol, and drug use; knowledge and attitudes about drugs; as well as mental health and other health related issues. The interview takes about 1 hour. You cannot be identified as the source of any information you provide in the interview because no personal information is attached to your responses. You will answer most of the questions directly into a computer and I will never know what answers you have given. RTI recontacts by phone or mail a small number of those who complete the interview and asks just a few questions to verify the quality of my work. For this reason, at the end of the interview, participants are asked to provide their telephone number and mailing address on a form separate from their responses.

It is important to get the most accurate information possible and we hope that protecting your privacy will encourage you to provide careful answers. While some of the questions may be sensitive, your honest responses will be of great value. The answers you provide to the questions will only be used for research and analysis and cannot be used for any other purpose. The confidentiality of your answers is protected under Federal law (Section 501 of the Public Health Service Act). You are free to withdraw from this survey at any time or to refuse to answer any question. If you complete the survey, you will receive a cash payment of \$30 at the end of the interview.

We would like to conduct this interview in as private an area as possible. Can we find a reasonably private spot to complete the interview? If it is alright with you, let's get started.

## **INTRODUCTION AND INFORMED CONSENT FOR INTERVIEW RESPONDENTS AGE 12-17**

### **FIRST, OBTAIN PERMISSION FROM THE PARENT AND READ THE BOXED INFORMATION BELOW**

Your (AGE) year-old child has been selected to participate. This selection is the result of scientific sampling procedures and the answers your child provides will represent approximately 1,000 other youths who are similar. Participation is voluntary, but no one can be substituted if your child does not participate. The study collects information about tobacco, alcohol, and drug use; knowledge and attitudes about drugs; mental health; and other health related issues. The answers your child provides will be kept strictly confidential. No names or personal identifiers are attached to the responses. Since your child will answer most of the questions directly into the computer, I will never see the answers, and you will not be permitted to see the completed survey. The answers your child provides will only be used for research and analysis and cannot be used for any other purpose. If it is all right with you, we could get started. We also like to conduct the interview in as private a place as possible. Can we find a reasonably private spot to complete the interview?

### **THEN, READ THE BOXED INFORMATION BELOW BEFORE STARTING EVERY INTERVIEW WITH A 12-17 YEAR OLD**

We are interviewing approximately 70,000 people across the nation and you have been chosen to participate in the study at random. Your answers will represent the experiences and opinions of over 1,000 American youths. Your participation in this study is voluntary, but we cannot substitute anyone else if you decide not to participate.

#### **GIVE STUDY DESCRIPTION TO R IF YOU HAVE NOT ALREADY DONE SO.**

This study collects information on tobacco, alcohol, and drug use, knowledge and attitudes about drugs; mental health and other health related issues. The interview takes about 1 hour. You will answer most of the questions directly into the computer and I will not know how you answered. Your parents and your school will never see your answers. We are only interested in the combination of responses nationwide—not in any one person's answers. For this reason, we never record your name and we keep your answers totally separate from your address. RTI recontacts by phone or mail a small number of those who complete the interview and asks just a few questions to verify the quality of my work. For this reason, at the end of the interview, participants are asked to provide their telephone number and mailing address on a form separate from their responses.

It is important to get the most accurate information possible and we hope that protecting your privacy will encourage you to provide careful answers. While some of the questions may be sensitive, your honest responses will be of great value. The answers you provide will only be used for research and analysis and cannot be used for any other purpose. The confidentiality of your answers is protected under Federal law (Section 501 of the Public Health Service Act). You are free to withdraw from this survey at any time or to refuse to answer any question. If you complete the survey, you will receive a cash payment of \$30 at the end of the interview.

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

## SHOWCARD 1

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

## SHOWCARD 2

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

## SHOWCARD 3

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

## SHOWCARD 4

0 NEVER ATTENDED SCHOOL

### PRIMARY AND SECONDARY GRADES:


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

### COLLEGE OR UNIVERSITY:


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

## CARD A Pain Relievers


**1**



**Darvocet-N<sup>®</sup>**




**Darvon<sup>®</sup>**




**Tylenol<sup>®</sup> with Codeine**


**2**



**Percocet<sup>®</sup>**




**Percodan<sup>®</sup>**




**Tylox<sup>®</sup>**


**3**



**Vicodin<sup>®</sup>**



**Lortab<sup>®</sup>**




**Lorcet<sup>®</sup>/Lorcet Plus<sup>®</sup>**

**4**



**Codeine**

**9**



**Hydrocodone**

**14**



**Propoxyphene**

**5**



**Demerol<sup>®</sup>**

**10**



**Methadone**

**15**



**SK-65<sup>®</sup>**

**6**



**Dilaudid<sup>®</sup>**

**11**



**Morphine**

**16**

**Stadol<sup>®</sup>**

**7**



**Fioricet<sup>®</sup>**

**12**



**OxyContin<sup>®</sup>**

**17**




**Talacen<sup>®</sup>**

**8**



**Fiorinal<sup>®</sup>**

**13**



**Phenaphen<sup>®</sup> with Codeine**

**18**



**Talwin<sup>®</sup>**

**19**



**Talwin<sup>®</sup> NX**

**20**

**Tramadol**


**21**



**Ultram<sup>®</sup>**

## CARD B Tranquilizers

**1**



**Klonopin®**

**Clonazepam**

**2**



**Xanax®**

**Alprazolam**

**Ativan®**

**Lorazepam**

**3**



**Valium®**

**Diazepam**

**4**



**Atarax®**

**8**



**Librium®**

**13**



**Serax®**

**5**



**BuSpar®**

**9**



**Limbitrol®**

**14**



**Soma®**

**6**



**Equanil®**

**10**



**Meprobamate**

**15**



**Tranxene®**

**7**



**Flexeril®**

**11**



**Miltown®**

**16**



**Vistaril®**

**12**



**Rohypnol®**



## CARD C Stimulants

1

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



**Desoxyn<sup>®</sup>**

(picture not available)  
**Methedrine**

2

**Amphetamines**



**Benzedrine<sup>®</sup>**



**Biphedamine<sup>®</sup>**



**Fastin<sup>®</sup>**



**Phentermine**



3



**Ritalin<sup>®</sup>**



**Methylphenidate**



4



**Cylert<sup>®</sup>**

8



**Eskatrol<sup>®</sup>**

12



**Plegine<sup>®</sup>**

5



**Dexedrine<sup>®</sup>**

9



**Ionamin<sup>®</sup>**

13



**Preludin<sup>®</sup>**

6 **Dextroamphetamine**

10



**Mazanor<sup>®</sup>**

14



**Sanorex<sup>®</sup>**

7

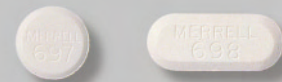


**Didrex<sup>®</sup>**

11

**Obedrin-LA<sup>®</sup>**

15



**Tenuate<sup>®</sup>**

## CARD D Sedatives

1

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

2



**Nembutal® Sodium**

(picture not available)  
**Pentobarbital**



**Seconal®**

(picture not available)  
**Secobarbital**

(picture not available)  
**Butalbital**

3



**Restoril®**



**Temazepam**

4



**Amytal®**

7



**Dalmane®**

8



**Halcion®**

10



**Placidyl®**

5



**Butisol®**

6

**Chloral Hydrate**

9



**Phenobarbital**

11



**Tuinal®**

## SHOWCARD 5

### PRIMARY AND SECONDARY GRADES:

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

### COLLEGE OR UNIVERSITY:

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

## SHOWCARD 6

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

## SHOWCARD 7

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

## SHOWCARD 8

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

## SHOWCARD 9

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

## SHOWCARD 10

- 1    LOOKING FOR WORK
- 2    ON LAYOFF AND NOT LOOKING FOR WORK
- 3    KEEPING HOUSE OR CARING FOR CHILDREN  
FULL-TIME
- 4    GOING TO SCHOOL OR TRAINING
- 5    RETIRED
- 6    DISABLED FOR WORK
- 7    DIDN'T WANT A JOB



## SHOWCARD 11

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

## SHOWCARD 12

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

## SHOWCARD 13

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

## SHOWCARD 14

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

## SHOWCARD 15

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

## SHOWCARD 16

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

## SHOWCARD 17

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

# National Survey on Drug Use and Health

## WHO USES THE DATA?

- The **Partnership for a Drug-Free America** uses the data to design media advertising campaigns for the prevention of substance abuse.
- The **White House Office of National Drug Control Policy** (ONDCP) uses the data to track progress toward goals in the National Drug Control Strategy.
- **State and local health departments** use the data to assess area substance abuse problems and to develop appropriate funding strategies and prevention measures.
- The **Office on Smoking and Health**, a part of the Centers for Disease Control and Prevention (CDC), uses the data to study trends and patterns in youth tobacco use and to develop strategies for reducing youth tobacco use.
- Based on the trends and patterns of substance abuse evident in the data, the **National Institute on Drug Abuse** (NIDA) develops research programs targeted toward populations and types of drug use problems where the need is greatest.
- The **Substance Abuse and Mental Health Services Administration** (SAMHSA), a part of the U.S. Public Health Service, prepares statistical reports on substance use patterns and trends.
- **Newspaper, television and radio reporters** use the data in their stories on substance abuse.
- The Federal **Department of Agriculture** has used the data in publications addressing rural substance abuse.
- The Federal **Department of Transportation** uses the data on driving after alcohol and illicit drug use.
- **SAMHSA** uses the data to identify populations and geographic areas with particular substance abuse problems so that federal resources can be used efficiently.
- **University-based researchers** use the data to conduct research on important substance abuse issues, such as the risk and protective factors associated with substance abuse, personal and societal consequences of substance abuse, and the impact of policy options for dealing with the substance abuse problem.
- **Substance abuse agencies at the state and local level** use the data to assess the potential need for treatment programs and to design programs that fit the needs of populations served.



# *National Survey on Drug Use and Health*

## Summary of Questionnaire

You have asked to know more about the *National Survey on Drug Use and Health* and the types of questions the interviewer will ask. Below is a summary of each section of the questionnaire for you to examine. Keep in mind that not everyone will see every question—the questions depend on the participant's own experiences. Furthermore, participants can always refuse to answer any questions during the interview.

### **Demographics**

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

#### *Sample Questions:*

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

### **Computer Practice Session**

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

### **Cigarettes, Alcohol and Illicit Drugs**

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

#### Tobacco Products and Alcohol

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

#### *Sample Questions:*

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

#### Illicit Drugs

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

#### *Sample Questions:*

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

# Summary of Questionnaire *(continued)*

## **Adult Social Environment and Mental Health**

Participants 18 and older receive questions about their social experiences such as: availability of illicit drugs, perceptions of their neighborhood, their relationship with their spouse or partner, and in some cases, their experiences as a parent. Mental health questions cover such topics as depression, social anxieties, and treatment for mental health problems.

### *Sample Questions:*

- ▶ How many times **during the past 12 months** have you and your spouse or partner spent an hour or more together doing an activity that you both enjoyed?
- ▶ During the past 12 months, was there any time when you **needed** mental health treatment or counseling for yourself but **didn't get it**?
- ▶ People differ a lot in how much they worry. In general, would you say you worry more than, about the same as, or less than most other people worry about everyday problems?

## **Youth Experiences and Mental Health**

Youth ages 12-17 participating in the survey are also asked questions about their social experiences such as: perceptions about the effects of using certain drugs; whether getting drugs is difficult or easy; feelings about school and peers; and involvement in clubs, sports, and other extracurricular activities. The mental health questions assess youth participants' use of services aimed at treating mental health problems.

### *Sample Questions:*

- ▶ During the past 12 months, in how many different kinds of school-based activities, such as team sports, cheerleading, choir, band, student government, or clubs, have you participated?
- ▶ During the past 12 months, have you stayed **overnight or longer in any type of hospital** to receive treatment or counseling for emotional or behavioral problems **not** caused by alcohol or drugs?

## **Health Care and Demographic Information**

In this section, the laptop is handed back to the interviewer, who asks questions about education, health insurance, and family income information to help in analyzing the data. If necessary, a knowledgeable adult in the household may be asked to help participants answer some of these questions.

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

### Sample questions:

- ▶ How many hours did you work **last week** at all jobs or businesses?
- ▶ In 2001, did you have money in any kind of savings or other bank account that earned interest?
- ▶ Are you currently covered by private health insurance?

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

*Thank you for your cooperation and help!*

# Survey Finds Teens Using Cigarettes, Drugs Less

By DAVID A. VISE  
*Washington Post Staff Writer*

Teenagers' drug use declined by 9 percent last year and by 21 percent over the past two years, mirroring the continuing drop in the crime rate, according to a major survey that federal officials released yesterday.

The survey of 67,000 people age 12 and older showed that the younger a person is when he or she first uses marijuana, the greater the chances that person will become a drug user as an adult. Nearly 9 percent of those who used marijuana at age 14 or younger used drugs as an adult, while just 1.7 percent of people who used marijuana for the first time at age 18 or older became drug-dependent adults.

"The survey provides extremely encouraging news," said National Drug Control Policy Director Barry R. McCaffrey. "We are now seeing a clear trend: Teen drug use is down significantly and rapidly for two straight years."

The survey also revealed a decline in teen smoking. Cigarette use among teens fell from 19.9 percent in 1997 to 15.9 percent last year.

Donna E. Shalala, secretary of health and human services, noted that recent reports have shown a leveling or falling trend in illicit drug, marijuana and cigarette use among adolescents since 1996 or 1997, after a period of increases since the beginning of the 1990s.

"All of this is very good news," Shalala said. "But let me be clear: We have a long way to go. . . . We have miles to go when 14.8 million Americans were current users of illicit drugs in 1999. And we have miles to go if even a single young person is letting his or her dreams—and life—go up in a cloud of marijuana or cigarette smoke."

Howard Simon, spokesman for the Partnership for a Drug Free America, said several factors account for the drop in teen drug use, including multimillion-dollar media campaigns by the federal government and private organizations, and greater dialogue between parents and children about the hazards of using drugs.

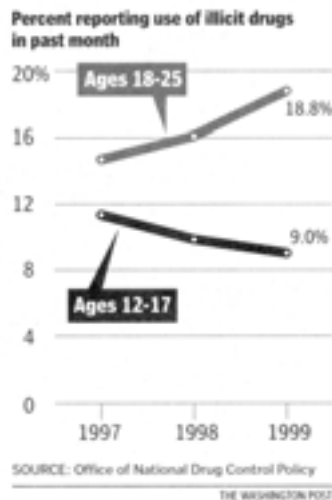
Simon said that although the results of the household survey are encouraging in regard to teenagers, they highlighted a serious problem among 18- to 25-year-olds, whose rate of illegal drug use increased 28 percent in the past two years, from 14.7 percent to 18.8 percent. He said people in that age bracket began using drugs amid



Secretary of Health and Human Services Donna E. Shalala, left, with Barry R. McCaffrey, the national drug control policy director, said the drug survey was more precise than ever.

## Conflicting Trends

*Illicit drug use among those age 12 to 17 declined 21 percent from 1997 to 1999. But drug use among those age 18 to 25 increased 28 percent in the same time period.*



the crack epidemic of the late 1980s and early 1990s and do not have adequate access to substance abuse programs.

"If a group starts using drugs at a younger age, there is the possibility they will continue using drugs if we don't do more for people to find treatment," Simon said. "We need to get more access to treatment. That is an important part of reducing demand for illegal drugs."

McCaffrey said the rise in drug use among 18- to 25-year-olds confirmed the need for early intervention with youth to prevent drug abuse among adults.

"Sadly, now that this age group has es-

tablished drug use patterns, they and our society will be dealing with the harms associated with increased drug use and disease, overdoses, health care costs, crime and the like for years to come as they grow older," he said.

Shalala said this year's National Household Survey on drug use is much broader and more precise than ever. Previous surveys used paper questionnaires and a sample size of just 18,000, leaving experts to make national estimates.

The newly designed survey is interactive, bilingual and computer-based and for the first time provides breakdowns for the 50 states and the District.

In the District, 7.6 percent of those interviewed said they used illegal drugs in the past month, while 5.3 percent of those in Maryland and 4.7 percent of Virginians said they used illicit substances.

The study showed that in all three jurisdictions, binge drinking of alcohol in the past month by people in the 18- to 25-year-old age bracket topped 30 percent. Binge drinking is defined as having five or more drinks on the same occasion.

Among those in the region age 26 or older, the rate of binge drinking was much lower, about 16 percent. Among teens, marijuana and cigarettes topped the list of substances used in the past month.

Locally, teens registered a lower level of binge drinking—in the 7 percent to 8 percent range.

In response to the report, President Clinton called on Congress to fully fund the administration's anti-drug and anti-smoking initiatives.

"While today's report shows underage alcohol use is still at unacceptable levels, it also shows that tobacco use among young people is beginning to decline significantly following a period of increases earlier in the 1990s," the president said. "These findings prove that we are successfully reversing dangerous trends and making important progress."

# Use of Illegal Drugs Is Down Among Young, Survey Finds

By David Stout

WASHINGTON, Aug. 31 - The use of illegal drugs by youths aged 12 to 17 dropped sharply from 1997 to 1999, the federal government said today. And while drug use among people 18 to 25 went up, it was still far below what it had been 20 years ago.

The trend among those 12 to 17 is the most important finding of the National Household Survey on Drug Abuse, said Donna E. Shalala, the secretary of health and human services, and Gen. Barry R. McCaffrey, director of the White House office on drug control policy.

Both officials said that the nationwide educational and preventive efforts were working, especially among the young.

"Most of our young people are obviously getting the message, that drugs are not the stuff of dreams, but the stuff of nightmares," Dr. Shalala said.

General McCaffrey said: "Watch this population. It's cheaper to deal with them now than when they enter the criminal justice system."

The study found a 21 percent drop from 1997 to 1999 among those 12 to 17 who said they had used an illegal drug in the month before they were surveyed. That is, 9 percent of those 12 to 17 reported using an illicit drug in 1999 compared with 11.4 percent in 1997.

The use of marijuana in that age group showed a steeper decline than overall drug use, declining by 26 percent. While 9.4 percent of the young people surveyed in 1997 said they had used marijuana in

the preceding month, only 7 percent of those surveyed last year said they had. Since marijuana remains the most popular illicit drug among youths, the officials said that they found its decline in popularity encouraging.

But the survey results among people 18 to 25 - who are among those most likely to commit crimes - showed a worsening problem, at least recently. Use of illicit drugs by that group rose 28 percent in two years; that is, 18.8 percent reported drug use in 1999, compared with 14.7 percent in 1997.

A statement issued with the findings predicted that those in the 18 to 25 age group, "which includes many of those who formed their attitudes about drug use, and began to use them in the early 1990's," will continue to use drugs at a relatively high rate as they age.

A far higher percentage of people who were in the 18 to 25 group two decades ago were drug users, government data released today showed. About 38 percent in that age group used illegal drugs in 1979. The percentage declined steadily to just under 15 percent in the mid - 1990's before climbing again.

The change in the 12 to 17 group is less stark. About 16 percent reported using illegal drugs in 1979. The percentage declined until 1992, when it began a seesaw pattern.

For the total population aged 12 and older, the rate of illicit drug use has remained flat for several years. The

government estimated that 14.8 million Americans, or 6.7 percent of those 12 and older, had used drugs in the month before they were surveyed. In 1979, the percentage was roughly twice as high.

The annual survey released today was done by the Substance Abuse and Mental Health Services Administration, headed by Dr. Nelba Chavez, in Dr. Shalala's department.

Previous surveys relied on a sample of about 18,000 people who were questioned in person or through paper forms. The latest survey used the old methodology and a new computer - based questionnaire that expanded the sample size to almost 70,000 people. In this way, Dr. Shalala and General McCaffrey said, they can reliably gauge the latest trends while establishing a more comprehensive base of data for future studies.

Detailed findings from the study are available at [www.samhsa.gov](http://www.samhsa.gov) on the Internet.

The government noted that the latest study did not cover active-duty military personnel, people in prison or drug treatment centers or homeless people not in shelters when the survey was conducted.

Alaska had the highest rate of illicit drug use (10.7 percent of those aged 12 and older) and Virginia the lowest (4.7 percent). The rate among American Indians and Alaska Natives was 10.6 percent. For blacks, it was 7.7 percent, and for whites, 6.6 percent.

Asian-Americans had the lowest rate, 3.2 percent.

The survey is a cornucopia of information, and not just on illegal drugs. It estimates that 6,400 people tried marijuana for the first time in 1998. That year, an estimated 1.6 million people - half younger than 18 - took up cigarette smoking. And 4.9 million tried cigars for the first time in 1998, up from 1.5 million new cigar smokers in 1991.

"We have a long way to go," Dr. Shalala said, "miles to go in our journey to a drug free America."

*The Madison Daily Leader (SD) Friday, September 1, 2000*

## Teen Drug Use Continues Decline

WASHINGTON (AP) -- Illegal drug use continues to drop among young teens, according to the government's latest annual survey, but they are still experimenting with marijuana in numbers not seen since the late 1970s.

Each day more than 4,200 youths ages 12 to 17 try pot for the first time, according to the National Household Drug Abuse survey, released Thursday. The rate - 81 teens out of 1,000 - is down from 1997's all-time high of 90.8, but is still well above the rate of first-time teen marijuana users through the 1980s.

In the latest survey, covering 1999, by the Department of Health and Human Services, 9 percent of 12- to 17-year-olds who were questioned said they had used an illegal drug in the past 30 days. That's down from 9.9 percent in 1998 and 11.4 percent in 1997.

Barry McCaffrey, President Clinton's drug policy adviser, said the 21 percent decline in drug use by young teens since

1997 is proof that a \$200 million media campaign is working.

Drug czar Barry McCaffrey says prevention programs should target elementary and middle school children.

"If you want to see America's drug problem in 10 years, watch this population," McCaffrey said.

But increased drug use among people over 17 suggests that the war on drugs is, at best, being fought to a stalemate.

Illicit drug use among young adults ages 18 to 25 has climbed 28 percent since 1997, from 14.7 percent of the population that age in 1997 to 16.1 percent in 1998 and 18.8 percent in 1999.

"We have miles to go when 14.8 million Americans were current users of illicit drugs in 1999," HHS Secretary Donna Shalala said Thursday.

Eighty thousand people were questioned in last year's survey, which also asked about tobacco and alcohol use. The government provided no

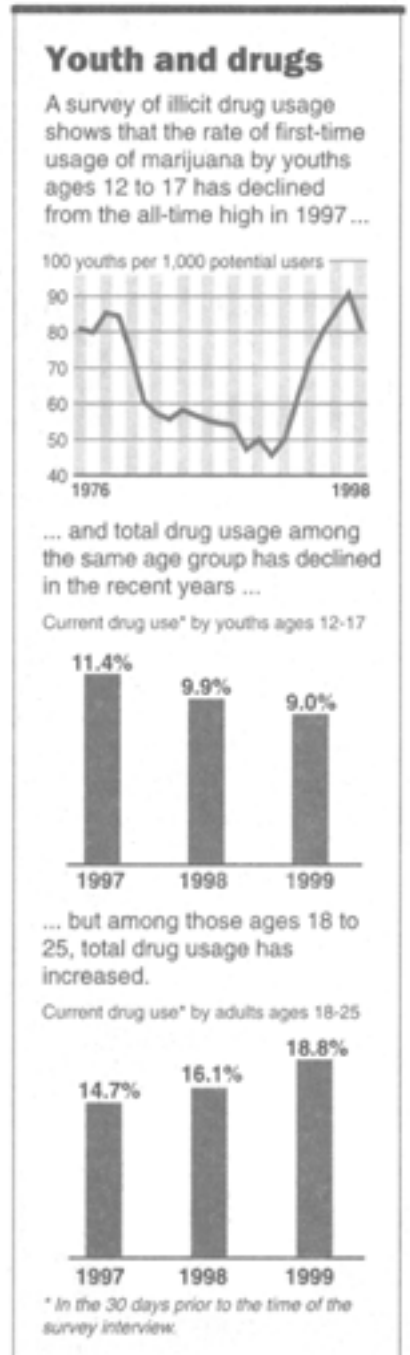
figures for margin of error with the report.

For all age groups, drug use was most common in the West and parts of Appalachia and New England. Teen drug use was more prevalent in the Southwest, Great Plains and Northeast.

The study found that children in homes where parents "neither approve nor disapprove" of cigarette smoking were four times as likely to have used marijuana in the past month than in homes where parents "strongly disapprove" of cigarette use.

"I don't think there's any question that cigarette use, and alcohol use, and marijuana use, all three, are related to the...probability that you would have drug abuse problems as a young adult," said McCaffrey.

Fifty-two percent of Americans age 12 and older reported that they used alcohol, a rate that has remained relatively flat for the past several years, the survey reported. It also said 19 percent of teens had a drink within the past month, 7.8 percent reported binge drinking, and 3.6 percent said they were heavy users of alcohol.



Source: U.S. Department of Health and Human Services AP

# Certificate of Participation

## Certificate of Participation

The United States Public Health Service  
and Research Triangle Institute  
would like to thank

\_\_\_\_\_  
[Participant's Signature]

for participating in the

### National Survey on Drug Use and Health

on

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

[Date of Interview]

\_\_\_\_\_  
Field Interviewer

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
FI ID #

\_\_\_\_\_, National Field Director  
Research Triangle Institute  
3040 Cornwallis Road  
Research Triangle Park, NC 27709

This document certifies that the above named individual was randomly selected to participate in the NSDUH, a voluntary survey for the United States Public Health Service. Across the country, some participants approach their school teachers or other group leaders to ask about possible special community service credit since they completed this important national survey. The time commitment for participation in this survey is between 1 and 2 hours. A copy of the NSDUH brochure, which explains the study in more detail, should accompany this certificate. If you need further information, contact the National Field Director, \_\_\_\_\_, at \_\_\_\_\_.

# Instructions for Using the Certificate of Participation

## **What is the Certificate of Participation?**

The certificate provides documentation that authenticates the respondent's participation in the NSDUH. Respondents may use the completed certificate to verify with teachers or group leaders that they participated in the NSDUH.

## **How can a respondent use a Certificate of Participation?**

Youth and other interested respondents may receive credit for participating in the study. Possibilities include:

- extra credit for school
- incorporating the NSDUH experience into a school project
- credit toward community service hours.

It is the respondents' responsibility to arrange to receive any possible credit. Respondents and parents must understand that:

- they are responsible for making arrangements for any credit
- their school or group may or may not give credit
- no advance arrangements have been made with any school or community group in the nation.

Again, the purpose of the certificate is to give respondents documentation to verify with school staff or group leaders that they participated in the NSDUH.

## **When is the Certificate of Participation used?**

Upon completion of the interview, the interviewer prepares the certificate by filling in the date the interview was completed and the FI name and ID number. To preserve confidentiality, the respondent adds his or her name at a later time. Respondents should also be given a Question and Answer Brochure along with the certificate, as it contains additional details and includes contact information and Website addresses where interested persons can obtain additional information.

# Steps to Maximize Data Quality

This summary is not a replacement for information contained in your FI Manual, but is a listing of some of our most crucial protocols that must be followed.

**Be sure that you follow each of these at all times.**

Note the FI Manual pages referenced with each key point. Keep in mind that the below protocols are not the only steps that are necessary to follow. Use your FI Manual, Field Supervisor, and project e-mails for information on additional steps to maximize data quality.

## Screening

- **Use your segment maps**, and not just the address, to locate your selected DUs. [FI Manual p. 3-16]
- **Display your ID badge** when knocking on every door in your segment. [FI Manual pgs. 4-21 and 5-1]
- **Complete screenings in-person** with a resident who is 18 or older. The only exception is in the case of emancipated minors. [FI Manual p. 4-22]
- **Give a Study Description to each SR.** [FI Manual p. 4-23]
- Obtain complete and accurate screening information, **reading the screening questions verbatim to the SR** and immediately entering responses into the Newton. The only missing screening data should be a result of the respondent's refusal to provide information. [FI Manual p. 6-20]

## Interview

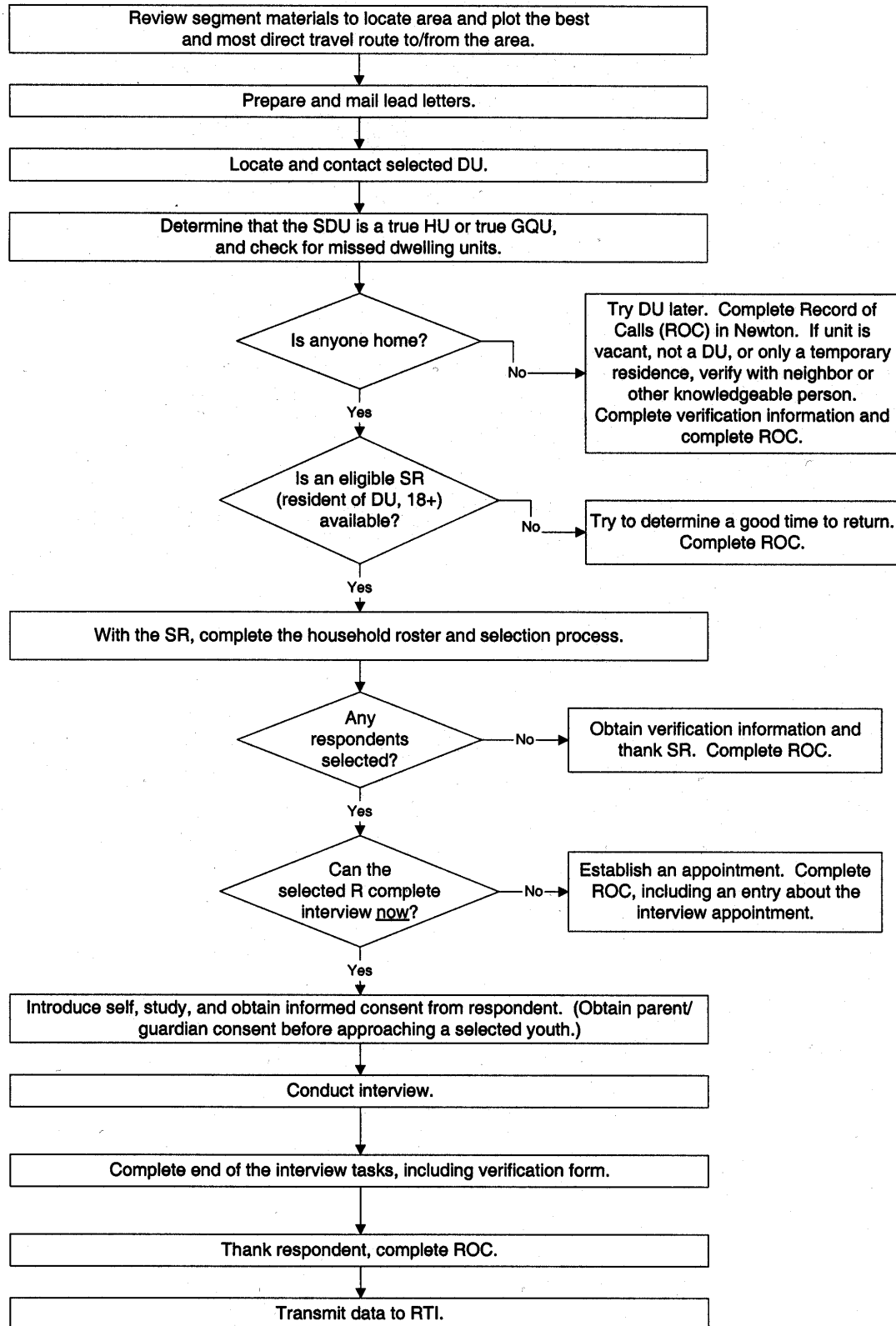
- **Read the CAI Introduction and Informed Consent from the Showcard Booklet** to the R (choosing the appropriate version based on the respondent's age) before beginning the interview. Before speaking with a selected minor, you must obtain verbal parental permission. If the R was not the SR, give him/her a Study Description. [FI Manual pgs. 7-24 and 7-25]
- Make it apparent that you are **completing the interview in a completely confidential and unbiased manner.** [FI Manual pgs. 2-7, 2-8, and 8-1]

## Interview – continued

- To the extent possible, choose an interview location that gives the respondent privacy. [FI Manual pgs. 7-29 and 7-30]
- Do not rush the respondent. Do not tell the respondent how to make the interview go faster. [FI Manual p. 8-3]
- Use the Reference Date Calendar and read verbatim the explanation provided on the CAI screen to the R. As appropriate, remind the respondent to use the calendar as a visual aid throughout the interview. [FI Manual p. 8-14]
- Familiarize the R with the laptop and function keys and allow the R to successfully complete the Computer Practice on his or her own. You must always explain, offer, AND plug in the headphones with each R. [FI Manual pgs. 8-16 through 8-18]
- Read the interview questions exactly as they appear on the screen. It is never acceptable to use your own words or ‘wing it’. Do not assume you know answers from a previous conversation, question, or interview. [FI Manual p. 8-2 and 8-3]
- Hand the appropriate showcard to the respondent when instructed to do so on the CAI screen. [FI Manual p. 8-13]
- Allow your respondents to complete the ACASI portion of the interview on their own. Never read the questions in the ACASI portion of the interview out loud to the respondent. In cases of extreme physical impairment, it may be necessary to enter the answers into the computer for the ACASI questions, but always allow the ACASI recording to ‘read’ the questions and answer categories via the headphones. [FI Manual pgs. 8-21 through 8-23]
- Have the respondent fill out the top portion of the Verification Form and allow the respondent to insert the form into the envelope and seal it. Mail the form promptly. [FI Manual pgs. 8-23 through 8-27]
- Always protect the confidentiality of your respondents. Never reveal a respondent’s answers to anyone—including the respondent’s family members. Resist the temptation to reveal even positive information gleaned from an interview to parents or other household members. [FI Manual pgs. 2-7 and 2-8]



# Overview of the Screening Process



# Screening and Interviewing Tasks

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

## Can't screen (i.e. no one home, vacant units, SR not available, etc.)

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

## Screen only (codes 22, 26, 30)

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

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

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

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

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

## Interview only at appointment time or other follow-up contact

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

# The Interviewing Process

## **Informed Consent Procedures**

- **READ THE INFORMED CONSENT FOUND AT THE FRONT OF THIS BOOKLET.**
- **If the respondent is 12 - 17 years old, first obtain parental consent.**

## **Choose the best interview location, considering:**

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

## **Setting up the Computer**

- **Unpack the computer and plug it in using the extension cord if needed.**
- **Press the ON button and WAIT for the computer to boot up.**
- **While waiting, make sure you have the QuestID from the Newton, a Reference Date Calendar, your Showcard Booklet, a Verification Form and envelope, and an Interview Payment Receipt. Place clean headphone covers on the ear pieces.**
- **Enter your password at the prompt and begin your interview.**

## **Conducting the Interview**

- **Be sure that you have obtained informed consent.**
- **If respondent is under the age of 12 or is active in the military, the computer will automatically complete this case. If this occurs, remember to enter a Code 79 in the Newton and explain the situation.**
- **Complete the Reference Date Calendar.**
  - S **Write the 12-month and 30-day dates given to you on the computer screen in the appropriate boxes.**
  - S **Circle the 12-month reference date.**
  - S **Circle the 30-day reference date. Then, underline the 30 days between the circled day and the current date.**
  - S **Record the Case ID # at the top of the calendar.**
- **Use the Showcards and Pillcards. If an R fails to ask to see the pillcards during ACASI, please note this in the FI Observation questions.**
- **During ACASI, be available without being intrusive. Go ahead and prepare the Verification Form and envelope:**
  - S **Record the date and approximate interview completion time**
  - S **Legibly write your name and FI ID #**
  - S **Fill in the Case ID #, including the A or B**
  - S **Identify parent who gave consent, if interview with youth**
- **Enter the Verification ID and the Case ID when prompted.**
- **Complete the Interview Payment Receipt and give R the \$30 cash payment.**
- **While R completes the Verification Form, answer the observation questions.**
- **The R should place the Verification Form into the envelope and seal it.**
- **If R refuses to complete the Verification Form, ask the respondent to write "REFUSED" across the top. The envelope must still be mailed to RTI.**
- **For a youth, the verification form should be completed preferably by a parent or guardian. (Another good reason to have a parent in the house while you conduct the interview! ☺)**

## The Interviewing Process *(continued)*

### When finished with the Interview

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

### Possible Respondent Difficulties

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

# Refusal Reasons

Use these descriptions to help you classify refusals in the Newton.

**1. Too busy/no time/did too many surveys already**

The number one reason for refusals is lack of time.

**2. Surveys (or government) too invasive/doesn't want teen exposed to subject**

These people feel that the government invades their privacy too much with surveys. There may be philosophical, political, or religious reasons for not participating in surveys. Parents may be concerned about exposing their teen to the sensitive subject matter in the survey.

**3. Clarify confidentiality, legitimacy, or selection**

Be sure to listen carefully to what respondents are telling you—questions about the legitimacy of the survey or how the survey guarantees confidentiality can often be explained by you on the doorstep, if you understand their concern.

**4. Nothing in it for me/uncooperative**

Although rare, sometimes people will either not give a reason for their refusal or they'll tell you that there's no reason for them to participate.

**5. Gatekeeper/Parent/HH member disallows**

Sometimes you encounter a refusal situation controlled by another person besides the person selected for the interview. A spouse, parent, guardian, or another influential person in the household may refuse for the selected individual, or deny you the ability to talk directly to the selected person. Even if you are able to talk with the selected person, he or she may refuse because of the other person's opinions.

**6. Welfare or INS concerns**

Persons involved with various government programs may fear that you are a welfare worker or an immigration officer checking on their status.

**7. Too ill/house messy/not dressed**

These refusals are situational and will not generate a refusal letter. They refused because you caught them at an awkward time.

**8. Need to discuss with FS**

In some cases, a respondent's refusal won't fit any of the above categories, but you are able to gather a sense of what is preventing them from participating. With this option write a very specific note in the refusal comment section to alert your FS. Then you can talk with him/her about how best to handle the refusal.

## Counting and Listing Abbreviations

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

## Counting & Listing Abbreviations *(continued)*

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

## Adding Missed Dwelling Units

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

**At a selected housing unit, look for missed dwelling units:**

- **With a separate entrance, within the structure or on its property.**

For regular housing units (houses, townhouses, trailers, cottages, duplexes), during each screening you ask the SR if there are any other units with a separate entrance within the structure or on the property. If so, simply enter the address of the other unit(s) and proceed with screening

For housing units in apartment and condo buildings you will not ask the Missed DU question. However, if you discover a missed DU such as the rare but possible 'unit within a unit,' check with the SR and add the unit from the Select Case Screen by tapping "Actions/Add Missed DU."

- **In the geographic interval between the SDU and the next listed line.**

Check the space between the SDU and the next listed DU. Enter any discovered units using "Actions/Add Missed DUs."

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

S the 'next listed line' means the next one listed on that map page, not the next one listed numerically. Check the interval between the SDU and the very first DU listed on that map page.

S check any subsequent zero map pages for missed DUs.

**For group quarters structures listed by persons or beds:**

- Compare the original list with the current situation. If there are more units now, call your FS who will contact RTI's Sampling Department about which missed GQUs to add.

**Limits on missed DUs:**

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



## Reconciling Missed DUs

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

**You can Reconcile at three different spots in the Newton:**

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

**To Reconcile Missed DUs:**

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

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

**In the following situations, check with your FS who will check with RTI's Sampling Department:**

- more than five missed DUs are found at a specific SDU
- more than 10 missed DUs are found in a segment
- a missed HU (other than a 'unit within a unit') is discovered in an apartment or condo building
- a missed GQU is discovered within a group quarters structure
- a missed group quarters structure is discovered
- a significant listing problem is discovered.

# Procedures After an Automobile Accident

## **Immediately After an Accident...**

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

## **DOs and DON'Ts**

- **DO** jot down details about the accident and circumstances such as weather conditions and visibility.
- **DO** notify your FS, Headway, and your insurance agent about the accident immediately.
- **Do NOT** sign any document unless it is for the police or your insurance agent.

## **Headway Corporate Staffing Services' Accident/Injury Reporting Procedures**

- In the event of an accident, the employee must contact his/her FS immediately. The employee must also contact a Headway Representative directly to report the accident within 24 hours of the injury. If you're calling after hours, leave a message.
- Employees are expected to seek treatment at an Emergency Room, Urgent Care Facility, or General Practitioner. If the employee seeks treatment elsewhere, the employee may be responsible for payment depending on the applicable state workers' compensation laws.
- Whenever possible, the employee will notify a Headway representative before seeking medical treatment.
- The employee will provide a signed written statement to Headway detailing the nature and extent of all injury sustained at work.
- The employee is required to submit the results of all evaluations to a Headway representative, as well as any doctor's notes that prevent the employee from working, within 24 hours of any doctor's visit related to injury.
- Headway will investigate all on-the-job injuries thoroughly to determine causes and contributing factors. The employee will cooperate with the investigation of any accident he/she is involved in or witness to. Workers' Compensation fraud is a felony offense and Headway Corporate Staffing will prosecute anyone proven to be committing fraud.
- If physical therapy or surgery (in the event of a non-threatening injury) is recommended, pre-authorization must be obtained from the worker's compensation insurance carrier in order to guarantee payment of services. The physician should contact the Human Resources Department of Headway Corporate Staffing at \_\_\_\_\_ for approval.

Failure to comply with these policies and procedures may jeopardize your workers' compensation benefits. Please also be reminded that workers' compensation laws vary from state to state. There may be additional requirements that you must meet in compliance with your state's laws.

# Enumeration Rules

## PERSONS WHO ARE NOT TO BE INCLUDED ON ROSTER:

- Persons under the age of 12 at the time of screening (do count them in the total SDU Members number)
- Persons who are institutionalized at the time of screening
- Persons who will not live at the SDU for most of the time during the quarter

## PERSONS WHO ARE TO BE INCLUDED ON ROSTER:

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

## PERSONS ON ACTIVE DUTY IN THE MILITARY/ARMED FORCES:

- Active duty personnel who live at the SDU for half or more of the quarter will be rostered, but then will be made ineligible by the Newton prior to selection

## KNOWN CITIZENS OF FOREIGN COUNTRIES:

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

## 2002 Result Codes

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

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

## 2002 Result Codes (continued)

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

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

# ROC Comments

ROC comments should be appropriate, non-judgmental, and:

- **Informative** -- record appointment times, best times to return, who you talked to, or if no adult was home, record which cars were in the driveway.
- **Helpful** -- note relevant information for you to use in preparing to return or when discussing the case with your supervisor. If a case gets transferred to another FI, the notes are very important to the new FI to understand what has happened.
- **Concise** -- Explain your comments directly, leaving out unnecessary words or information. Your comments must be easily understood by you, your FS, other FIs, and project managers.

Examples of good ROCs:

- CB after 7:00 pm
- 2:30 Sat appt
- W M 15ish said parents home after 8:00
- HISP F 60s send SPAN letter

## PROJECT ABBREVIATIONS

R	respondent (for the interview)
SR	screening respondent
FI	field interviewer
Q&A	Q&A Brochure
DU	dwelling unit

## STANDARD ABBREVIATIONS

days of the week	(with 3 letters)
F	female
M	male
B	black
W	white
HISP	Hispanic
SPAN	Spanish
INFO	information
REF	refused

## SUGGESTED HELPFUL ABBREVIATIONS

CB	call back (or come back)
APPT	appointment
AM	morning
AFTRN	afternoon
PM	evening
NGHBR	neighbor
GTKPR	gatekeeper
WKND	weekend

## Quick Reference Guide and Edit Checklist

In the CAI Manager, if you want to:

	PRESS
<u>S</u> tart an interview	[Alt] [s]
<u>C</u> ancel the start of an interview	[Alt] [n]
<u>R</u> esume (re- <u>s</u> tart) an interview	[Alt] [s]
<u>T</u> ransmit data to RTI	[Alt] [t], [y]
<u>V</u> iew e-mail messages	[Alt] [v]
<u>S</u> tart the e <u>P</u> TE Program	[Alt] [p]
<u>L</u> ist the cases by <u>D</u> escending Order (based on date)	[Alt] [y]
<u>L</u> ist the cases in <u>A</u> scending Order (based on date)	[Alt] [g]
<u>E</u> xit CAI Manager	[Alt] [x]

To begin CAI Interview:

Enter QuestID from Newton for selected sample member. Double check!

In the Interview, if you need to:

<u>B</u> reak off an interview	[Alt] [f], [x]
<u>E</u> nter Don't Know	[F3]
<u>E</u> nter Refused	[F4]
<u>R</u> eturn to the first screen	[F5]
<u>R</u> eturn to the first unanswered question	[F6]
<u>T</u> oggle audio on/off	[F7]
<u>E</u> nter a comment	[F8]
<u>S</u> ave a comment	[Alt] [s]
<u>B</u> ack up one screen	[F9]
<u>R</u> eplay audio	[F10]
<u>E</u> dit a lengthy text field	[Ins]
<u>R</u> eturn the focus to the CAI window so the top bar is blue	[Alt] [Tab]

To complete Verification Form:

- When prompted to do so, carefully enter the VerifID from Verification Form.
- With R's assistance, complete same Verification Form.

End of Interview Checklist:

- Carefully record Case ID on the Verification Form. Make sure your name and ID # are printed on the form along with the time and current date. Mail promptly using RTI business reply envelope.
- Pay respondent and complete the Interview Payment Receipt, giving the R the top copy.
- Check that Case ID is recorded in upper right corner and mail Reference Date Calendar and Interview Payment Receipt (FS copy) to your FS weekly.
- Update Newton Record of Calls for completed interview.