



## **National Household Survey on Drug Abuse, 1995**

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

Data Collection Instrument



is sponsored by



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

Center for Behavioral Health Statistics and Quality

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SAMHSA

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DATE INTERVIEW BEGAN:   1995  
MONTH DAYTIME INTERVIEW BEGAN:  :   
HOUR MIN.

ENTER NUMBER FROM BELOW BARCODE ON SCREENER:

CASE ID #  -  - TIME OF DAY: A.M. .... ☐ 1

ENTER ROSTER NUMBER OF SELECTED HH MEMBER:

P.M. .... ☐ 2ROSTER # 

LANGUAGE VERSION: 01

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

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

- First, please tell me how old (you were/SAMPLE MEMBER was) on (your/his/her) last birthday?

SAMPLE MEMBER'S AGE ON LAST BIRTHDAY ..... 

- IF SAMPLED CHILD'S AGE IS UNDER 12, VERIFY AGE ON LAST BIRTHDAY.

- IF VERIFIED AGE IS UNDER 12, DO NOT INTERVIEW!

**STOP!**

- IF SAMPLE MEMBER IS 12-17 YEARS OLD, GO TO BACK OF THIS PAGE. →
- IF SAMPLE MEMBER IS 18 OR OLDER, CONTINUE: → We are interviewing approximately 18,000 individuals across the nation. You have been selected to participate in the study, based on scientific sampling procedures. Your responses will represent the views of over 10,000 Americans. We cannot substitute anyone else if you decide not to participate.

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

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

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

RACE OF SAMPLE MEMBER 18 OR OLDER

WHITE ..... ☐ 1  
BLACK ..... ☐ 2  
INDIAN (AMERICAN), ALEUT, ESKIMO ..... ☐ 3  
ASIAN OR PACIFIC ISLANDER  
(INCL. ASIAN INDIAN) ..... ☐ 4

- CONDUCT THE INTERVIEW.

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

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

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

Paragraph "B" Your (AGE) year-old child has been selected to participate. (He/she) was selected based on scientific sampling procedures so that the answers your child provides will represent those of approximately 3,000 other youths. No substitution can be made if your child does not participate. The answers (he/she) gives us will be kept strictly confidential, and no names are ever connected with the survey. To protect the confidentiality of your child's answers, you will not be permitted to see (his/her) completed survey. The study collects information about use of alcohol, cigarettes, and drugs, as well as other physical and mental health-related issues for the nation as a whole. (OFFER QUESTIONNAIRE TO THE PARENT SO HE/SHE MAY TAKE IT, AND CONTINUE): This is the questionnaire we will be using. (IF THE PARENT WANTS TO EXAMINE QUESTIONNAIRE, LET HIM/HER DO SO, ANSWER ANY QUESTIONS, AND THEN SAY): The results of this study will provide a major source of information on drug experience and will be used for important research purposes. If it is all right with you, we could get started. We also like to conduct the interview in as private a setting as possible. Can we find a reasonably private spot to complete the interview?

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

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

We are interviewing approximately 18,000 individuals across the nation. You have been selected to participate in the study, based on scientific sampling procedures. Your responses will represent the views of over 3,000 Americans. We cannot substitute anyone else if you decide not to participate.

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

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

- BASED ONLY ON YOUR  
OBSERVATION. (DO NOT  
ASK!) RECORD RACE OF  
12-17 YEAR-OLD SAMPLE  
MEMBER HERE. RACE OF 12-17 YEAR-OLD SAMPLE MEMBER  
WHITE ..... ☐ 1  
BLACK ..... ☐ 2  
INDIAN (AMERICAN), ALEUT, ESKIMO ..... ☐ 3  
ASIAN OR PACIFIC ISLANDER  
(INCL. ASIAN INDIAN) ..... ☐ 4
- CONDUCT THE INTERVIEW.

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

D-1. (RECORD ®'S SEX): MALE ..... ☐ 1  
FEMALE ..... ☐ 2

D-2. What is your date of birth?

MONTH .....   
DAY .....   
YEAR .....

→ (VERBALLY  
VERIFY WITH ®  
THAT AGE FROM  
FRONT COVER IS  
CONSISTENT WITH  
BIRTHDATE)

D-3. Are you of Hispanic or Spanish origin or descent?

YES ..... ☐ 1  
NO ..... ☐ 2

→ (SKIP TO Q.D-5)

D-4. Which of these Hispanic-origin groups best describes you? Are you...

Puerto Rican, ..... ☐ 1  
Mexican, ..... ☐ 2  
Cuban, or ..... ☐ 3  
Some other group? (SPECIFY):  
\_\_\_\_\_ ☐ 4

D-5. (HAND ® SHOWCARD 1.) Which of the groups on this card best describes you?  
Just give me the number.

WHITE ..... ☐ 1  
BLACK ..... ☐ 2  
INDIAN (AMERICAN), ALEUT,  
ESKIMO ..... ☐ 3  
ASIAN OR PACIFIC ISLANDER  
(INCLUDING ASIAN INDIAN) .... ☐ 4  
OTHER (SPECIFY):  
\_\_\_\_\_ ☐ 5

(TAKE BACK SHOWCARD 1.)

FI	MARK ONE BOX:	® IS 12-14 YEARS OLD . . . . .	<input type="checkbox"/> 1	→ (SKIP TO FI CHECKPOINT B)
CHECKPOINT		® IS 15 YEARS OLD		
A		OR OLDER . . . . .	<input type="checkbox"/> 2	→ (CONTINUE WITH Q.D-6)

D-6. Which of the following best describes your current marital status. Are you ...

- Married, . . . . . ☐ 1  
 Widowed, . . . . . ☐ 2  
 Divorced or separated, or . . . . . ☐ 3  
 Have you never married? . . . . . ☐ 4 → (SKIP TO FI CHECKPOINT B)

D-7. How many times have you been married?

NUMBER OF TIMES MARRIED .

FI	MARK ONE BOX:	® IS 12-16 YEARS OLD . . . . .	<input type="checkbox"/> 1	→ (SKIP TO Q.D-10)
CHECKPOINT		® IS 17 YEARS OLD		
B		OR OLDER . . . . .	<input type="checkbox"/> 2	→ (CONTINUE WITH Q.D-8)

D-8. Have you ever been in the United States' armed forces?

- YES . . . . . ☐ 1  
 NO . . . . . ☐ 2 → (SKIP TO Q.D-10)

D-9. Are you currently ...

- On active duty in the armed forces, . . ☐ 1 → (PROBE: IF CONFIRMED, TERMINATE INTERVIEW)  
 In a reserves component, or . . . . . ☐ 2  
 Now separated or retired from either reserves or active duty? . . . . . ☐ 3



D-10. The next questions are about your schooling. What is the last grade or year that you completed in school?

® HAS NO SCHOOLING ..... ☐ 0

ELEMENTARY SCHOOL GRADES:

FIRST GRADE ..... ☐ 1

SECOND GRADE ..... ☐ 2

THIRD GRADE ..... ☐ 3

FOURTH GRADE ..... ☐ 4

FIFTH GRADE ..... ☐ 5

SIXTH GRADE ..... ☐ 6

SEVENTH GRADE ..... ☐ 7

EIGHTH GRADE ..... ☐ 8

HIGH SCHOOL GRADES:

NINTH GRADE ..... ☐ 9

TENTH GRADE ..... ☐ 10

ELEVENTH GRADE ..... ☐ 11

TWELFTH GRADE ..... ☐ 12

COLLEGE/TECHNICAL SCHOOL YEARS:

FRESHMAN/13th YEAR ..... ☐ 13

SOPHOMORE/14th YEAR ..... ☐ 14

JUNIOR/15th YEAR ..... ☐ 15

SENIOR/16th YEAR ..... ☐ 16

GRADUATE/PROFESSIONAL SCHOOL  
(OR HIGHER) ..... ☐ 17

→ (SKIP TO Q.D-12)

D-11. Have you received a high school diploma (PAUSE), or a GED certificate of high school completion? Which have you received? (MARK ONLY ONE ANSWER.)

HIGH SCHOOL DIPLOMA ..... ☐ 1

GED CERTIFICATE ..... ☐ 2

NEITHER OF THE ABOVE ..... ☐ 3

D-12. Are you now enrolled in any kind of school?

YES ..... ☐ 1

NO ..... ☐ 2

D-13. (HAND ® SHOWCARD 2.) Please look at this card and tell me which of the statements describes your present work situation. (MARK THE FIRST ANSWER THAT APPLIES.)

- WORKING FULL-TIME, 35 HOURS  
OR MORE A WEEK ..... ☐ 1
- WORKING PART-TIME, LESS THAN  
35 HOURS A WEEK ..... ☐ 2
- HAVE A JOB, BUT NOT AT WORK  
BECAUSE OF EXTENDED ILLNESS,  
MATERNITY LEAVE, FURLOUGH,  
OR STRIKE ..... ☐ 3
- HAVE A JOB BUT NOT AT WORK  
BECAUSE IT IS SEASONAL  
WORK ..... ☐ 4
- UNEMPLOYED OR LAID OFF AND  
LOOKING FOR WORK ..... ☐ 5
- UNEMPLOYED OR LAID OFF AND  
NOT LOOKING FOR WORK ..... ☐ 6
- FULL-TIME HOMEMAKER ..... ☐ 7
- IN SCHOOL ONLY ..... ☐ 8
- RETIRED ..... ☐ 9
- DISABLED FOR WORK ..... ☐ 10
- OTHER (SPECIFY): ..... ☐ 11

(TAKE BACK SHOWCARD 2.)

## HEALTH

Now we have some questions concerning your health.

HE-1. About how tall are you, without shoes?

FEET .....

INCHES .....

HE-2. About how much do you weigh, without shoes?

POUNDS .....

HE-3. Would you say your health in general is ...

- |                  |                            |
|------------------|----------------------------|
| Excellent, ..... | <input type="checkbox"/> 1 |
| Very good, ..... | <input type="checkbox"/> 2 |
| Good, .....      | <input type="checkbox"/> 3 |
| Fair, or .....   | <input type="checkbox"/> 4 |
| Poor? .....      | <input type="checkbox"/> 5 |

## CALENDAR

Throughout the rest of this questionnaire, I will be asking you to answer a number of questions about three specific time periods, namely the past 30 days, the past 12 months and your lifetime. To help you remember the first two time periods, let's mark this calendar with the beginning dates for each one of them.

(SHOW CALENDAR TO RESPONDENT.)

Now, let's think about the past 30 days. According to the calendar, (MONTH AND DATE) was 30 days ago, so I will write (MONTH AND DATE) here on the calendar. I'll call that your 30-day reference date.

(WRITE 30-DAY REFERENCE DATE ON CALENDAR AND CIRCLE DAY; UNDERLINE ENTIRE 30-DAY PERIOD.)

A number of questions will ask about the past 12 months, that is since this date last year. Let's look at the calendar and find that date. I'll call that your 12-month reference date.

(WRITE 12-MONTH REFERENCE DATE ON CALENDAR, AND CIRCLE DAY ON CALENDAR.)

Please use this calendar as we go through the interview to help you remember when different things happened. I will remind you to think about your 30-day reference date and your 12-month reference date when I ask you questions.

The next set of questions asks about different forms of tobacco, such as cigarettes, chewing tobacco, and snuff.

I will give you an answer sheet to mark your answers. The questions are set up so that every person answers every question whether or not he or she has used tobacco. That way, I will not know what your answers are. Even if a question doesn't apply to you, there is an answer provided for you to mark, after I read it to you.

(HAND @ THE TOBACCO ANSWER SHEET #1, A PEN, AND THE LARGE ENVELOPE.)

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

Let's start. Remember, to answer a question, just mark an "X" in the box beside the best answer or, in some questions, write in a number on the solid line provided out to the right of the first answer choice. At the top of the answer sheet is an example of how to mark an answer with an "X." If you have any questions about how to record your answer, just let me know.

The first 10 questions are about cigarettes only.

C-1. First, I will read question C-1. Tell me when you have found it. (PAUSE.) Question C-1 says: **Have you ever smoked a cigarette, even one or two puffs?**

- If you have ever smoked at least one or two puffs from a cigarette, please mark the first box. [1]
- If you have never smoked a cigarette in your life, please mark the second box. [2]

Now we will go to question C-2. Remember, it is necessary for us to get an answer from you for every question, even if the question doesn't apply to you.

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

- On the solid blank line, write in how old you were when you first smoked a cigarette.
- If you have never smoked a cigarette in your life, please mark the box at the end of the second answer line. [991]

C-3. Now look at question C-3. Question C-3 says: **Think about the entire time since you first smoked a cigarette. Altogether, on how many days in your life have you smoked a cigarette?**

- If you smoked on more than 300 days in your life, mark the first box. [1]
- The next answer is at least 101 but not more than 300 days. Mark the second box if the number of days on which you smoked a cigarette was at least 101 but not more than 300 days. [2]
- Mark the third box if the number of days is at least 12 but not more than 100 days. [3]
- Mark the fourth box if the number of days is at least 3 but not more than 11. [4]
- And, mark box 5 if you smoked a cigarette on at least 1 but not more than 2 days in your life. [5]
- If you never smoked a cigarette in your life, mark the last box. [91]

C-4. The next question is C-4. It says: **How long has it been since you last smoked a cigarette?**

- If you last smoked a cigarette within the past 30 days, mark the first box. [1]
- If it has been more than 30 days ago but within the past 12 months that you last smoked a cigarette, mark the second box. [2]
- If you last smoked a cigarette more than 12 months ago but within the past 3 years, mark the third box. [3]
- If it has been more than 3 years ago since you last smoked a cigarette, mark the fourth box. [4]
- If you have never smoked a cigarette in your life, please mark the last box; it tells us you've never smoked a cigarette. [91]

**Please turn the page and find question C-5.**

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

- On the solid blank line, please write the number of days you smoked, even if it was just a puff, since your 30-day reference date.
- If you have smoked cigarettes, but not during the past 30 days, please mark the first box; it tells us you've smoked, but not during the past 30 days. [93]
- If you have never smoked a cigarette in your life, please mark the last box. [91]

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

- Mark the first box if you smoked at least a puff or two but less than 1 cigarette each day. [1]
- Mark the second box if you smoked at least 1 but not more than 5 cigarettes each day. [2]
- Mark the third box if you smoked at least 6 but not more than 15 cigarettes (about 1/2 pack) each day. [3]
- Mark the fourth box if you smoked at least 16 but not more than 25 cigarettes (about 1 pack) each day. [4]
- Mark the fifth box if you smoked at least 26 but not more than 35 cigarettes (about 1 1/2 packs) each day. [5]
- Mark the sixth box if you smoked more than 35 cigarettes (about 2 packs) each day. [6]
- If you have smoked cigarettes, but not during the past 30 days, mark the next-to-last box; it tells us you've smoked, but not during the past 30 days. [93]
- If you have never smoked a cigarette in your life, mark the last box. [91]

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

- Mark the first box if you smoked your first cigarette within five minutes after you woke up in the morning. [1]
- Mark the second box if you smoked your first cigarette within 6 to 30 minutes after you woke up. [2]
- Mark the third box if it was more than thirty minutes but within an hour after you woke up. [3]
- Mark the fourth box if you had your first cigarette between 1 and 3 hours after you woke up. [4]
- Mark box 5 if you usually had your first cigarette 4 or more hours after you woke up. [5]
- If you have smoked cigarettes, but not during the past 30 days, mark the next-to-last box. [93]
- If you have never smoked a cigarette in your life, mark the last box. [91]

**Please go to the next page of the answer sheet.**

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

- If you have ever smoked cigarettes every day, mark the first box. [1]
- If you have never smoked cigarettes every day, mark the last box. [2]

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

- Write in how old you were when you started smoking cigarettes every day on the solid blank line.
- If you have smoked cigarettes, but never every day, please mark the first box. [993]
- If you have never smoked a cigarette in your life, mark the second box. [991]

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

- Write the number of years that you smoked cigarettes every day on the solid blank line.
- If you have smoked cigarettes every day, but only for less than one whole year, mark the first box. [0]
- If you have smoked cigarettes, but never every day, please mark the second box. [993]
- If you have never smoked a cigarette in your life, please mark the last box. [991]

C-11. **The last 2 questions are about smokeless tobacco, such as chewing tobacco and snuff. Question C-11 asks: Have you ever, even once, used chewing tobacco or snuff?**

- If you have ever used chewing tobacco or snuff, mark the first box. [1]
- If you have never used chewing tobacco or snuff in your life, mark the second box. [2]

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

- If you last used chewing tobacco or snuff within the past 30 days, mark the first box. [1]
- If it has been more than 30 days ago but within the past 12 months that you last used chewing tobacco or snuff, mark the second box. [2]
- If you last used chewing tobacco or snuff more than 12 months ago but within the past 3 years, mark the third box. [3]
- If it has been more than 3 years since you last used chewing tobacco or snuff, mark the fourth box. [4]
- If you have never used chewing tobacco or snuff in your life, mark the last box. [91]

(WAIT FOR ® TO FINISH.)

**Please check back and make sure you have marked one answer for each question. Even if you never used any kind of tobacco, it is necessary to have your answer to every question to show that I asked every question.**

(PAUSE)

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



The next questions are about alcoholic beverages, such as beer, wine, liquor, brandy and mixed drinks. (HAND ® SHOWCARD 3.) Take a moment to look over the names of alcoholic beverages listed on Card 3. The list gives examples of the types of beverages that the next set of questions asks about. (PAUSE) For these questions about alcoholic beverages we are only interested in any drinks you may have had. Please do not include sips you may have had from another person's drink.

(HAND ® THE ALCOHOL ANSWER SHEET #2.)

FI	DO YOU THINK ® CAN COMPLETE THIS ANSWER SHEET ON HIS/HER OWN?
CHECKPOINT	YES, ® CAN COMPLETE THIS ANSWER SHEET ON HIS/HER OWN ..... <input type="checkbox"/> 1 → (ASK Q.A-0)
C	NO, I DOUBT THAT ® CAN COMPLETE THIS ANSWER SHEET ON HIS/HER OWN ..... <input type="checkbox"/> 2 → (SKIP TO Q.A-1)

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

WANTS INTERVIEWER TO READ QUESTIONS ALOUD ..... ☐ 1 → (SKIP TO Q.A-1)

WANTS TO COMPLETE THE ANSWER SHEET ON HIS/HER OWN ..... ☐ 2 → (READ Q. A-00)

A-00. Remember, even if a question doesn't apply to you, there is always an answer provided for you to mark. Please let me know when you are finished.

(WAIT UNTIL ® HAS FINISHED.)

A-000. Did you understand all the questions? (REPEAT QUESTIONS, IF NECESSARY.)

Please make sure you marked one answer for each question. Even if you never had an alcoholic beverage, it is necessary to have your answer to every question. Put your answer sheet in the envelope.

(TAKE BACK SHOWCARD 3 AND GO TO PAGE 15, MARIJUANA.)

A-1. The next few questions are about drinks of alcoholic beverages. Throughout this answer sheet, by a "drink," we mean a can or bottle of beer, a glass of wine or a wine cooler, a shot of liquor, or a mixed drink with liquor in it. Not including sips from another person's drink, have you ever, even once, had a drink of any type of alcoholic beverage?

- If you have ever had a drink of an alcoholic beverage, please mark the first box. [1]
- If you have never had a drink of any alcoholic beverage in your life, mark the second box. [2]

A-2. **How old were you the first time you had a drink of any alcoholic beverage? Do not include sips from another person's drink.** If you can't remember exactly how old you were, make your best guess of (the) one specific age.

- On the solid blank line, write in how old you were the first time you drank an alcoholic beverage.
- If you have never drunk an alcoholic beverage in your life, mark the box at the end of the second line. [991]

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

- If you last drank an alcoholic beverage within the past 30 days, mark the first box. [1]
- If it has been more than 30 days ago but within the past 12 months that you last drank an alcoholic beverage, mark the second box. [2]
- If it was more than 12 months ago but within the past 3 years, mark the third box. [3]
- If it has been more than 3 years since you last drank an alcoholic beverage, mark the fourth box. [4]
- If you have never drunk an alcoholic beverage in your life, mark the last box. [91]

A-4. **Now think about the past 12 months, from your 12-month reference date through today.** For question A-4, as I read the categories, mark an "X" in the box for the answer that tells: **On how many days in the past 12 months did you drink an alcoholic beverage?**

- Mark the first box for more than 300 days (which is every day or almost every day). [1]
- Mark the second for at least 201 but not more than 300 days (5 to 6 days a week). [2]
- Mark the next for at least 101 but not more than 200 days (3 to 4 days a week). [3]
- Mark the next for at least 51 but not more than 100 days (1 to 2 days a week). [4]
- Mark the next for at least 25 but not more than 50 days (3 to 4 days a month). [5]
- Mark the next for at least 12 but not more than 24 days (1 to 2 days a month). [6]
- Mark the next for at least 6 but not more than 11 days (less than one day a month). [7]
- Mark the next for at least 3 but not more than 5 days. [8]
- And mark the third from the last for at least 1 but not more than 2 days. [9]
- If you have ever drunk alcoholic beverages, but not during the past 12 months, mark the next-to-last box. [93]
- If you have never drunk an alcoholic beverage in your life, mark the last box. [91]

**Please go to Question A-5 at the top of the next page.**

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

- Mark the first box for more than 300 days (which would be every day or almost every day). [1]
- Mark the second box for at least 201 but not more than 300 days (that is about 5 to 6 days a week). [2]
- Mark the next for at least 101 but not more than 200 days (or about 3 to 4 days a week). [3]
- Mark the next for at least 51 but not more than 100 days (1 to 2 days a week). [4]
- Mark the next for at least 25 but not more than 50 days (3 to 4 days a month). [5]
- Mark the next for at least 12 but not more than 24 days (1 to 2 days a month). [6]
- Mark the next for at least 6 but not more than 11 days (less than one day a month). [7]
- Mark the next for at least 3 but not more than 5 days in the past 12 months. [8]
- Mark the next for at least 1 but not more than 2 days in the past 12 months. [9]
- If you drank an alcoholic beverage in the past 12 months, but you never got very high or drunk, mark the third box from the last. [90]
- If you have drunk alcoholic beverages, but not during the past 12 months, mark the next-to-last box. [93]
- If you have never drunk an alcoholic beverage in your life, mark the last box. [91]

**Please go to the next page.**

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

- On the solid blank line, write the number of days in the past 30 days when you had a drink of an alcoholic beverage.
- If you have drunk alcoholic beverages, but not during the past 30 days, mark the first box. [93]
- If you have never drunk an alcoholic beverage in your life, mark the last box. [91]

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

- On the solid blank line, write the number of drinks you usually had on the days when you drank an alcoholic beverage.
- If you have drunk alcoholic beverages, but not during the past 30 days, mark the first box. [93]
- If you have never drunk an alcoholic beverage in your life, mark the last box. [91]

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

- On the solid blank line, write the number of days in the past 30 days when you drank 5 or more drinks of an alcoholic beverage on the same occasion.
- If you never had 5 or more drinks on the same occasion on any day when you drank during the past 30 days, mark the first box. [90]
- If you have drunk alcoholic beverages, but not during the past 30 days, mark the second box. [93]
- If you have never drunk an alcoholic beverage in your life, mark the last box. [91]

(WAIT FOR ® TO FINISH.)

**Please check back and make sure you have marked one answer for each question. Even if you never had an alcoholic beverage, it is necessary to have your answer to every question.**

(PAUSE)

**Please put your answer sheet in the envelope.**

(TAKE BACK SHOWCARD 3.)

The next questions are about marijuana and hashish. Marijuana is also called pot or grass. Marijuana is usually smoked -- either in cigarettes, called joints, or in a pipe. It is sometimes cooked in food.

Hashish is a form of marijuana that is also called "hash." It is usually smoked in a pipe. Another form of hashish is hash oil.

(HAND ® MARIJUANA ANSWER SHEET #3.)

Beginning with this answer sheet, many of the remaining questions will be about illegal drugs. Remember, all your answers are totally confidential and protected by a Federal Certificate of Confidentiality. We need an answer for each and every question -- whether or not you've ever tried marijuana.

M-1. Question M-1 asks: **Have you ever, even once, used marijuana or hashish?**

- Mark the first box if you have used marijuana or hashish. [1]
- Mark the second box if you have never used marijuana or hashish in your life. [2]

M-2. **How old were you the first time you used marijuana or hashish?** If you're not sure how old you were, make your best guess.

- Write in how old you were the first time you used marijuana or hashish on the solid blank line.
- If you have never used marijuana or hashish in your life, mark the box at the end of the second line. [991]

M-3. **Think about the entire time since you first used marijuana or hashish. Altogether, on how many days in your life have you used marijuana or hashish?** If you are not sure how many days you've used marijuana or hashish, make your best guess.

- If your answer is more than 300 days, mark the first box. [1]
- If your answer is at least 101 but not more than 300 days, mark the second box. [2]
- If your answer is at least 12 but not more than 100 days, mark the third box. [3]
- If your answer is at least 3 but not more than 11 days, mark the fourth box. [4]
- If your answer is at least 1 but not more than 2 days, mark the next-to-last box. [5]
- If you have never used marijuana or hashish in your life, mark the last box. [91]

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

- If your answer is within the past 30 days, mark the first box. [1]
- If your answer is more than 30 days ago but within the past 12 months, mark the second box. [2]
- If your answer is more than 12 months ago but within the past 3 years, mark the third box. [3]
- If your answer is more than 3 years ago, mark the next-to-last box. [4]
- If you have never used marijuana or hashish in your life, mark the last box. [91]

Please turn the answer sheet over.

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

- Mark the first box for more than 300 days (which is every day or almost every day). [1]
- Mark the second for at least 201 but not more than 300 days (5 to 6 days a week). [2]
- Mark the next for at least 101 but not more than 200 days (3 to 4 days a week). [3]
- Mark the next for at least 51 but not more than 100 days (1 to 2 days a week). [4]
- Mark the next for at least 25 but not more than 50 days (3 to 4 days a month). [5]
- Mark the next for at least 12 but not more than 24 days (1 to 2 days a month). [6]
- Mark the next for at least 6 but not more than 11 days (less than one day a month). [7]
- Mark the next for at least 3 but not more than 5 days in the past 12 months. [8]
- And mark the third from the last for at least 1 but not more than 2 days in the past 12 months. [9]
- If you have ever used marijuana or hashish, but not during the past 12 months, mark the next-to-last box. [93]
- If you have never used marijuana or hashish in your life, mark the last box. [91]

**M-6. Think specifically about the past 30 days -- that is, from your 30-day reference date up to and including today. During the past 30 days, on how many days did you use marijuana or hashish? If you're not sure, try to make a good guess.**

- On the solid blank line, write in the number of days in the past 30 days when you used marijuana or hashish.
- If you have used marijuana or hashish, but not during the past 30 days, mark the first box. [93]
- If you have never used marijuana or hashish in your life, mark the second box. [91]

(WAIT FOR ® TO FINISH.)

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

Please put your answer sheet in the envelope.

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

(HAND ® COCAINE ANSWER SHEET #4.)

Please use this answer sheet to mark down your answers. We need an answer for every question--even if you've never tried cocaine.

FI	DO YOU THINK ® CAN COMPLETE THIS ANSWER SHEET ON HIS/HER OWN?
CHECKPOINT	YES, ® CAN COMPLETE THIS ANSWER SHEET ON HIS/HER OWN ..... <input type="checkbox"/> 1 → (ASK Q.CN-O)
D	NO, I DOUBT THAT ® CAN COMPLETE THIS ANSWER SHEET ON HIS/HER OWN ..... <input type="checkbox"/> 2 → (SKIP TO Q.CN-1)

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

WANTS INTERVIEWER TO READ QUESTIONS ALOUD ..... ☐ 1 → (SKIP TO Q.CN-1)

WANTS TO COMPLETE THE ANSWER SHEET ON HIS/HER OWN ..... ☐ 2 → (READ Q.CN-00)

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

(WAIT UNTIL ® HAS FINISHED.)

CN-000. Did you understand all the questions? (REPEAT QUESTIONS, IF NECESSARY.)

Please make sure you marked one answer for each question. Put the answer sheet in the envelope.

(GO TO PAGE 20, "CRACK.")

CN-1. The first question, CN-1, asks: Have you ever, even once, used any form of cocaine?

- If you have ever used some form of cocaine, mark the first box. [1]
- If you have never used any form of cocaine, mark the second box. [2]

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

- Write in how old you were the first time you used some form of cocaine on the solid blank line.
- If you have never used any form of cocaine in your life, mark the box at the end of the second line. [991]

CN-3. Question CN-3 says: **Think about the entire time since you first used cocaine. Altogether, on how many days in your life have you used cocaine?** If you are not sure how many days you've used cocaine, give your best guess.

- If your answer is more than 300 days, mark the first box. [1]
- If your answer is at least 101 but not more than 300 days, mark the second box. [2]
- If your answer is at least 12 but not more than 100 days, mark the third box. [3]
- If your answer is at least 3 but not more than 11 days, mark the fourth box. [4]
- If your answer is at least 1 but not more than 2 days, mark the next-to-last box. [5]
- If you have never used any form of cocaine in your life, mark the last box. [91]

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

- If your answer is within the past 30 days, mark the first box. [1]
- If your answer is more than 30 days ago but within the past 12 months, mark the second box. [2]
- If your answer is more than 12 months ago but within the past 3 years, mark the third box. [3]
- If your answer is more than 3 years ago, mark the next-to-last box. [4]
- If you have never used any form of cocaine in your life, mark the last box. [91]

Please turn the answer sheet over and find question CN-5 at the top of the page.

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

- Mark the first box for more than 300 days (which is every day or almost every day). [1]
- Mark the second for at least 201 but not more than 300 days (5 to 6 days a week). [2]
- Mark the next for at least 101 but not more than 200 days (3 to 4 days a week). [3]
- Mark the next for at least 51 but not more than 100 days (1 to 2 days a week). [4]
- Mark the next for at least 25 but not more than 50 days (3 to 4 days a month). [5]
- Mark the next for at least 12 but not more than 24 days (1 to 2 days a month). [6]
- Mark the next for at least 6 but not more than 11 days (less than one day a month). [7]
- Mark the next for at least 3 but not more than 5 days in the past 12 months. [8]
- And mark the third from the last for at least 1 but not more than 2 days in the past 12 months. [9]
- If you have ever used cocaine, but not during the past 12 months, mark the next-to-last box. [93]
- If you have never used any form of cocaine in your life, mark the last box. [91]



**CN-6. Think specifically about the past 30 days. During the past 30 days, on how many days did you use cocaine? If you're not sure, try to make a good guess.**

- On the solid blank line, write in the number of days in the past 30 days when you used some form of cocaine.
- If you have used cocaine, but not during the past 30 days, please mark the first box. [93]
- If you have never used any form of cocaine in your life, mark the second box. [91]

(WAIT FOR ® TO FINISH.)

**We appreciate your answering every question, even if you have never tried cocaine. There is a place for you to show an answer for each question. Please check back and make sure you have marked one answer for each question. If you have skipped one or aren't sure what is meant, I'll be glad to help you with it.**

Please put your answer sheet in the envelope.

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

(HAND ® "CRACK" ANSWER SHEET #5.)

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

FI	DO YOU THINK ® CAN COMPLETE THIS ANSWER SHEET ON HIS/HER OWN?
CHECKPOINT	YES, ® CAN COMPLETE THIS ANSWER SHEET ON HIS/HER OWN ..... <input type="checkbox"/> 1 → (ASK Q.CK-0)
E	NO, I DOUBT THAT ® CAN COMPLETE THIS ANSWER SHEET ON HIS/HER OWN ..... <input type="checkbox"/> 2 → (SKIP TO Q.CK-1)

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

WANTS INTERVIEWER TO READ QUESTIONS ALOUD ..... ☐ 1 → (SKIP TO Q.CK-1)  
WANTS TO COMPLETE THE ANSWER SHEET ON  
HIS/HER OWN ..... ☐ 2 → (READ Q.CK-00)

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

(WAIT UNTIL ® HAS FINISHED.)

CK-000. Did you understand all the questions? (REPEAT QUESTIONS, IF NECESSARY.)

Please make sure you marked one answer for each question. Put the answer sheet in the envelope.  
(GO TO PAGE 22, HEROIN.)

CK-1. The first question, CK-1, asks: **Have you ever, even once, used "crack?"**

- If you have ever used "crack," mark the first box. [1]
- If you have never used "crack" in your life, mark the second box. [2]

CK-2. Question CK-2 is: **How old were you the first time you used "crack?"**

- Write in how old you were the first time you used "crack" on the solid blank line.
- If you have never used "crack" in your life, mark the box at the end of the second line. [991]

CK-3. Question CK-3 says: **Think about the entire time since you first used "crack." Altogether, on how many days in your life have you used "crack?"** If you are not sure how many days you've used "crack," give your best guess.

- If your answer is more than 300 days, mark the first box. [1]
- If your answer is at least 101 but not more than 300 days, mark the second box. [2]
- If your answer is at least 12 but not more than 100 days, mark the third box. [3]
- If your answer is at least 3 but not more than 11 days, mark the fourth box. [4]
- If your answer is at least 1 but not more than 2 days, mark the next-to-last box. [5]
- If you have never used "crack" in your life, mark the last box. [91]

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

- If your answer is within the past 30 days, mark the first box. [1]
- If your answer is more than 30 days ago but within the past 12 months, mark the second box. [2]
- If your answer is more than 12 months ago but within the past 3 years, mark the third box. [3]
- If your answer is more than 3 years ago, mark the next-to-last box. [4]
- If you have never used "crack" in your life, mark the last box. [91]

Please turn the answer sheet over and find question CK-5 at the top of the page.

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

- Mark the first box for more than 300 days (which is every day or almost every day). [1]
- Mark the second for at least 201 but not more than 300 days (5 to 6 days a week). [2]
- Mark the next for at least 101 but not more than 200 days (3 to 4 days a week). [3]
- Mark the next for at least 51 but not more than 100 days (1 to 2 days a week). [4]
- Mark the next for at least 25 but not more than 50 days (3 to 4 days a month). [5]
- Mark the next for at least 12 but not more than 24 days (1 to 2 days a month). [6]
- Mark the next for at least 6 but not more than 11 days (less than one day a month). [7]
- Mark the next for at least 3 but not more than 5 days in the past 12 months. [8]
- And mark the third from the last for at least 1 but not more than 2 days in the past 12 months. [9]
- If you have used "crack," but not during the past 12 months, mark the next-to-last box. [93]
- If you have never used "crack" in your life, mark the last box. [91]

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

- On the solid blank line, write in the number of days in the past 30 days when you used "crack."
- If you have used "crack," but not during the past 30 days, please mark the first box. [93]
- If you have never used "crack" in your life, mark the second box. [91]

(WAIT FOR ® TO FINISH.)

**Please check back and make sure you have marked one answer for each question. If you have skipped one or aren't sure what it meant, I'll be glad to help you with it.**

Please put your answer sheet in the envelope.

The questions in this section are about heroin.

(HAND ® HEROIN ANSWER SHEET #6.)

FI	DO YOU THINK ® CAN COMPLETE THIS ANSWER SHEET ON HIS/HER OWN?
CHECKPOINT	YES, ® CAN COMPLETE THIS ANSWER SHEET ON HIS/HER OWN ..... <input type="checkbox"/> 1 → (ASK Q.H-0)
F	NO, I DOUBT THAT ® CAN COMPLETE THIS ANSWER SHEET ON HIS/HER OWN ..... <input type="checkbox"/> 2 → (SKIP TO Q.H-1)

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

WANTS INTERVIEWER TO READ QUESTIONS ALOUD ..... ☐ 1 → (SKIP TO Q.H-1)  
WANTS TO COMPLETE THE ANSWER SHEET ON  
HIS/HER OWN ..... ☐ 2 → (READ Q.H-00)

H-00. Please let me know when you are finished.  
(WAIT UNTIL ® HAS FINISHED.)

H-000. Did you understand all the questions? (REPEAT QUESTIONS, IF NECESSARY.)  
Please make sure you marked an answer to every question. Put the answer sheet in the envelope.  
(GO TO PAGE 24, HALLUCINOGENS.)

H-1. Question H-1 says: **Have you ever, even once, used heroin?**

- If you have ever used heroin, please mark the first box. [1]
- If you have never used heroin in your life, please mark the second box. [2]

H-2. **How old were you the first time you used heroin?** If you're not sure how old you were, make your best guess.

- On the solid blank line, write in how old you were the first time you used heroin.
- If you have never used heroin in your life, mark the box at the end of the second answer line. [991]

H-3. For question H-3, when I say the answer that applies best to you, please mark the box. **Think about the entire time since you first used heroin. Altogether, on how many days in your life have you used heroin?** If you are not sure how many days you've used heroin, make your best guess.

- If your answer is more than 300 days, mark the first box. [1]
- If your answer is at least 101 but not more than 300 days, mark the second box. [2]
- If your answer is at least 12 but not more than 100 days, mark the third box. [3]
- If your answer is at least 3 but not more than 11 days, mark the fourth box. [4]
- If your answer is at least 1 but not more than 2 days, mark the next-to-last box. [5]
- If you have never used heroin in your life, mark the last box. [91]

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

- If your answer is within the past 30 days, mark the first box. [1]
- If your answer is more than 30 days ago but within the past 12 months, mark the second box. [2]
- If your answer is more than 12 months ago but within the past 3 years, mark the third box. [3]
- If your answer is more than 3 years ago, mark the next-to-last box. [4]
- If you have never used heroin in your life, mark the last box. [91]

Please turn the answer sheet over and find question H-5 at the top of the page.

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

- Mark the first box for more than 300 days (which is every day or almost every day). [1]
- Mark the second for at least 201 but not more than 300 days (5 to 6 days a week). [2]
- Mark the next for at least 101 but not more than 200 days (3 to 4 days a week). [3]
- Mark the next for at least 51 but not more than 100 days (1 to 2 days a week). [4]
- Mark the next for at least 25 but not more than 50 days (3 to 4 days a month). [5]
- Mark the next for at least 12 but not more than 24 days (1 to 2 days a month). [6]
- Mark the next for at least 6 but not more than 11 days (less than one day a month). [7]
- Mark the next for at least 3 but not more than 5 days in the past 12 months. [8]
- And mark the third from the last for at least 1 but not more than 2 days in the past 12 months. [9]
- If you have used heroin, but not in the past 12 months, mark the next-to-last box. [93]
- If you have never used heroin in your life, mark the last box. [91]

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

- On the solid blank line, write in the number of days in the past 30 days when you used heroin.
- If you have used heroin, but not in the past 30 days, please mark the first box. [93]
- If you have never used heroin in your life, mark the last box. [91]

(WAIT FOR ® TO FINISH.)

**Please check back and make sure you marked one answer for each question. If you have skipped one, or aren't sure what it meant, I'll be glad to read it again.**

Please put your answer sheet in the envelope.

## HALLUCINOGENS

(ANSWER SHEET #7)

The questions in this section are about substances like LSD, peyote, mescaline, and PCP, which is also known as "angel dust." These drugs are called hallucinogens because they often cause people to feel that they are seeing or experiencing things that are not real.

(HAND ® SHOWCARD 4.)

A list of some common hallucinogens is shown on Card 4. These and many other substances that people use as hallucinogens are often known only by street names, and we can't list them all. Please take a moment to look at the substances listed on the card so you know what kind of drugs the next questions are about.

(HAND ® HALLUCINOGENS ANSWER SHEET #7.)

L-1. Question L-1 has the same list of hallucinogens that is printed on Card 4. As I read the list of hallucinogens, please mark one box beside each hallucinogen to indicate whether you have ever used that hallucinogen, even once. On each line, mark the "YES" box on the left if you have ever used that hallucinogen, even once. Mark the "NO" box on the right if you have never used that hallucinogen.

- Have you ever, even once, used LSD, also called "acid"?
- Have you ever, even once, used PCP, also called "angel dust" or phencyclidine?
- ... Peyote?
- ... Mescaline?
- ... Psilocybin, found in mushrooms?
- ... "Ecstasy," also known as MDMA?
- Have you ever used a hallucinogen whose name you don't know?
- Have you ever used any other hallucinogens besides the ones I've named from this list? If you mark the "YES" box for this last item, please print on the lines at the bottom of the list the names of all the hallucinogens you've ever used but that we don't have listed.

FI	DO YOU THINK ® CAN COMPLETE THIS ANSWER SHEET ON HIS/HER OWN?
CHECKPOINT	YES, ® CAN COMPLETE THIS ANSWER SHEET ON HIS/HER OWN ..... <input type="checkbox"/> 1 → (ASK Q.L-0)
G	NO, I DOUBT THAT ® CAN COMPLETE THIS ANSWER SHEET ON HIS/HER OWN ..... <input type="checkbox"/> 2 → (SKIP TO Q.L-2)

L-0. You may complete the rest of this answer sheet on your own, or if you prefer, I'll read the questions out loud. Which do you prefer?

WANTS INTERVIEWER TO READ QUESTIONS ALOUD ..... ☐ 1 → (SKIP TO Q.L-2)  
WANTS TO COMPLETE THE ANSWER SHEET ON HIS/HER OWN ..... ☐ 2 → (READ Q.L-00)

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

(WAIT UNTIL ® HAS FINISHED.)

L-000. Did you understand all the questions? (REPEAT QUESTIONS, IF NECESSARY.)

Please make sure you marked an answer to every question. Put the answer sheet in the envelope.

(TAKE BACK SHOWCARD 4 AND GO TO PAGE 27, INHALANTS.)

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

- On the solid blank line, write in how old you were the first time you used any hallucinogen.
- If you have never used any hallucinogen in your life, mark the box. [991]

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

- If your answer is more than 300 days, mark the first box. [1]
- If your answer is at least 101 but not more than 300 days, mark the second box. [2]
- If your answer is at least 12 but not more than 100 days, mark the third box. [3]
- If your answer is at least 3 but not more than 11 days, mark the fourth box. [4]
- If your answer is at least 1 but not more than 2 days, mark the next-to-last box. [5]
- If you have never used any hallucinogen in your life, mark the last box. [91]

Please turn the page and find question L-4 at the top.

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

- If your answer is within the past 30 days, mark the first box. [1]
- If your answer is more than 30 days ago but within the past 12 months, mark the second box. [2]
- If your answer is more than 12 months ago but within the past 3 years, mark the third box. [3]
- If your answer is more than 3 years ago, mark the next-to-last box. [4]
- If you have never used any hallucinogen in your life, mark the last box. [91]

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

- Mark the first box for more than 300 days (which is every day or almost every day). [1]
- Mark the second for at least 201 but not more than 300 days (5 to 6 days a week). [2]
- Mark the next for at least 101 but not more than 200 days (3 to 4 days a week). [3]
- Mark the next for at least 51 but not more than 100 days (1 to 2 days a week). [4]
- Mark the next for at least 25 but not more than 50 days (3 to 4 days a month). [5]
- Mark the next for at least 12 but not more than 24 days (1 to 2 days a month). [6]
- Mark the next for at least 6 but not more than 11 days (less than one day a month). [7]
- Mark the next for at least 3 but not more than 5 days in the past 12 months. [8]
- And mark the third from the last for at least 1 but not more than 2 days in the past 12 months. [9]
- If you have used an hallucinogen, but not during the past 12 months, mark the next-to-last box. [93]
- If you have never used any hallucinogen in your life, mark the last box. [91]

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

- On the solid blank line, write in the number of days in the past 30 days when you used LSD, PCP, or another hallucinogen.
- If you have used an hallucinogen, but not during the past 30 days, mark the first box. [93]
- If you have never used any hallucinogen in your life, mark the second box. [91]

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

- If your answer is within the past 30 days, mark the first box. [1]
- If your answer is more than 30 days ago but within the past 12 months, mark the second box. [2]
- If your answer is more than 12 months ago but within the past 3 years, mark the third box. [3]
- If your answer is more than 3 years ago, mark the next-to-last box. [4]
- If you have never used LSD in your life, mark the last box. [91]

Please go to the next page.

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

- If your answer is within the past 30 days, mark the first box. [1]
- If your answer is more than 30 days ago but within the past 12 months, mark the second box. [2]
- If your answer is more than 12 months ago but within the past 3 years, mark the third box. [3]
- If your answer is more than 3 years ago, mark the next-to-last box. [4]
- If you have never used PCP in your life, mark the last box. [91]

(WAIT FOR ® TO FINISH.)

**Please check back and make sure you have marked one answer for each question. If you have skipped one or aren't sure what it meant, I'll be glad to read it again.**

Please put your answer sheet in the envelope.

(TAKE BACK SHOWCARD 4.)



The questions in this section are about liquids, sprays, and gases that people sniff or inhale to get high or to make them feel good. Lighter fluid, glue, paint thinners, ether, "poppers," and certain aerosol sprays are examples of substances people breathe in or sniff for kicks or to get high.

(HAND @ SHOWCARD 5.) The questions use the term "inhalant" to include all the things listed on Card 5, as well as any other substances that people sniff or inhale for kicks or to get high. Take a moment to look at the substances listed on the card so you know what kinds of liquids, sprays, and gases these questions are about.

(HAND @ INHALANTS ANSWER SHEET #8.)

IN-1. Question IN-1 has the same list of inhalants that is printed on Card 5. As I read the list of inhalants, please mark one box beside each type of inhalant to indicate whether you have ever used that kind of inhalant, even once, for kicks or to get high. On each line, mark the box on the left for "YES" if you have ever used that kind of inhalant, even once. Mark the box on the right for "NO" if you have never used any inhalant of that kind.

- a. Have you ever, even once, inhaled Amyl nitrite, "poppers," locker room odorizers, or "rush" for kicks or to get high?
- b. Have you ever, even once, inhaled correction fluid, degreaser, or cleaning fluid for kicks or to get high?
- c. ... Gasoline or lighter fluid?
- d. ... Glue, shoe polish, or toluene?
- e. ... Halothane, ether, or other anesthetics?
- f. ... Lacquer thinner or other paint solvents?
- g. ... Lighter gases, such as butane or propane?
- h. ... Nitrous oxide or "whippets"?
- i. ... Spray paints?
- j. Have you ever, even once, inhaled some other aerosol spray for kicks or to get high?
- k. Have you ever used any inhalant whose name you don't know, for kicks or to get high?
- l. Have you ever used any other inhalants for kicks or to get high besides the ones I've named from this list? If you mark the "YES" box for this last item, please print on the lines at the bottom of the list the names of all the substances you've ever inhaled for kicks or to get high but that we don't have listed.

FI	DO YOU THINK ® CAN COMPLETE THIS ANSWER SHEET ON HIS/HER OWN?
CHECKPOINT	YES, ® CAN COMPLETE THIS ANSWER SHEET ON HIS/HER OWN ..... <input type="checkbox"/> 1 → (ASK Q.IN-0)
H	NO, I DOUBT THAT ® CAN COMPLETE THIS ANSWER SHEET ON HIS/HER OWN ..... <input type="checkbox"/> 2 → (SKIP TO Q.IN-2)

IN-0. **You may complete the rest of this answer sheet on your own, or if you prefer, I'll read the questions out loud. Which do you prefer?**

WANTS INTERVIEWER TO READ QUESTIONS ALOUD ..... ☐ 1 → (SKIP TO Q.IN-2)  
 WANTS TO COMPLETE THE ANSWER SHEET ON HIS/HER OWN ..... ☐ 2 → (READ Q.IN-00)

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

(WAIT UNTIL ® HAS FINISHED.)

IN-000. **Did you understand all the questions? (REPEAT QUESTIONS, IF NECESSARY.)**

**Please make sure you marked an answer to every question.** Put the answer sheet in the envelope.

(TAKE BACK SHOWCARD 5 AND GO TO PAGE 30, ANALGESICS.)

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

- On the solid blank line, write in how old you were the first time you used any inhalant for kicks or to get high.
- If you have never used any inhalant for kicks or to get high in your life, just mark the box. [991]

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

- If your answer is more than 300 days, mark the first box. [1]
- If your answer is at least 101 but not more than 300 days, mark the second box. [2]
- If your answer is at least 12 but not more than 100 days, mark the third box. [3]
- If your answer is at least 3 but not more than 11 days, mark the fourth box. [4]
- If your answer is at least 1 but not more than 2 days, mark the next-to-last box. [5]
- If you have never used any inhalant for kicks or to get high in your life, mark the last box. [91]

Please turn the answer sheet over and find question IN-4 at the top of the next page.

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

- If your answer is within the past 30 days, mark the first box. [1]
- If your answer is more than 30 days ago but within the past 12 months, mark the second box. [2]
- If your answer is more than 12 months ago but within the past 3 years, mark the third box. [3]
- If your answer is more than 3 years ago, mark the next-to-last box. [4]
- If you have never used any inhalant for kicks or to get high in your life, mark the last box. [91]

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

- Mark the first box for more than 300 days (which is every day or almost every day). [1]
- Mark the second for at least 201 but not more than 300 days (5 to 6 days a week). [2]
- Mark the next for at least 101 but not more than 200 days (3 to 4 days a week). [3]
- Mark the next for at least 51 but not more than 100 days (1 to 2 days a week). [4]
- Mark the next for at least 25 but not more than 50 days (3 to 4 days a month). [5]
- Mark the next for at least 12 but not more than 24 days (1 to 2 days a month). [6]
- Mark the next for at least 6 but not more than 11 days (less than one day a month). [7]
- Mark the next for at least 3 but not more than 5 days in the past 12 months. [8]
- And mark the third from the last for at least 1 but not more than 2 days in the past 12 months. [9]
- If you have used an inhalant for kicks or to get high, but not during the past 12 months, mark the next-to-last box. [93]
- If you have never used any inhalant for kicks or to get high in your life, mark the last box. [91]

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

- On the solid blank line, write in the number of days in the past 30 days when you used some kind of inhalant for kicks or to get high.
- If you have used an inhalant for kicks or to get high, but not during the past 30 days, mark the first box. [93]
- If you have never used any inhalant for kicks or to get high in your life, mark the second box. [91]

(WAIT FOR ® TO FINISH.)

**We appreciate your answering every question, even if you have never tried any inhalant to make you feel high or for kicks. There is a place for you to show an answer for each question. Please check back and make sure you marked one answer for each question. (PAUSE)**

**Did you understand every question? (REPEAT QUESTIONS, IF NECESSARY.)**

Please put your answer sheet in the envelope.

(TAKE BACK SHOWCARD 5.)

The next four answer sheets are about drugs that people are supposed to take only if they have a prescription from a doctor. For the questions on these next four answer sheets we are only interested in your use of a drug if:

- the drug was not prescribed for you, or if
- you took the drug only for the experience or feeling it caused.

This section is about the use of pain killers, which are known as analgesics. The questions ask only about prescription pain killers. Do not include over-the-counter pain killers, such as aspirin, Tylenol, Advil, Anacin, or others available over-the-counter. We're interested only in use of prescription analgesics or pain killers that were not prescribed for you, or that you took only for the experience or feeling they caused.

(HAND ® PILLCARD A--MAKE SURE ® TAKES CARD IN HIS/HER HAND.)

Please look at Card A. It shows pictures of some different kinds of prescription pain killers and lists the names of some others. The questions about pain killers include all of these drugs on the card as well as all other pain killers that are supposed to be available only with a prescription from a doctor. These pictures show only pills, but we are interested in your use of any form of prescription pain killers that were not prescribed for you, or that you took only for the experience or feeling they caused.

(HAND ® ANALGESICS ANSWER SHEET #9.)

FI	DO YOU THINK ® CAN COMPLETE THIS ANSWER SHEET ON HIS/HER OWN?
CHECKPOINT	YES, ® CAN COMPLETE THIS ANSWER SHEET ON HIS/HER OWN ..... <input type="checkbox"/> 1 → (ASK Q.PK-0)
I	NO, I DOUBT THAT ® CAN COMPLETE THIS ANSWER SHEET ON HIS/HER OWN ..... <input type="checkbox"/> 2 → (SKIP TO Q.PK-1)

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

WANTS INTERVIEWER TO READ QUESTIONS ALOUD .....	<input type="checkbox"/> 1 → (SKIP TO Q.PK-1)
WANTS TO COMPLETE THE ANSWER SHEET ON HIS/HER OWN .....	<input type="checkbox"/> 2 → (READ Q.PK-00)

PK-00. Please let me know when you are finished.  
(WAIT UNTIL ® HAS FINISHED.)

PK-000. Did you understand all the questions? (REPEAT QUESTIONS, IF NECESSARY.)  
Please make sure you marked an answer to every question. Put the answer sheet in the envelope.  
(TAKE BACK PILLCARD A AND GO TO PAGE 33, TRANQUILIZERS.)

PK-1. **Question PK-1 contains a list of some of the prescription pain killers shown on Card A. As I read the following list of prescription pain killers, please mark one box beside each pain killer. Mark the "YES" box on the left if you have ever used that pain killer when it was not prescribed for you, or that you took only for the experience or feeling it caused. Mark the "NO" box on the right if you have not done this. Again, we are interested in all kinds of prescription pain killers, in pill or non-pill form.**

- a. **Have you ever, even once, used Codeine that was not prescribed for you, or that you took only for the experience or feeling it caused?**
- b. **Have you ever, even once, used Darvon that was not prescribed for you, or that you took only for the experience or feeling it caused?**
- c. **... Demerol?**
- d. **... Dilaudid?**
- e. **Have you ever, even once, used Methadone that was not prescribed for you, or that you took only for the experience or feeling it caused?**
- f. **... Morphine?**
- g. **... Percodan?**
- h. **... Talwin?**
- i. **... Tylenol with codeine?**
- j. **Have you ever used a pain killer whose name you don't know that was not prescribed for you, or that you took only for the experience or feeling it caused?**
- k. **Have you ever used any other pain killer besides these I've named from the list in PK-1, that was not prescribed for you, or that you took only for the experience or feeling it caused? If you mark the "YES" box for this last item, please print on the lines at the bottom of the list the names of pain killers you've used in this way.**

**If you answered "NO" to each of the items in question PK-1, circle the 91 in the box below the list and tell me that you have finished this answer sheet.**

(IF ® TELLS YOU THAT HE/SHE HAS COMPLETED THE ANSWER SHEET, SKIP TO BOX A ON PAGE 32.)

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

- On the blank line, write in how old you were the first time you used a pain killer that was not prescribed for you, or that you took only for the experience or feeling it caused.

Now, please turn the answer sheet over and find question PK-3.

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

- Mark the first box for more than 300 days. [1]
- Mark the second box for at least 101 but not more than 300 days. [2]
- Mark the third box for at least 12 but not more than 100 days. [3]
- Mark the fourth box for at least 3 but not more than 11 days. [4]
- Mark the last box for at least 1 but not more than 2 days. [5]

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

- Mark the first box if you used a pain killer sometime within the past 30 days that was not prescribed for you, or that you took only for the experience or feeling it caused. [1]
- Mark the second box for use more than 30 days ago but within the past 12 months. [2]
- Mark the next box for use more than 12 months ago but within the past 3 years. [3]
- Mark the last box for use more than 3 years ago. [4]

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

- Mark the first box for more than 300 days (which is every day or almost every day). [1]
- Mark the second for at least 201 but not more than 300 days (5 to 6 days a week). [2]
- Mark the next for at least 101 but not more than 200 days (3 to 4 days a week). [3]
- Mark the next for at least 51 but not more than 100 days (1 to 2 days a week). [4]
- Mark the next for at least 25 but not more than 50 days (3 to 4 days a month). [5]
- Mark the next for at least 12 but not more than 24 days (1 to 2 days a month). [6]
- Mark the next for at least 6 but not more than 11 days (less than one day a month). [7]
- Mark the next for at least 3 but not more than 5 days in the past 12 months. [8]
- And mark the next-to-the-last for at least 1 but not more than 2 days in the past 12 months. [9]
- Mark the last box if you have used a pain killer that was not prescribed for you, or that you took only for the experience or feeling it caused, but not during the past 12 months. [93]

(WAIT FOR ® TO FINISH.)

**Please check back and make sure you answered every question on pain killers.**

(PAUSE)

**Did you understand every question? (REPEAT QUESTIONS IF NECESSARY.)**

**BOX A**

Please put your answer sheet in the envelope.

(TAKE BACK PILLCARD A.)

This section is about the use of tranquilizers. Tranquilizers are usually prescribed to relax people, to calm people down, or to relieve depression. Some people refer to tranquilizers as "nerve pills" since they usually reduce anxiety and stress. We are interested only in use of prescription tranquilizers, that were not prescribed for you, or that you took only for the experience or feeling they caused.

(HAND @ PILLCARD B -- MAKE SURE @ TAKES CARD IN HIS/HER HAND.)

Please look at Card B. It shows pictures of some different kinds of prescription tranquilizers and lists the names of some others. The questions about tranquilizers include all of these drugs on the card as well as all other tranquilizers that are supposed to be available only with a prescription from a doctor. These pictures show only pills, but we are interested in your use of any form of prescription tranquilizers, that were not prescribed for you, or that you took only for the experience or feeling they caused.

(HAND @ TRANQUILIZERS ANSWER SHEET #10.)

FI	DO YOU THINK @ CAN COMPLETE THIS ANSWER SHEET ON HIS/HER OWN?
CHECKPOINT	YES, @ CAN COMPLETE THIS ANSWER SHEET ON HIS/HER OWN ..... <input type="checkbox"/> 1 → (ASK Q.T-0)
J	NO, I DOUBT THAT @ CAN COMPLETE THIS ANSWER SHEET ON HIS/HER OWN ..... <input type="checkbox"/> 2 → (SKIP TO Q.T-1)

T-0. You may complete this answer sheet on your own, or if you prefer, I'll read the questions out loud. Which do you prefer?

WANTS INTERVIEWER TO READ QUESTIONS ALOUD ..... ☐ 1 → (SKIP TO Q.T-1)  
WANTS TO COMPLETE THE ANSWER SHEET ON HIS/HER OWN ..... ☐ 2 → (READ Q.T-00)

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

(WAIT UNTIL @ HAS FINISHED.)

T-000. Did you understand all the questions? (REPEAT QUESTIONS, IF NECESSARY.)

Please make sure you marked an answer to every question. Put the answer sheet in the envelope.  
(TAKE BACK PILLCARD B AND GO TO PAGE 36, STIMULANTS.)

T-1. Question T-1 contains a list of some of the prescription tranquilizers shown on Card B. As I read the following list of prescription tranquilizers, please mark one box beside each tranquilizer. Mark the box on the left for "YES" if you have ever used that tranquilizer when it was not prescribed for you, or that you took only for the experience or feeling it caused. Mark the box on the right for "NO" if you have not done this. Again, we are interested in all kinds of prescription tranquilizers, in pill or non-pill form.

- a. Have you ever, even once, used Atarax that was not prescribed for you, or that you took only for the experience or feeling it caused?
- b. Have you ever, even once, used Ativan that was not prescribed for you, or that you took only for the experience or feeling it caused?
- c. ... Diazepam?
- d. ... Librium?
- e. Have you ever, even once, used Tranxene that was not prescribed for you, or that you took only for the experience or feeling it caused?
- f. ... Valium?
- g. ... Xanax?
- h. Have you ever used a tranquilizer whose name you don't know that was not prescribed for you, or that you took only for the experience or feeling it caused?
- i. Have you ever used any other tranquilizer besides these I've named from the list in T-1, that was not prescribed for you, or that you took only for the experience or feeling it caused? If you mark the "YES" box for this last item, please list on the lines at the bottom of the list the names of tranquilizers you've used in this way.

If you answered "NO" to each of the items in Question T-1, circle the 91 in the box below the list and tell me that you have finished this answer sheet.

(IF ® TELLS YOU THAT HE/SHE HAS COMPLETED THE ANSWER SHEET, SKIP TO BOX A ON PAGE 35.)

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

- On the blank line, write in how old you were the first time you used a tranquilizer that was not prescribed for you, or that you took only for the experience or feeling it caused.

Now, please turn the answer sheet over and find question T-3.

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

- Mark the first box for more than 300 days. [1]
- Mark the second box for at least 101 but not more than 300 days. [2]
- Mark the third box for at least 12 but not more than 100 days. [3]
- Mark the fourth box for at least 3 but not more than 11 days. [4]
- Mark the last box for at least 1 but not more than 2 days. [5]



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

- Mark the first box if you used a tranquilizer sometime within the past 30 days that was not prescribed for you, or that you took only for the experience or feeling it caused. [1]
- Mark the second box for use more than 30 days ago but within the past 12 months. [2]
- Mark the next box for use more than 12 months ago but within the past 3 years. [3]
- Mark the last box for use more than 3 years ago. [4]

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

- Mark the first box for more than 300 days (which is every day or almost every day). [1]
- Mark the second for at least 201 but not more than 300 days (5 to 6 days a week). [2]
- Mark the next for at least 101 but not more than 200 days (3 to 4 days a week). [3]
- Mark the next for at least 51 but not more than 100 days (1 to 2 days a week). [4]
- Mark the next for at least 25 but not more than 50 days (3 to 4 days a month). [5]
- Mark the next for at least 12 but not more than 24 days (1 to 2 days a month). [6]
- Mark the next for at least 6 but not more than 11 days (less than one day a month). [7]
- Mark the next for at least 3 but not more than 5 days in the past 12 months. [8]
- And mark the next-to-the-last for at least 1 but not more than 2 days in the past 12 months. [9]
- Mark the last box if you have used a tranquilizer that was not prescribed for you, or that you took only for the experience or feeling it caused, but not during the past 12 months. [93]

(WAIT FOR ® TO FINISH.)

**Please check back and make sure you answered every question on tranquilizers.**

(PAUSE)

**Did you understand every question? (REPEAT QUESTIONS IF NECESSARY.)**

**BOX A**

Please put your answer sheet in the envelope.

(TAKE BACK PILLCARD B.)

This section is about the use of drugs like amphetamines that are known as stimulants and "uppers." People sometimes take these drugs to lose weight or to stay awake. The questions ask only about prescription stimulants. Do not include over-the-counter stimulants, such as Dexatrim or No-Doz. We're interested only in use of prescription stimulants, uppers, and speed that were not prescribed for you, or that you took only for the experience or feeling they caused.

(HAND ® PILLCARD C--MAKE SURE ® TAKES CARD IN HIS/HER HAND.)

Please look at Card C. It shows pictures of some different kinds of prescription stimulants and lists the names of some others. The questions about stimulants include all of these drugs on the card as well as all other stimulants that are supposed to be available only with a prescription from a doctor. These pictures show only pills, but we are interested in your use of any form of prescription stimulants that were not prescribed for you, or that you took only for the experience or feeling they caused.

(HAND ® STIMULANTS ANSWER SHEET #11.)

FI	DO YOU THINK ® CAN COMPLETE THIS ANSWER SHEET ON HIS/HER OWN?
CHECKPOINT	YES, ® CAN COMPLETE THIS ANSWER SHEET ON HIS/HER OWN ..... <input type="checkbox"/> 1 → (ASK Q.ST-0)
K	NO, I DOUBT THAT ® CAN COMPLETE THIS ANSWER SHEET ON HIS/HER OWN ..... <input type="checkbox"/> 2 → (SKIP TO Q.ST-1)

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

WANTS INTERVIEWER TO READ QUESTIONS ALOUD ..... ☐ 1 → (SKIP TO Q.ST-1)

WANTS TO COMPLETE THE ANSWER SHEET ON

HIS/HER OWN ..... ☐ 2 → (READ Q.ST-00)

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

(WAIT UNTIL ® HAS FINISHED.)

ST-000. Did you understand all the questions? (REPEAT QUESTIONS, IF NECESSARY.)

Please make sure you marked an answer to every question. Put the answer sheet in the envelope.

(TAKE BACK PILLCARD C AND GO TO PAGE 39, SEDATIVES.)

ST-1. Question ST-1 contains a list of some of the prescription stimulants shown on Card C. As I read the following list of prescription stimulants, please mark one box beside each stimulant. Mark the "YES" box on the left if you have ever used that stimulant when it was not prescribed for you, or that you took only for the experience or feeling it caused. Mark the "NO" box on the right if you have not done this. Again, we are interested in all kinds of prescription stimulants, in pill or non-pill form.

- a. Have you ever, even once, used Benzedrine that was not prescribed for you, or that you took only for the experience or feeling it caused?
- b. Have you ever, even once, used Biphetamine that was not prescribed for you, or that you took only for the experience or feeling it caused?
- c. ... Dexamyl?
- d. ... Dexedrine?
- e. ... Fastin?
- f. ... Ionamin?
- g. Have you ever, even once, used Methamphetamine that was not prescribed for you, or that you took only for the experience or feeling it caused?
- h. ... Methedrine?
- i. ... Preludin?
- j. Have you ever used a stimulant whose name you don't know that was not prescribed for you, or that you took only for the experience or feeling it caused?
- k. Have you ever used any other stimulant besides these I've named from the list in ST-1, that was not prescribed for you, or that you took only for the experience or feeling it caused? If you mark the "YES" box for this last item, please print on the lines at the bottom of the list the names of stimulants you've used in this way.

If you answered "NO" to each of the items in Question ST-1, circle the 91 in the box below the list and tell me that you have finished this answer sheet.

(IF @ TELLS YOU THAT HE/SHE HAS COMPLETED THE ANSWER SHEET, SKIP TO BOX A ON PAGE 38.)

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

- On the blank line, write in how old you were the first time you used a stimulant that was not prescribed for you, or that you took only for the experience or feeling it caused.

Now, please turn the answer sheet over and find question ST-3.

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

- Mark the first box for more than 300 days. [1]
- Mark the second box for at least 101 but not more than 300 days. [2]
- Mark the third box for at least 12 but not more than 100 days. [3]
- Mark the fourth box for at least 3 but not more than 11 days. [4]
- Mark the last box for at least 1 but not more than 2 days. [5]

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

- Mark the first box if you used a stimulant sometime within the past 30 days that was not prescribed for you, or that you took only for the experience or feeling it caused. [1]
- Mark the second box for use more than 30 days ago but within the past 12 months. [2]
- Mark the next box for use more than 12 months ago but within the past 3 years. [3]
- Mark the last box for use more than 3 years ago. [4]

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

- Mark the first box for more than 300 days (which is every day or almost every day). [1]
- Mark the second for at least 201 but not more than 300 days (5 to 6 days a week). [2]
- Mark the next for at least 101 but not more than 200 days (3 to 4 days a week). [3]
- Mark the next for at least 51 but not more than 100 days (1 to 2 days a week). [4]
- Mark the next for at least 25 but not more than 50 days (3 to 4 days a month). [5]
- Mark the next for at least 12 but not more than 24 days (1 to 2 days a month). [6]
- Mark the next for at least 6 but not more than 11 days (less than one day a month). [7]
- Mark the next for at least 3 but not more than 5 days in the past 12 months. [8]
- And mark the next-to-last for at least 1 but not more than 2 days in the past 12 months. [9]
- Mark the last box if you have used a stimulant that was not prescribed for you, or that you took only for the experience or feeling it caused, but not during the past 12 months. [93]

(WAIT FOR ® TO FINISH.)

**Please check back and make sure you answered every question on stimulants.**

(PAUSE)

**Did you understand every question? (REPEAT QUESTIONS IF NECESSARY.)**

**BOX A**

Please put your answer sheet in the envelope.

(TAKE BACK PILLCARD C.)

The questions in this section are about sedatives and barbiturates. These drugs are also called "downers" and sleeping pills. People take these drugs to help them relax or to stay calm. We're interested only in use of prescription sedatives that were not prescribed for you, or that you took only for the experience or feeling they caused.

(HAND ® PILLCARD D -- MAKE SURE ® TAKES CARD IN HIS/HER HAND.)

Please look at Card D. It shows pictures of some different kinds of prescription sedatives and lists the names of some others. The questions about sedatives include all of these drugs on the card as well as all other sedatives that are supposed to be available only with a prescription from a doctor. These pictures show only pills, but we are interested in your use of any form of prescription sedatives that were not prescribed for you, or that you took only for the experience or feeling they caused.

(HAND ® SEDATIVES ANSWER SHEET #12.)

FI	DO YOU THINK ® CAN COMPLETE THIS ANSWER SHEET ON HIS/HER OWN?
CHECKPOINT	YES, ® CAN COMPLETE THIS ANSWER SHEET ON HIS/HER OWN ..... <input type="checkbox"/> 1 → (ASK Q.S-0)
L	NO, I DOUBT THAT ® CAN COMPLETE THIS ANSWER SHEET ON HIS/HER OWN ..... <input type="checkbox"/> 2 → (SKIP TO Q.S-1)

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

WANTS INTERVIEWER TO READ QUESTIONS ALOUD ..... ☐ 1 → (SKIP TO Q.S-1)

WANTS TO COMPLETE THE ANSWER SHEET ON HIS/HER OWN ..... ☐ 2 → (READ Q.S-00)

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

(WAIT UNTIL ® HAS FINISHED.)

S-000. Did you understand all the questions? (REPEAT QUESTIONS, IF NECESSARY.)

Please make sure you marked an answer to every question. Put the answer sheet in the envelope.

(TAKE BACK PILLCARD D AND GO TO PAGE 42, SPECIAL DRUGS.)

S-1. **Question S-1 contains a list of some of the prescription sedatives shown on Card D. As I read the following list of prescription sedatives, please mark one box beside each sedative. Mark the "YES" box on the left if you have ever used that sedative when it was not prescribed for you, or that you took only for the experience or feeling it caused. Mark the "NO" box on the right if you have not done this. Again, we are interested in all kinds of prescription sedatives, in pill or non-pill form.**

- a. **Have you ever, even once, used Dalmane that was not prescribed for you, or that you took only for the experience or feeling it caused?**
- b. **Have you ever, even once, used Halcion that was not prescribed for you, or that you took only for the experience or feeling it caused?**
- c. **... Methaqualone, including Sopor and Quaalude?**
- d. **Have you ever, even once, used Nembutal that was not prescribed for you, or that you took only for the experience or feeling it caused?**
- e. **... Phenobarbital?**
- f. **... Placidyl?**
- g. **... Seconal?**
- h. **... Tuinal?**
- i. **Have you ever used a sedative whose name you don't know that was not prescribed for you, or that you took only for the experience or feeling it caused?**
- j. **Have you ever used any other sedative besides these I've named from the list in S-1, that was not prescribed for you, or that you took only for the experience or feeling it caused? If you mark the "YES" box for this last item, please print on the lines at the bottom of the list the names of sedatives you've used in this way.**

**If you answered "NO" to each of the items in Question S-1, circle the 91 in the box below the list and tell me that you are finished with this answer sheet.**

(IF @ TELLS YOU THAT HE/SHE HAS COMPLETED THE ANSWER SHEET, SKIP TO BOX A ON PAGE 41.)

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

- On the blank line, write in how old you were the first time you used a sedative that was not prescribed for you, or that you took only for the experience or feeling it caused.

Now, please turn the answer sheet over and find question S-3.

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

- Mark the first box for more than 300 days. [1]
- Mark the second box for at least 101 but not more than 300 days. [2]
- Mark the third box for at least 12 but not more than 100 days. [3]
- Mark the fourth box for at least 3 but not more than 11 days. [4]
- Mark the last box for at least 1 but not more than 2 days. [5]

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

- Mark the first box if you used a sedative sometime within the past 30 days that was not prescribed for you, or that you took only for the experience or feeling it caused. [1]
- Mark the second box for use more than 30 days ago but within the past 12 months. [2]
- Mark the next box for use more than 12 months ago but within the past 3 years. [3]
- Mark the last box for use more than 3 years ago. [4]

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

- Mark the first box for more than 300 days (which is every day or almost every day). [1]
- Mark the second for at least 201 but not more than 300 days (5 to 6 days a week). [2]
- Mark the next for at least 101 but not more than 200 days (3 to 4 days a week). [3]
- Mark the next for at least 51 but not more than 100 days (1 to 2 days a week). [4]
- Mark the next for at least 25 but not more than 50 days (3 to 4 days a month). [5]
- Mark the next for at least 12 but not more than 24 days (1 to 2 days a month). [6]
- Mark the next for at least 6 but not more than 11 days (less than one day a month). [7]
- Mark the next for at least 3 but not more than 5 days in the past 12 months. [8]
- And mark the next-to-the-last for at least 1 but not more than 2 days in the past 12 months. [9]
- Mark the last box if you have used a sedative that was not prescribed for you, or that you took only for the experience or feeling it caused, but not during the past 12 months. [93]

(WAIT FOR ® TO FINISH.)

**Please check back and make sure you answered every question on sedatives.**

(PAUSE)

**Did you understand every question? (REPEAT QUESTIONS IF NECESSARY.)**

**BOX A**

Please put your answer sheet in the envelope.

(TAKE BACK PILLCARD D.)

The questions in this section are mostly about the use of drugs with a needle. If some of the questions don't apply to you, you will be instructed to skip them.

(HAND ® SPECIAL DRUGS ANSWER SHEET #13.)

FI	DO YOU THINK ® CAN COMPLETE THIS ANSWER SHEET ON HIS/HER OWN?
CHECKPOINT	YES, ® CAN COMPLETE THIS ANSWER SHEET
	ON HIS/HER OWN ..... <input type="checkbox"/> 1 → (ASK Q.SD-0)
M	NO, I DOUBT THAT ® CAN COMPLETE THIS
	ANSWER SHEET ON HIS/HER OWN ..... <input type="checkbox"/> 2 → (SKIP TO Q.SD-1)

SD-0. We would like you to complete this answer sheet on your own, but if you prefer, I'll read the questions out loud. Which do you prefer?

WANTS INTERVIEWER TO READ QUESTIONS ALOUD ..... ☐ 1 → (SKIP TO Q.SD-1)

WANTS TO COMPLETE THE ANSWER SHEET ON  
HIS/HER OWN ..... ☐ 2 → (READ Q.SD-00)

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

(WAIT UNTIL ® HAS FINISHED.)

SD-000. Did you understand all the questions? (REPEAT QUESTIONS, IF NECESSARY.)

Please make sure you marked an answer to every question on this answer sheet except for any you were instructed to skip. Put the answer sheet in the envelope.

(GO TO PAGE 46, DRUGS.)

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

- If your answer is yes, mark the first box under SD-1. → (READ Q.SD-2.) [1]
- If your answer is no, mark the second box under SD-1 and tell me. → (INSTRUCT ® TO SKIP TO Q.SD-6) [2]

SD-2. Question SD-2 says: Have you ever, even once, smoked heroin?

- If you have ever smoked heroin, mark the first box. [1]
- If you have used heroin, but have never smoked it, mark the second box. [2]



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

- If your answer is within the past 30 days, mark the first box. [1]
- If your answer is more than 30 days ago but within the past 12 months, mark the second box. [2]
- If your answer is more than 12 months ago but within the past 3 years, mark the third box. [3]
- If your answer is more than 3 years ago, mark the fourth box. [4]
- If you have used heroin, but have never smoked it, mark the last box. [93]

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

- If you have ever sniffed ("snorted") heroin, mark the first box. [1]
- If you have used heroin, but never sniffed ("snorted") it, mark the second box. [2]

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

- If your answer is within the past 30 days, mark the first box. [1]
- If your answer is more than 30 days ago but within the past 12 months, mark the second box. [2]
- If your answer is more than 12 months ago but within the past 3 years, mark the third box. [3]
- If your answer is more than 3 years ago, mark the fourth box. [4]
- If you have used heroin, but never sniffed ("snorted") it, mark the last box. [93]

Please turn the page.

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

- If your answer is yes, mark the first box under SD-6. → (READ Q.SD-7) [1]
- If your answer is no, mark the second box under SD-6 and tell me. → (SKIP TO BOX A ON PAGE 45) [2]

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

- If you have ever used a needle to inject cocaine, mark the first box. [1]
- If you have used cocaine, but never with a needle, mark the second box. [2]
- If you have never used any form of cocaine in your life, mark the third box. [91]

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

- If your answer is within the past 30 days, mark the first box. [1]
- If your answer is more than 30 days ago but within the past 12 months, mark the second box. [2]
- If your answer is more than 12 months ago but within the past 3 years, mark the third box. [3]
- If your answer is more than 3 years ago, mark the fourth box. [4]
- If you have used cocaine but never with a needle, mark the next-to-last box. [93]
- If you have never used any form of cocaine in your life, mark the last box. [91]

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

- If you have ever used a needle to inject heroin, mark the first box. [1]
- If you have used heroin, but never with a needle, mark the second box. [93]
- If you have never used heroin in your life, mark the last box. [91]

Please go to the next page.

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

- If your answer is within the past 30 days, mark the first box. [1]
- If your answer is more than 30 days ago but within the past 12 months, mark the second box. [2]
- If your answer is more than 12 months ago but within the past 3 years, mark the third box. [3]
- If your answer is more than 3 years ago, mark the fourth box. [4]
- If you have used heroin, but never with a needle, mark the next-to-last box. [93]
- If you have never used heroin in your life, mark the last box. [91]

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

- Mark the first box if you have ever used a needle to inject a stimulant when it was not prescribed for you, or only for the feeling or experience it caused. [1]
- Mark the second box if you have used a stimulant when it was not prescribed for you, or only for the experience or feeling it caused, but never with a needle. [93]
- Mark the third box if you have never in your life used any stimulant when it was not prescribed for you, or only for the experience or feeling it caused. [91]

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

- Mark the first box if you used a needle sometime within the past 30 days to inject a stimulant when it was not prescribed for you, or only for the experience or feeling it caused. [1]
- Mark the second box for use more than 30 days ago but within the past 12 months. [2]
- Mark the next box for use more than 12 months ago but within the past 3 years. [3]
- And mark the next box for use more than 3 years ago. [4]
- Mark the next-to-last box if you have ever used a stimulant when it was not prescribed for you, or only for the experience or feeling it caused, but never with a needle. [93]
- Mark the last box if you have never in your life used any stimulant when it was not prescribed for you, or only for the experience or feeling it caused. [91]

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

- If you reused a needle that you had used before the last time you used a needle for injecting drugs, mark the first box. [1]
- If you did not reuse a needle that you had used before the last time you used a needle for injecting drugs, mark the second box. [2]

Please go to the next page.

**SD-14. The last time you used a needle for injecting drugs, did you use a needle that you knew or suspected someone else had used before?**

- If you used a needle that you knew or suspected someone else had used before the last time you used a needle for injecting drugs, mark the first box. [1]
- If you did not use a needle that you knew or suspected someone else had used before the last time you used a needle for injecting drugs, mark the second box. [2]

**SD-15. The last time you used a needle for injecting drugs, did you use bleach to clean the needle before you used it?**

- If you used bleach to clean the needle the last time you used a needle for injecting drugs, mark the first box. [1]
- If you did not use bleach to clean the needle the last time you used a needle for injecting drugs, mark the second box. [2]

**SD-16. The last time you used a needle for injecting drugs, did someone else use the needle after you?**

- If someone else used the needle after you the last time you used a needle for injecting drugs, mark the first box. [1]
- If no one else used the needle after you the last time you used a needle for injecting drugs, mark the second box. [2]

**SD-17. The last time you used a needle for injecting drugs, how did you get the needle?**

- If you bought the needle from a pharmacy, mark the first box. [1]
- If you got the needle from a needle exchange, mark the second box. [2]
- If you bought the needle on the street, mark the third box. [3]
- If you got the needle in a shooting gallery, mark the next-to-last box. [4]
- If you got the needle some other way, mark the last box and write on the line at the bottom of the list what this other way was. [5]

(WAIT FOR ® TO FINISH.)

BOX A
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**Please check back and make sure you marked an answer for each question on this answer sheet except for any you were instructed to skip. If you have any questions, let me know.**

(PAUSE.)

Please put your answer sheet in the envelope.

Now, we'd like for you to tell us about your overall experience in the past 12 months with the drugs listed on this answer sheet.

(HAND @ DRUGS ANSWER SHEET #14.)

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

FI	DO YOU THINK @ CAN COMPLETE THIS ANSWER SHEET ON HIS/HER OWN?
CHECKPOINT	YES, @ CAN COMPLETE THIS ANSWER SHEET ON HIS/HER OWN ..... <input type="checkbox"/> 1 → (ASK Q.DR-0)
N	NO, I DOUBT THAT @ CAN COMPLETE THIS ANSWER SHEET ON HIS/HER OWN ..... <input type="checkbox"/> 2 → (SKIP TO Q.DR-1)

DR-0. We would like you to complete this answer sheet on your own, but if you prefer, I'll read the questions out loud. Which do you prefer?

WANTS INTERVIEWER TO READ QUESTIONS ALOUD ..... ☐ 1 → (SKIP TO Q.DR-1)

WANTS TO COMPLETE THE ANSWER SHEET ON HIS/HER OWN ..... ☐ 2 → (READ Q.DR-00)

DR-00. Okay. Refer to the instructions in DR-1 and mark a box for each type of drug listed. Mark the box in the column labeled "YES" if you used that type of drug during the past 12 months, or mark the box in the column labeled "NO" if you did not use any of the types of drugs listed during the past 12 months.

If you answered "NO" to each of the types of drugs listed in Question DR-1, circle the 93 in the box below the list and tell me that you have finished this answer sheet.

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

(WAIT UNTIL @ HAS FINISHED.)

DR-000. (READ NEXT STATEMENT TO ANY @ WHO DID NOT CIRCLE THE 93 AFTER DR-1 AND DID CONTINUE WITH THE ANSWER SHEET.)

Please check back and make sure you answered every question on this answer sheet. Put the answer sheet in the envelope.

(GO TO PAGE 52, SPECIAL TOPICS.)

DR-1. As I read the list of types of drugs in question DR-1, please mark one box beside each type of drug to indicate whether you have used that type of drug during the past 12 months. On each line, mark the "YES" box on the left if you have used that type of drug during the past 12 months. Mark the "NO" box on the right if you have not used that type of drug during the past 12 months.

- a. Cigarettes?
- b. Alcohol?
- c. Marijuana or hashish?
- d. Cocaine, including "crack?"
- e. Heroin?
- f. Hallucinogens, such as LSD, "acid," PCP, "Ecstasy," psilocybin (mushrooms), mescaline, peyote?
- g. Inhalants, such as amyl nitrite, "poppers," nitrous oxide, gasoline or lighter fluids, glue, spray paints, correction fluids?

**Remember that for prescription drugs, we are only interested in use during the past 12 months of a drug that was not prescribed for you, or that you took only for the experience or feeling it caused.**

- h. Pain killers, such as codeine, Tylenol with codeine, Darvon, Percodan, Demerol, methadone, opiates?
- i. Tranquilizers, such as Valium, Xanax, Librium, Ativan, other antianxiety drugs?
- j. Stimulants, such as methamphetamine, "speed," Dexedrine, Biphedamine, Benzedrine, "uppers," other amphetamines?
- k. Sedatives, such as methaqualone, Seconal, Tuinal, Placidyl, barbiturates, sleeping pills, "downers?"

**If you answered "no" to each of the types of drugs listed in a through k in Question DR-1, circle the 93 in the box below the list and tell me that you have finished this answer sheet.**

(IF ® TELLS YOU THAT HE/SHE HAS COMPLETED THE ANSWER SHEET, SKIP TO BOX A ON PAGE 51.)

DR-2. As I read the list of types of drugs in question DR-2, please mark one box beside each type of drug to indicate whether you had a period of a month or more during the past 12 months when you spent a great deal of time getting the drug, using the drug, or getting over its effects. On each line, mark the "YES" box on the left if you had such a period during the past 12 months. Mark the "NO" box on the right if you did not have such a period during the past 12 months, or if you did not use that drug in the past 12 months, or ever.

- a. During the past 12 months, did you have a period of a month or more when you spent a great deal of time getting, using, or getting over the effects of **cigarettes**?
- b. During the past 12 months, did you have a period of a month or more when you spent a great deal of time getting, using, or getting over the effects of **alcohol**?
- c. ... **Marijuana or hashish**?
- d. ... **Cocaine, including "crack?"**
- e. ... **Heroin**?
- f. During the past 12 months, did you have a period of a month or more when you spent a great deal of time getting, using, or getting over the effects of **hallucinogens**?
- g. ... **Inhalants**?

Remember that for prescription drugs we are only interested in use during the past 12 months of a drug that was not prescribed for you or that you took only for the experience or feeling it caused.

- h. During the past 12 months, did you have a period of a month or more when you spent a great deal of time getting, using, or getting over the effects of **pain killers**?
- i. ... **Tranquilizers**?
- j. ... **Stimulants**?
- k. ... **Sedatives**?

Please turn the page and find question DR-3.

DR-3. As I read the list of types of drugs in question DR-3, please mark one box beside each type of drug to indicate whether you have used that kind of drug much more often or in larger amounts than you intended to during the past 12 months. On each line, mark the "YES" box on the left if you have used that kind of drug much more often or in larger amounts than you intended to. Mark the "NO" box on the right if you have not used that kind of drug much more often or in greater amounts than you intended to, or if you did not use that kind of drug in the past 12 months, or ever.

- a. During the past 12 months, have you used **cigarettes** much more often or in larger amounts than you intended to?
- b. During the past 12 months, have you used **alcohol** much more often or in larger amounts than you intended to?
- c. ... **Marijuana or hashish**?
- d. ... **Cocaine, including "crack?"**
- e. ... **Heroin**?
- f. During the past 12 months, have you used **hallucinogens** much more often or in larger amounts than you intended to?
- g. ... **Inhalants**?
- h. During the past 12 months, have you used **pain killers** much more often or in larger amounts than you intended to?
- i. ... **Tranquilizers**?
- j. ... **Stimulants**?
- k. ... **Sedatives**?

DR-4. As I read the list of types of drugs in question DR-4, please mark one box beside each type of drug to indicate whether you have built up a tolerance for the drug so that the same amount of the drug had less effect than before during the past 12 months. On each line, mark the "YES" box on the left if you have built up a tolerance for the drug so that the same amount of the drug had less effect than before. Mark the "NO" box on the right if you did not build up a tolerance for the drug so that the same amount of the drug had less effect than before during the past 12 months, or if you did not use that drug in the past 12 months, or ever.

- a. During the past 12 months, have you needed larger amounts of cigarettes to get the same effect?
- b. During the past 12 months, have you needed larger amounts of alcohol to get the same effect?
- c. ... Marijuana or hashish?
- d. ... Cocaine, including "crack?"
- e. ... Heroin?
- f. During the past 12 months, have you needed larger amounts of hallucinogens?
- g. ... Inhalants?
- h. During the past 12 months, have you needed larger amounts of pain killers?
- i. ... Tranquilizers?
- j. ... Stimulants?
- k. ... Sedatives?

Please go to the next page and find DR-5.

DR-5. As I read the list of types of drugs in question DR-5, please mark one box beside each type of drug to indicate whether your use of that drug has often kept you from working, going to school, taking care of children, or engaging in recreational activities during the past 12 months. On each line, mark the "YES" box on the left if your use of that drug has often caused you to reduce or give up important activities. Mark the "NO" box on the right if your use of that drug did not cause you to reduce or give up important activities or if you did not use that drug in the past 12 months, or ever.

- a. During the past 12 months, has your use of cigarettes often caused you to reduce or give up important activities?
- b. During the past 12 months, has your use of alcohol often caused you to reduce or give up important activities?
- c. ... Marijuana or hashish?
- d. ... Cocaine, including "crack?"
- e. ... Heroin?
- f. During the past 12 months, has your use of hallucinogens often caused you to reduce or give up important activities?
- g. ... Inhalants?
- h. During the past 12 months, has your use of pain killers often caused you to reduce or give up important activities?
- i. ... Tranquilizers?
- j. ... Stimulants?
- k. ... Sedatives?

DR-6. As I read the list of drugs in question DR-6, please mark one box beside each type of drug to indicate whether your use of the drug has caused you to have any emotional or psychological problems -- such as feeling uninterested in things, feeling depressed, feeling suspicious of people, feeling paranoid, or having strange ideas during the past 12 months. On each line, mark the "YES" box on the left if you feel that drug caused you to have emotional problems like these. Mark the "NO" box on the right if the drug did not cause these types of emotional problems for you during the past 12 months, or if you did not use that drug in the past 12 months, or ever.

- a. During the past 12 months, has your use of cigarettes caused you to have emotional problems?
- b. During the past 12 months, has your use of alcohol caused you to have emotional problems?
- c. ... Marijuana or hashish?
- d. ... Cocaine, including "crack?"
- e. ... Heroin?
- f. During the past 12 months, has your use of hallucinogens caused you to have emotional problems?
- g. ... Inhalants?
- h. During the past 12 months, has your use of pain killers caused you to have emotional problems?
- i. ... Tranquilizers?
- j. ... Stimulants?
- k. ... Sedatives?

Please turn the page and find question DR-7.

DR-7. As I read the list of drugs in question DR-7, please mark one box beside each type of drug to indicate whether your use of the drug has caused you to have any health problems--such as liver disease, stomach disease, pancreatitis, feet tingling, numbness, memory problems, an accidental overdose, a persistent cough, a seizure or fit, hepatitis, or abscesses during the past 12 months. On each line, mark the "YES" box on the left if you feel that drug caused you to have physical problems like these. Mark the "NO" box on the right if the drug did not cause these types of physical problems for you during the past 12 months, or if you did not use that drug in the past 12 months, or ever.

- a. During the past 12 months, has your use of cigarettes caused you to have physical problems?
- b. During the past 12 months, has your use of alcohol caused you to have physical problems?
- c. ... Marijuana or hashish?
- d. ... Cocaine, including "crack?"
- e. ... Heroin?
- f. During the past 12 months, has your use of hallucinogens caused you to have physical problems?
- g. ... Inhalants?
- h. During the past 12 months, has your use of pain killers caused you to have physical problems?
- i. ... Tranquilizers?
- j. ... Stimulants?
- k. ... Sedatives?



DR-8. As I read the list of drugs in question DR-8, please mark one box beside each type of drug to indicate whether, during the past 12 months, you have wanted to or tried to stop or cut down on your use of that drug but found that you couldn't. On each line, mark the "YES" box on the left if you wanted to or tried to stop or cut down on your use of that drug, but found that you couldn't. Mark the "NO" box on the right if you did not want or try to cut down on your use of that drug in the past 12 months, or if you did not use that drug in the past 12 months, or ever.

- a. During the past 12 months, did you want to or try to stop or cut down on your use of cigarettes but found that you couldn't?
- b. During the past 12 months, did you want to or try to stop or cut down on you use of alcohol but found that you couldn't?
- c. ... Marijuana or hashish?
- d. ... Cocaine, including "crack?"
- e. ... Heroin?
- f. During the past 12 months, did you want to or try to stop or cut down on your use of hallucinogens but found that you couldn't?
- g. ... Inhalants?
- h. During the past 12 months, did you want to or try to stop or cut down on your use of pain killers but found that you couldn't?
- i. ... Tranquilizers?
- j. ... Stimulants?
- k. ... Sedatives?

(WAIT FOR ® TO FINISH.)

Please check back and make sure you marked answers for each kind of drug in each question, DR-1 through DR-8, on this answer sheet.

BOX A
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Please put your answer sheet in the envelope.

This answer sheet contains questions about treatment for drug or alcohol use, and encounters with the police or someone connected with the courts.

(HAND ® SPECIAL TOPICS ANSWER SHEET #15.)

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

FI	DO YOU THINK ® CAN COMPLETE THIS ANSWER SHEET ON HIS/HER OWN?
CHECKPOINT	YES, ® CAN COMPLETE THIS ANSWER SHEET ON HIS/HER OWN ..... <input type="checkbox"/> 1 → (ASK Q.SP-0)
O	NO, I DOUBT THAT ® CAN COMPLETE THIS ANSWER SHEET ON HIS/HER OWN ..... <input type="checkbox"/> 2 → (SKIP TO Q.SP-1)

SP-0. We would like you to complete this answer sheet on your own, but if you prefer, I'll read the questions out loud. Which do you prefer?

WANTS INTERVIEWER TO READ QUESTIONS ALOUD ..... ☐ 1 → (SKIP TO Q.SP-1)  
 WANTS TO COMPLETE ANSWER SHEET ON HIS/HER OWN ..... ☐ 2 → (READ Q.SP-00)

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

(WAIT UNTIL ® HAS FINISHED.)

SP-000. Please check back and make sure you marked one answer for each question except for any you were instructed to skip. Put the answer sheet in the envelope.

(GO TO PAGE 57, TREATMENT.)

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

- If you have received treatment or counseling for your drug or alcohol use during the past 12 months, mark the first box under SP-1 and tell me. → (INSTRUCT ® TO SKIP TO Q.SP-6) [1]
- If you have not received treatment or counseling for your drug or alcohol use during the past 12 months, mark the second box under SP-1. → (READ Q.SP-2) [2]

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

- If you needed treatment or counseling for your drug or alcohol use during the past 12 months, mark the first box under SP-2. → (READ Q.SP-3) [1]
- If you did not need treatment or counseling for your drug or alcohol use during the past 12 months, mark the second box under SP-2 and tell me. → (INSTRUCT ® TO SKIP TO Q.SP-6) [2]

Please turn the page.

SP-3. Question SP-3: As I read the following list of drugs, **please mark one box beside each type of drug to indicate whether you needed treatment or counseling for your use of that kind of drug during the past 12 months.** For each line, mark the "YES" box on the left if you needed treatment or counseling for that kind of drug during the past 12 months. Mark the "NO" box on the right if you did not need treatment or counseling for that kind of drug during the past 12 months.

- a. During the past 12 months, did you need treatment or counseling for your use of alcohol?
- b. During the past 12 months, did you need treatment or counseling for your use of marijuana or hashish?
- c. ...Cocaine or "crack?"
- d. ...Heroin?
- e. ...Hallucinogens?
- f. ...Inhalants?
- g. During the past 12 months, did you need treatment or counseling for your use of prescription painkillers or analgesics?
- h. ...Prescription tranquilizers?
- i. ...Prescription stimulants?
- j. ...Prescription sedatives?
- k. During the past 12 months, have you needed treatment or counseling for your use of some other drug besides those I've named from the list in SP-3? If you mark the "YES" box for this last item, please print on the line at the bottom of the list the name of the other drug for which you got treatment or counseling for during the past 12 months.

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

- If you took any steps to obtain treatment or counseling for your drug or alcohol use during the past 12 months, mark the first box under SP-4. [1]
- If you did not take any steps to obtain treatment or counseling for your drug or alcohol use during the past 12 months, mark the second box under SP-4. [2]

SP-5. For question SP-5, as I read the following list of reasons, **please mark one box beside each reason to indicate whether it explains why you did not obtain treatment or counseling for your drug or alcohol use during the past 12 months.** For each line, mark the "YES" box on the left if the reason explains why you did not obtain treatment or counseling for that kind of drug during the past 12 months. Mark the "NO" box on the right if the reason does not explain why you did not obtain treatment or counseling for that kind of drug during the past 12 months.

- a. During the past 12 months, did you not obtain treatment or counseling for your drug or alcohol use because you had no transportation to the treatment or counseling program?
- b. During the past 12 months, did you not obtain treatment or counseling for your drug or alcohol use because the nearest treatment or counseling programs were too far away?
- c. ...The treatment or counseling programs' hours were not convenient?
- d. ...There were no openings in the treatment or counseling programs?
- e. ...The programs didn't offer the type of treatment you wanted?
- f. ...You didn't have insurance or money to pay for the programs?
- g. ...The programs' facilities were not accessible to the handicapped?
- h. ...Participation in the program was too complicated?
- i. ...The programs' counselors didn't meet your ethnic or language needs?
- j. ...The programs did not offer special services that you needed, such as medical or mental health care, housing, employment counseling, child care, etc?
- k. Was there some other reason why you did not obtain treatment or counseling for your drug or alcohol use during the past 12 months? If you mark the "YES" box for this last item, please print on the line at the bottom of the list the other reasons why you did not obtain treatment or counseling for your drug or alcohol use during the past 12 months.

Please go to the next page.

SP-6. **Not counting minor traffic violations, have you ever been arrested and booked for breaking the law?** Being "booked" means that you were taken into custody and processed by the police or by someone connected with the courts, even if you were then released.

- If your answer is yes, mark the first box. → (READ Q.SP-7) [1]
- If your answer is no, mark the second box and tell me. → (INSTRUCT @ TO SKIP TO Q.SP-9) [2]

SP-7. **Not counting minor traffic violations, how many times during the past 12 months have you been arrested and booked for breaking a law?**

- In the space provided, please write in the number of times in the past 12 months that you have been arrested and booked for breaking a law. → (READ Q.SP-8)
- If you have not been arrested and booked for breaking a law in the past 12 months, mark the second box and tell me. → (INSTRUCT @ TO SKIP TO Q.SP-9) [93]

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

- a. In the past 12 months, were you arrested and booked for larceny or theft?
- b. In the past 12 months, were you arrested and booked for burglary or breaking and entering?
- c. Aggravated assault?
- d. Other assault, such as simple assault or battery?
- e. Motor vehicle theft?
- f. Robbery?
- g. Forcible rape?
- h. Murder, homicide, or nonnegligent manslaughter?
- i. Arson?
- j. Driving under the influence?
- k. Drunkenness or other liquor law violation?
- l. Possession or sale of drugs?
- m. Prostitution or commercialized sex?
- n. Other property offenses, such as fraud, possessing stolen goods, or vandalism?
- o. In the past 12 months, were you arrested and booked for some other offense besides these I've named from the list in SP-8? If you mark the "YES" box for this last item, please describe on the line at the bottom of the list the kinds of offenses for which you were arrested and booked in the past 12 months.

Please turn to the next page.

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

- If you were on probation at any time during the past 12 months, mark the first box. [1]
- If you were not on probation at any time during the past 12 months, mark the second box. [2]

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

- If you were on parole at any time during the past 12 months, mark the first box. [1]
- If you were not on parole at any time during the past 12 months, mark second box. [2]

**SP-11. Question SP-11 deals with activities that may be against the law. As I read each item, please mark one box beside each item to indicate whether you have done the activity during the past 12 months. For each line, mark the "YES" box on the left if you have done the activity during the past 12 months. Mark the "NO" box on the right if you have not done the activity during the past 12 months.**

- a. During the past 12 months, have you taken something from a store without paying for it?
- b. During the past 12 months, have you, other than from a store, taken money or property that did not belong to you?
- c. ...Purposely damaged or destroyed property that did not belong to you?
- d. ...Taken a car that didn't belong to someone in your family without the owner's permission?
- e. ...Used a weapon, force, or strong-arm methods to get money or things from a person?
- f. During the past 12 months, have you broken into a house or building to steal something or just to look around?
- g. ...Hit someone or gotten into a physical fight?
- h. ...Hurt someone badly enough to need bandages or a doctor?
- i. ...Used a knife or gun or some other thing (like a club) to get something from a person?
- j. ...Driven a vehicle while you were under the influence of a combination of alcohol and illegal drugs used together?
- k. ...Driven a vehicle while you were under the influence of alcohol?
- l. ...Driven a vehicle while you were under the influence of illegal drugs?
- m. ...Sold any illegal drugs?
- n. During the past 12 months, have you done anything else that would have gotten you into trouble with the police if they had known about it? If you mark the "YES" box for this last item, please describe this other offense on the line at the bottom of the list.

(WAIT FOR ® TO FINISH.)

**Please check back and make sure you marked answers for all the questions except for any you were instructed to skip.**

Please put your answer sheet in the envelope.

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

(HAND ® TREATMENT ANSWER SHEET #16.)

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

FI	DO YOU THINK ® CAN COMPLETE THIS ANSWER SHEET ON HIS/HER OWN?
CHECKPOINT	YES, ® CAN COMPLETE THIS ANSWER SHEET ON HIS/HER OWN ..... <input type="checkbox"/> 1 → (ASK Q.TX-0)
P	NO, I DOUBT THAT ® CAN COMPLETE THIS ANSWER SHEET ON HIS/HER OWN ..... <input type="checkbox"/> 2 → (SKIP TO Q.TX-1)

TX-0. We would like you to complete this answer sheet on your own, but if you prefer, I'll read the questions out loud. Which do you prefer?

WANTS INTERVIEWER TO READ QUESTIONS ALOUD ..... ☐ 1 → (SKIP TO Q.TX-1)

WANTS TO COMPLETE THE ANSWER SHEET ON HIS/HER OWN ..... ☐ 2 → (READ Q.TX-00)

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

(WAIT UNTIL ® HAS FINISHED.)

TX-000. Please check back and make sure you marked one answer for each question except for any you were instructed to skip. Put the answer sheet in the envelope.

(GO TO PAGE 62, YOUTH CHECKLIST.)

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

- If you have ever received treatment or counseling for your use of any drug, besides cigarettes, mark the first box under TX-1. → (READ Q.TX-2.) [1]
- If you have never received treatment or counseling for your use of any drug other than cigarettes, mark the second box under TX-1 and tell me. → (SKIP TO BOX A ON PAGE 61.) [2]

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

- Write on the solid blank line the number of times in your life you have received treatment or counseling for your alcohol or drug use, not counting cigarettes.

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

- Write on the solid blank line the number of times in the past 12 months you have received treatment or counseling for your alcohol or drug use, not counting cigarettes.

TX-4. As I read the names of places where treatment or counseling for alcohol use is offered, **Please mark one box beside each type of treatment place in question TX-4 to indicate whether you have received treatment for your alcohol use in that type of facility during the past 12 months.** On each line, mark the "YES" box on the left if you received treatment for your alcohol use in that type of facility in the past 12 months. Mark the "NO" box on the right if you did not receive treatment for your alcohol use in that type of facility in the past 12 months.

- a. During the past 12 months, have you received treatment for your use of alcohol in a hospital overnight as an inpatient?
- b. During the past 12 months, have you received treatment for your use of alcohol in a residential drug or alcohol rehabilitation facility where you stayed overnight?
- c. ... A drug or alcohol rehabilitation facility as an outpatient?
- d. ... A mental health center or facility as an outpatient?
- e. ... An emergency room?
- f. ... A private doctor's office?
- g. ... A prison or jail?
- h. ... A self-help group?
- i. During the past 12 months, have you received treatment in some other place besides these I've named from the list in TX-4? If you mark the "YES" box for this last item, please print on the lines at the bottom of the list the kinds of places where you've gotten treatment for your alcohol use in the past 12 months.

Please turn the page.

TX-5. As I read the names of places where treatment or counseling for drug use is offered, **Please mark one box beside each type of treatment place in question TX-5 to indicate whether you have received treatment for your use of other drugs not counting cigarettes or alcohol in that type of facility during the past 12 months.** For each line, mark the "YES" box on the left if you received treatment for other drug use in that type of facility in the past 12 months. Mark the "NO" box on the right if you did not receive treatment for other drug use in that type of facility in the past 12 months.

- a. During the past 12 months, have you received treatment for your use of drugs other than cigarettes or alcohol in a hospital overnight as an inpatient?
- b. During the past 12 months, have you received treatment for your use of drugs other than cigarettes or alcohol in a residential drug or alcohol rehabilitation facility where you stayed overnight?
- c. ... A drug or alcohol rehabilitation facility as an outpatient?
- d. ... A mental health center or facility as an outpatient?
- e. ... An emergency room?
- f. ... A private doctor's office?
- g. ... A prison or jail?
- h. ... A self-help group?
- i. During the past 12 months, have you received treatment in some other place besides these I've named from the list in TX-5? If you mark the "YES" box for this last item, please print on the lines at the bottom of the list the kinds of places where you've gotten treatment for drug use other than cigarettes or alcohol in the past 12 months.



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

- On the solid blank line, please write in the number of times you received treatment for your illegal drug use in a hospital emergency room.

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

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

- If you last received treatment or counseling for your use of alcohol or other drugs not counting cigarettes within the past 30 days, mark the first box. [1]
- If it has been more than 30 days ago but within the past 12 months, mark the second box. [2]
- If it was more than 12 months ago but within the past 3 years, mark the third box. [3]
- If it has been more than 3 years since you last received treatment or counseling for your use of alcohol or other drugs, not counting cigarettes, mark the last box. [4]

Please go to the next page.

TX-8. For question TX-8, I will read the question, then I'll read the answer choices. When I read the one answer that best applies to you, please mark the box. **Where did you receive treatment or counseling the last time you were treated for your alcohol or other drug use, not counting cigarettes?** The answers are: ...

- A hospital overnight as an inpatient? [1]
- A residential drug or alcohol rehabilitation facility where you stayed overnight? [2]
- A drug or alcohol rehabilitation facility as an outpatient? [3]
- A mental health center or facility as an outpatient? [4]
- An emergency room? [5]
- A private doctor's office? [6]
- A prison or jail? [7]
- A self-help group? [8]
- Or did you receive treatment the last time in some other place? If so, please mark the last box. Then, on the line below, please print the name or description of this other place where you last received treatment. [9]

TX-9. As I read the list of drugs, **Please mark one box beside each type of drug in question TX-9 to indicate whether you received treatment or counseling for your use of that kind of drug the last time you received treatment.** On each line, mark the "YES" box on the left if you received treatment for that kind of drug the last time you received treatment. Mark the "NO" box on the right if you did not receive treatment for that kind of drug the last time you received treatment.

- a. Did you receive treatment or counseling for your use of alcohol?
- b. Did you receive treatment or counseling for your use of marijuana or hashish?
- c. ... Cocaine or "crack?"
- d. ... Heroin?
- e. ... Hallucinogens?
- f. ... Inhalants?
- g. Did you receive treatment or counseling for your use of prescription painkillers or analgesics?
- h. ... Prescription tranquilizers?
- i. ... Prescription stimulants?
- j. ... Prescription sedatives?
- k. Did you receive treatment or counseling for your use of any other drug besides those I've named from the list in TX-9? If you mark the "YES" box for this last item, please print on the line at the bottom of the list the name of the other drug for which you got treatment or counseling.

TX-10. **What was the primary drug you received treatment or counseling for during the last time you were treated?**

- Write the name of the primary drug you received treatment for on the solid blank line beneath Question TX-10.

TX-11. Question TX-11 asks: **What was the outcome of the treatment or counseling you last received?** As I read the choices, please mark only one box for the best answer. Was the outcome of the treatment or counseling you last received: ...

- That you are still in treatment? [1]
- That you successfully completed treatment? [2]
- That you left because you had a problem with the program? [3]
- That you left because you couldn't afford to continue treatment? [4]
- That you left because your family needed you? [5]
- That you left because you began using drugs again? [6]
- Or did your last treatment have some other outcome? If so, please mark the last box, then write on the lines at the bottom of the list what this other outcome of your last treatment was. [7]

Please turn the page.

TX-12. **How long did you stay in treatment for your alcohol or drug use the last time? If you are currently in treatment for alcohol or drug use, how long have you been in treatment so far?**

- If you want to give your answer in terms of the number of days you were in treatment the last time, write the number of days on the first solid blank line.
- If you want to give your answer in terms of the number of months you were in treatment the last time, write the number of months on the second solid blank line.

TX-13. As I read each of the sources of payment for treatment or counseling, **Please mark one box beside each source in question TX-13 to indicate whether your last treatment or counseling for alcohol or drug use was paid for by that source, even if it only paid part of the cost.** On each line, mark the "YES" box on the left if your last treatment or counseling for alcohol or drug use was paid for by that source. Mark the "NO" box on the right if your last treatment or counseling for alcohol or drug use was not paid for by that source.

- a. Did health insurance pay for the last treatment you received?
- b. Did Medicare pay for the last treatment you received?
- c. Did Medicaid pay for the last treatment you received?
- d. Did you use your own savings or earnings to pay for the last treatment you received?
- e. Did family members pay for the last treatment you received?
- f. Did your employer pay for the last treatment you received?
- g. Was the last treatment you received free?
- h. Was your last treatment paid for by some other source besides those I've named? If you mark the "YES" box to indicate that some other source paid for your last treatment, please print on the lines at the bottom of the list the names of all the other sources that paid for your last treatment.

TX-14. The last question on this answer sheet asks: **Were you enrolled in a treatment program for your alcohol or drug use -- whether or not it was your last treatment episode -- on October 1, 1994? For this question, please include only treatment received at a hospital, drug rehabilitation facility, or mental health center.**

- If you were enrolled in a treatment program for your alcohol or drug use on October 1, 1994, mark the first box. [1]
- If you were not enrolled in a treatment program for your alcohol or drug use on October 1, 1994, mark the second box. [2]

(WAIT FOR ® TO FINISH.)

**Please check back and make sure you marked answers for all the questions except any that you were instructed to skip.**

BOX A
-------

Please put your answer sheet in the envelope.

FI	® IS 18 YEARS OR OLDER .....	<input type="checkbox"/> 1	→ (PUT ANSWER SHEET #17 IN ENVELOPE AND SKIP TO DEMOGRAPHICS ON PAGE 68)
CHECKPOINT			
Q	® IS 12-17 YEARS OLD .....	<input type="checkbox"/> 2	→ (CONTINUE WITH INTRODUCTION BELOW)

(HAND ® YOUTH CHECKLIST ANSWER SHEET #17.)

On this answer sheet are a number of items that describe young people. Think about whether each item describes you now or within the past 6 months. Please mark the box next to the "1" if the item is not true of you. Mark the box next to the "2" if the item is somewhat or sometimes true of you. If the item is very true or often true of you, mark the box next to the "3." Please mark only one box for each question. It is not necessary for you to spend a great deal of time thinking about each item -- just give us your first impression.

FI	DO YOU THINK ® CAN COMPLETE THIS ANSWER SHEET ON HIS/HER OWN?
CHECKPOINT	YES, ® CAN COMPLETE THIS ANSWER SHEET ON HIS/HER OWN .....
	<input type="checkbox"/> 1 → (ASK Q.YC-0)
R	NO, I DOUBT THAT ® CAN COMPLETE THIS ANSWER SHEET ON HIS/HER OWN .....
	<input type="checkbox"/> 2 → (SKIP TO Q.YC-1)

YC-0. We would like you to complete this answer sheet on your own, but if you prefer, I'll read the questions out loud. Which do you prefer?

WANTS INTERVIEWER TO READ QUESTIONS ALOUD ..... ☐ 1 → (SKIP TO Q.YC-1)

WANTS TO COMPLETE ANSWER SHEET ON HIS/HER OWN ..... ☐ 2 → (READ Q.YC-00)

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

(WAIT UNTIL ® HAS FINISHED.)

YC-000. Please check back and make sure you marked one answer for each question. Put the answer sheet in the envelope.

(GO TO PAGE 68, DEMOGRAPHICS.)

As I read each statement, please mark one box to indicate which answer is best for you.

YC-1. YC-1 says: I act too young for my age.

- Mark the box next to the 1 if, during the past 6 months, that was not true of you. [1]
- Mark the box next to the 2 if it was somewhat or sometimes true of you. [2]
- Mark the box next to the 3 if, during the past 6 months, that was very true or often true of you. [3]

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YC-2. YC-2 says: **I have an allergy.**

- Mark the box next to the 1 if, during the past 6 months, that was not true of you. [1]
- Mark the box next to the 2 if it was somewhat or sometimes true of you. [2]
- Mark the box next to the 3 if, during the past 6 months, that was very true or often true of you. [3]

YC-3. YC-3 says: **I argue a lot.**

- Mark the box next to the 1 if, during the past 6 months, that was not true of you. [1]
- Mark the box next to the 2 if it was somewhat or sometimes true of you. [2]
- Mark the box next to the 3 if, during the past 6 months, that was very true or often true of you. [3]

YC-4. **I have asthma.**

YC-5. **I act like the opposite sex.**

YC-6. **I like animals.**

YC-7. **I brag.**

YC-8. **I have trouble concentrating or paying attention.**

YC-9. **I can't get my mind off certain thoughts.**

YC-10. **I have trouble sitting still.**

YC-11. **I'm too dependent on adults.**

YC-12. **I feel lonely.**

YC-13. **I feel confused or in a fog.**

YC-14. **I cry a lot.**

YC-15. **I am pretty honest.**

YC-16. **I am mean to others.**

YC-17. **I daydream a lot.**

YC-18. **I deliberately try to hurt or kill myself.**

YC-19. **I try to get a lot of attention.**

YC-20. **I destroy my own things.**

YC-21. **I destroy things belonging to others.**

YC-22. **I disobey my parents.**

YC-23. **I disobey at school.**

YC-24. **I don't eat as well as I should.**

YC-25. **I don't get along with other kids.**

YC-26. **I don't feel guilty after doing something I shouldn't.**

YC-27. **I am jealous of others.**

**YC-28. I am willing to help others when they need help.**

Please turn the page and find question YC-29 at the top.

**YC-29. YC-29 says: I am afraid of certain animals, situations, or places, other than school.**

- Mark the box next to the 1 if, during the past 6 months, that was not true of you. [1]
- Mark the box next to the 2 if it was somewhat or sometimes true of you. [2]
- Mark the box next to the 3 if, during the past 6 months, that was very true or often true of you. [3]

**YC-30. I am afraid of going to school.**

**YC-31. I am afraid I might think or do something bad.**

**YC-32. I feel that I have to be perfect.**

**YC-33. I feel that no one loves me.**

**YC-34. I feel that others are out to get me.**

**YC-35. I feel worthless or inferior.**

**YC-36. I accidentally get hurt a lot.**

**YC-37. I get in many fights.**

**YC-38. I get teased a lot.**

**YC-39. I hang around with kids who get in trouble.**

**YC-40. I hear sounds or voices that other people think aren't there.**

**YC-41. I act without stopping to think.**

**YC-42. I would rather be alone than with others.**

**YC-43. I lie or cheat.**

**YC-44. I bite my fingernails.**

**YC-45. I am nervous or tense.**

**YC-46. Parts of my body twitch or make nervous movements.**

**YC-47. I have nightmares.**

**YC-48. I am not liked by other kids.**

**YC-49. I can do certain things better than most kids.**

**YC-50. I am too fearful or anxious.**

**YC-51. I feel dizzy.**

**YC-52. I feel too guilty.**

**YC-53. I eat too much.**

**YC-54. I feel overtired.**

**YC-55. I am overweight.**

**YC-56. Physical problems without known medical cause:**

- a. Aches or pains (not headaches)**
- b. Headaches**
- c. Nausea, feel sick**
- d. Problems with eyes**
- e. Rashes or other skin problems**
- f. Stomach aches or cramps**
- g. Vomiting, throwing up**

Please go to the next page and find question YC-57 at the top.

**YC-57. YC-57 says: I physically attack people.**

- Mark the box next to the 1 if, during the past 6 months, that was not true of you. [1]
- Mark the box next to the 2 if it was somewhat or sometimes true of you. [2]
- Mark the box next to the 3 if, during the past 6 months, that was very true or often true of you. [3]

**YC-58. I pick my skin or other parts of my body.**

**YC-59. I can be pretty friendly.**

**YC-60. I like to try new things.**

**YC-61. My school work is poor.**

**YC-62. I am poorly coordinated or clumsy.**

**YC-63. I would rather be with older kids than with kids my own age.**

**YC-64. I would rather be with younger kids than with kids my own age.**

**YC-65. I refuse to talk.**

**YC-66. I repeat certain actions over and over.**

**YC-67. I run away from home.**

**YC-68. I scream a lot.**

**YC-69. I am secretive or keep things to myself.**

**YC-70. I see things that other people think aren't there.**

**YC-71. I am self-conscious or easily embarrassed.**

**YC-72. I set fires.**

**YC-73. I can work well with my hands.**

**YC-74. I show off or clown.**

**YC-75. I am shy.**

**YC-76. I sleep less than most kids.**

**YC-77. I sleep more than most kids during the day and/or night.**

- YC-78. **I have a good imagination.**
- YC-79. **I have a speech problem.**
- YC-80. **I stand up for my rights.**
- YC-81. **I steal at home.**
- YC-82. **I steal from places other than home.**
- YC-83. **I store up things I don't need.**
- YC-84. **YC-84 says: I do things other people think are strange.**
- YC-85. **I have thoughts that other people would think are strange.**
- YC-86. **I am stubborn.**
- YC-87. **My moods or feelings change suddenly.**
- YC-88. **I enjoy being with other people.**

Please turn the page and find question YC-89 at the top.

- YC-89. **I am suspicious.**

- Mark the box next to the 1 if, during the past 6 months, that was not true of you. [1]
- Mark the box next to the 2 if it was somewhat or sometimes true of you. [2]
- Mark the box next to the 3 if, during the past 6 months, that was very true or often true of you. [3]

- YC-90. **I swear or use dirty language.**
- YC-91. **I think about killing myself.**
- YC-92. **I like to make others laugh.**
- YC-93. **I talk too much.**
- YC-94. **I tease others a lot.**
- YC-95. **I have a hot temper.**
- YC-96. **I think about sex too much.**
- YC-97. **I threaten to hurt people.**
- YC-98. **I like to help others.**
- YC-99. **I am too concerned about being neat or clean.**
- YC-100. **I have trouble sleeping.**
- YC-101. **I cut classes or skip school.**
- YC-102. **I don't have much energy.**
- YC-103. **I am unhappy, sad, or depressed.**
- YC-104. **I am louder than other kids.**
- YC-105. **I use alcohol or drugs for nonmedical purposes.**



YC-106. I try to be fair to others.

YC-107. I enjoy a good joke.

YC-108. I like to take life easy.

YC-109. I try to help other people when I can.

YC-110. I wish I were of the opposite sex.

YC-111. I keep from getting involved with others.

YC-112. I worry a lot.

(WAIT FOR ® TO FINISH.)

**Please check back and make sure you marked one box for each question.**

Please put your answer sheet in the envelope.

## DEMOGRAPHICS

That was the last of the answer sheets. For the remaining questions, I will read the question out loud, you can tell me your answer, and I will record it in the questionnaire booklet.

D-14. How many times in the past 12 months have you moved?

NUMBER OF TIMES ® HAS  
MOVED IN THE PAST

12 MONTHS .....

D-15. Are you now ...

A full-time student, ..... ☐ 1

A part-time student, or are you ..... ☐ 2

Not now enrolled in any school? ..... ☐ 3 → (SKIP TO Q.D-18)

D-16. From your 30-day reference date up to and including today, how many whole days of school did you miss because you were sick or injured?

NUMBER OF DAYS MISSED  
SCHOOL FOR ILLNESS

OR INJURY .....

SCHOOL NOT IN SESSION ..... ☐ 90

D-17. During the past 30 days of school, how many whole days did you miss because you skipped or "cut" or just didn't want to be there?

NUMBER OF DAYS SKIPPED

SCHOOL .....

SCHOOL NOT IN SESSION ..... ☐ 90

D-18. How many different employers have you had in the past 12 months?

NUMBER OF EMPLOYERS .....

D-19. In what month and year did you last work for pay?

MONTH .....

YEAR ..... 19

NEVER WORKED FOR PAY ..... ☐ 9991 → (SKIP TO FI  
CHECKPOINT S)

D-20. What kind of work (are/were) you doing at your primary job? By primary job we mean the job at which you (work/worked) the most hours. (PROBE: What is/was your job title?)

KIND OF WORK: \_\_\_\_\_  
(JOB TITLE)

\_\_\_\_\_  
\_\_\_\_\_

D-21. What (are/were) your most important activities or duties in that job? (PROBE FOR DETAIL.)

DUTIES: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

D-22. In what type of business or industry (is/was) this; that is, what product (is/was) made or what service (is/was) offered? (PROBE FOR DETAIL.)

BUSINESS  
OR INDUSTRY: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

D-23. (Is/was) this mainly ... (READ ANSWER CHOICES)

Manufacturing, ..... ☐ 1

Wholesale trade, ..... ☐ 2

Retail trade, or ..... ☐ 3

Something else? (SPECIFY):

\_\_\_\_\_ ☐ 4

FI	MARK ONE BOX:	
CHECKPOINT	Q.D-13 ON PAGE 4 (WORK STATUS) = 1, 2, 3, or 4 ..	<input type="checkbox"/> 1 → (CONTINUE WITH Q.D-24)
S	Q.D-13 ON PAGE 4 (WORK STATUS) = 5, 6, 7, 8, 9, 10 or 11 .....	<input type="checkbox"/> 2 → (SKIP TO Q.D-26)

D-24. During the past 30 days -- that is from your 30-day reference date up to and including today -- how many whole days of work did you miss because you were sick or injured?

NUMBER OF DAYS MISSED  
WORK FOR ILLNESS  
OR INJURY .....

D-25. During the past 30 days, how many whole days of work did you miss because you just didn't want to be there?

NUMBER OF DAYS SKIPPED  
WORK .....

D-26. **How many children under the age of 12 live here now?**

NUMBER OF CHILDREN

UNDER 12 .....

NO CHILDREN UNDER 12 ..... ☐ 91 → (SKIP TO FI CHECKPOINT T)

D-27. **Now I need some additional information about (each of) the (READ NUMBER FROM Q.D-26) child(ren) under 12 who live(s) here. (Starting with the oldest child), Please tell me how old (the/each) child was on his or her last birthday.**

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

(AFTER ALL CHILDREN ARE LISTED, ASK Q.D-27a AND Q.D-27b FOR EACH CHILD.)

D-27a. **Is the (AGE)-(year/month)-old child a male or a female?** (CIRCLE CORRECT SEX IN COLUMN D.)

D-27b. **What is (his/her) relationship to you?** (RECORD RELATIONSHIP IN COLUMN E.)

ROSTER OF CHILDREN UNDER 12

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

FI	MARK ONE BOX:	
CHECKPOINT	® IS FEMALE LESS THAN 45 YEARS OLD . . . . .	<input type="checkbox"/> 1 → (CONTINUE WITH Q.D-28)
T	® IS FEMALE 45 YEARS OR OLDER . . . . .	<input type="checkbox"/> 2 → (SKIP TO FI
	® IS MALE . . . . .	<input type="checkbox"/> 3 → CHECKPOINT U)

D-28. Are you currently pregnant?

YES . . . . . ☐ 1  
 NO . . . . . ☐ 2 → (SKIP TO FI  
 CHECKPOINT U)

D-29. How many months pregnant are you?

NUMBER OF MONTHS  
 PREGNANT . . . . .

FI	IS ® THE ONLY ADULT 18 OR OLDER LIVING IN THIS HOUSEHOLD?	
CHECKPOINT	YES . . . . .	<input type="checkbox"/> 1 → (SKIP TO Q.D-32)
U	NO . . . . .	<input type="checkbox"/> 2 → (CONTINUE WITH Q.D-30)

D-30. Who is considered to be the chief wage earner or source of income in this household?

RESPONDENT . . . . . ☐ 1 → (SKIP TO Q. D-32)  
 SOMEONE ELSE  
 (SPECIFY RELATIONSHIP TO ®):  
 \_\_\_\_\_ ☐ 2  
 INCOME CONTRIBUTED EQUALLY  
 BY ® AND SOMEONE ELSE  
 (SPECIFY RELATIONSHIP TO ®):  
 \_\_\_\_\_ ☐ 3  
 NO ONE . . . . . ☐ 4 → (SKIP TO Q. D-32)

D-31. Does (he/she) work ... (READ ANSWER CHOICES)

Full-time, or . . . . . ☐ 1  
 Part-time? . . . . . ☐ 2  
 CHIEF SOURCE OF INCOME  
 DOES NOT WORK . . . . . ☐ 3

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

NUMBER OF RESIDENTS  
 IN HOUSEHOLD . . . . .

# **HEALTH (CONTINUED)**

FI	® IS 18 YEARS OR OLDER . . . . .	<input type="checkbox"/> 1	→ (CONTINUE WITH Q.HE-4)
CHECKPOINT	® IS 12-17 YEARS OLD . . . . .	<input type="checkbox"/> 2	→ (SKIP TO HEALTH CARE SECTION ON PAGE 81)
V			

HE-4. Now we have some additional questions about specific aspects of your health. During the past 12 months, was there ever a time when you felt sad, blue, or depressed for two weeks or more in a row?

YES . . . . . ☐ 1  
 NO . . . . . ☐ 2 → (SKIP TO Q. HE-18)

HE-5. For the next few questions, please think of the two-week period during the past 12 months when these feelings were worst. During that time, did the feeling of being sad, blue, or depressed usually last all day long, most of the day, about half the day, or less than half the day?

ALL DAY LONG . . . . . ☐ 1  
 MOST OF THE DAY . . . . . ☐ 2  
 ABOUT HALF THE DAY . . . . . ☐ 3  
 LESS THAN HALF THE DAY . . . . . ☐ 4

HE-6. Did you feel this way every day, almost every day, or less often during those two weeks?

EVERY DAY . . . . . ☐ 1  
 ALMOST EVERY DAY . . . . . ☐ 2  
 LESS OFTEN . . . . . ☐ 3

HE-7. During those two weeks, did you lose interest in most things?

YES . . . . . ☐ 1 **LOSING INTEREST**  
 NO . . . . . ☐ 2

HE-8. Did you feel tired out or low on energy all the time?

YES . . . . . ☐ 1 **FEELING TIRED**  
 NO . . . . . ☐ 2

HE-9. Did you gain weight, lose weight, or stay about the same?

GAINED WEIGHT ..... ☐ 1

**GAINING WEIGHT**

LOST WEIGHT ..... ☐ 2

**LOSING WEIGHT**

BOTH GAINED AND LOST WEIGHT . ☐ 3

**GAINING AND  
LOSING WEIGHT**

STAYED THE SAME ..... ☐ 4

CODE ONLY IF VOLUNTEERED:

® WAS ON A DIET ..... ☐ 5

→ (SKIP TO Q.HE-11)

HE-10. About how much did you (gain/lose)?

NUMBER OF POUNDS .....

HE-11. Did you have more trouble falling asleep than you usually do?

YES ..... ☐ 1

NO ..... ☐ 2

**TROUBLE FALLING  
ASLEEP**

→ (SKIP TO Q.HE-13)

HE-12. Did that happen every night, nearly every night, or less often during those two weeks?

EVERY NIGHT ..... ☐ 1

NEARLY EVERY NIGHT ..... ☐ 2

LESS OFTEN ..... ☐ 3

HE-13. Did you have a lot more trouble concentrating than usual?

YES ..... ☐ 1

NO ..... ☐ 2

**TROUBLE  
CONCENTRATING**

HE-14. At these times, people sometimes feel down on themselves, no good, or worthless. Did you feel this way?

YES ..... ☐ 1

NO ..... ☐ 2

**FEELING DOWN  
ON YOURSELF**

HE-15. Did you think a lot about death -- either your own, someone else's, or death in general?

YES ..... ☐ 1

NO ..... ☐ 2

**THOUGHTS ABOUT  
DEATH**

FI	ANY BOXED ITEMS IN Q.HE-7 THROUGH Q.HE-15 MARKED?	
CHECKPOINT	YES .....	<input type="checkbox"/> 1 → (CONTINUE WITH Q.HE-16)
W	NO .....	<input type="checkbox"/> 2 → (SKIP TO Q.HE-31)

HE-16. Reviewing what you just told me, you had two weeks in a row during the past 12 months when you were sad, blue, or depressed and also had some other things like (READ UP TO TWO DESCRIPTIONS IN YES-BOXED RESPONSES FROM QUESTIONS HE-7 THROUGH HE-15). About how many weeks altogether did you feel this way during the past 12 months?

NUMBER OF WEEKS .....

CODE ONLY IF VOLUNTEERED:

ENTIRE YEAR ..... ☐ 52 → (SKIP TO Q.HE-31)

HE-17. Think about the last time you felt this way for two weeks or more in a row. In what month and year was that?

MONTH .....

YEAR ..... 19  → (SKIP TO Q.HE-31)

HE-18. During the past 12 months, was there ever a time lasting two weeks or more when you lost interest in most things like hobbies, work, or activities that usually gave you pleasure?

YES ..... ☐ 1

NO ..... ☐ 2 → (SKIP TO Q.HE-31)

HE-19. For the next few questions, please think of the two-week period during the past 12 months when you had the most complete loss of interest in things. During that two-week period, did the loss of interest usually last all day long, most of the day, about half the day, or less than half the day?

ALL DAY LONG ..... ☐ 1

MOST OF THE DAY ..... ☐ 2

ABOUT HALF THE DAY ..... ☐ 3

LESS THAN HALF THE DAY ..... ☐ 4

HE-20. Did you feel this way every day, almost every day, or less often during the two weeks?

EVERY DAY ..... ☐ 1

ALMOST EVERY DAY ..... ☐ 2

LESS OFTEN ..... ☐ 3

HE-21. During those two weeks, did you feel tired out, or low on energy all the time?

YES ..... ☐ 1

NO ..... ☐ 2

**FEELING TIRED**



HE-22. During those two weeks, did you gain weight, lose weight, or stay about the same?

GAINED WEIGHT ..... ☐ 1

**GAINING WEIGHT**

LOST WEIGHT ..... ☐ 2

**LOSING WEIGHT**

BOTH GAINED AND LOST WEIGHT . ☐ 3

**GAINING AND  
LOSING WEIGHT**

STAYED THE SAME ..... ☐ 4

CODE ONLY IF VOLUNTEERED:

® WAS ON A DIET ..... ☐ 5

→ (SKIP TO Q.HE-24)

HE-23. About how much did you (gain/lose)?

NUMBER OF POUNDS .....

HE-24. During those two weeks, did you have more trouble falling asleep than you usually do?

YES ..... ☐ 1

**TROUBLE FALLING  
ASLEEP**

NO ..... ☐ 2

→ (SKIP TO Q.HE-26)

HE-25. Did that happen every night, nearly every night, or less often during those two weeks?

EVERY NIGHT ..... ☐ 1

NEARLY EVERY NIGHT ..... ☐ 2

LESS OFTEN ..... ☐ 3

HE-26. During those two weeks, did you have a lot more trouble concentrating than usual?

YES ..... ☐ 1

**TROUBLE  
CONCENTRATING**

NO ..... ☐ 2

HE-27. At these times, people sometimes feel down on themselves, no good, or worthless. Did you feel this way?

YES ..... ☐ 1

**FEELING DOWN  
ON YOURSELF**

NO ..... ☐ 2

HE-28. During those two weeks, did you think a lot about death -- either your own, someone else's, or death in general?

YES ..... ☐ 1

**THOUGHTS ABOUT  
DEATH**

NO ..... ☐ 2

FI ANY BOXED ITEMS IN Q.HE-21 THROUGH Q.HE-28 MARKED?

CHECKPOINT YES ..... ☐ 1 → (CONTINUE WITH Q.HE-29)

X NO ..... ☐ 2 → (SKIP TO Q.HE-31)

- HE-29. Reviewing what you just told me, you had two weeks in a row during the past 12 months when you lost interest in most things and also had some other things like (READ UP TO TWO DESCRIPTIONS IN YES-BOXED RESPONSES FROM QUESTIONS HE-21 THROUGH HE-28). About how many weeks altogether did you feel this way during the past 12 months?

NUMBER OF WEEKS .....

CODE ONLY IF VOLUNTEERED:

ENTIRE YEAR ..... ☐ 52 → (SKIP TO Q.HE-31)

- HE-30. Think about the last time you had two weeks in a row when you felt this way. In what month and year was that?

MONTH .....

YEAR ..... 19

- HE-31. During the past 12 months, did you ever have a period lasting one month or longer when most of the time you felt worried or anxious?

YES ..... ☐ 1

NO ..... ☐ 2 → (SKIP TO Q.HE-42)

- HE-32. Has that period ended or is it still going on?

ENDED ..... ☐ 1

STILL GOING ON ..... ☐ 2 → (SKIP TO Q.HE-37)

- HE-33. How many months or years did it go on before it ended? (FILL IN NUMBER AND MARK APPROPRIATE TIMEFRAME.)

MONTHS ..... ☐ 1

NUMBER OF (MARK ONE):

YEARS ..... ☐ 2

- HE-34. During that period, did you worry about things that were not likely to happen?

YES ..... ☐ 1 → (SKIP TO Q.HE-36)

NO ..... ☐ 2

- HE-35. Did you worry a great deal about things that were not really serious?

YES ..... ☐ 1

NO ..... ☐ 2 → (SKIP TO Q.HE-42)

- HE-36. During this period of worry or anxiety, did you have different worries on your mind at the same time?

YES ..... ☐ 1  
NO ..... ☐ 2 → (SKIP TO FI  
CHECKPOINT Y)

HE-37. **How many months or years has it been going on? (FILL IN NUMBER AND MARK APPROPRIATE TIMEFRAME.)**

MONTHS ..... ☐ 1  
[ ] NUMBER OF (MARK ONE):  
YEARS ..... ☐ 2

HE-38. **Do you worry about things that are not likely to happen?**

YES ..... ☐ 1 → (SKIP TO Q.HE-40)  
NO ..... ☐ 2

HE-39. **Do you worry a great deal about things that are not really serious?**

YES ..... ☐ 1  
NO ..... ☐ 2 → (SKIP TO Q.HE-42)

HE-40. **Do you have different worries on your mind at the same time?**

YES ..... ☐ 1  
NO ..... ☐ 2

FI	QUESTION HE-33 OR HE-37 = 6 MONTHS OR MORE? ..... <input type="checkbox"/> 1	→ (CONTINUE WITH Q.HE-41 BELOW)
CHECKPOINT	QUESTION HE-33 OR HE-37 = LESS THAN 6 MONTHS ..... <input type="checkbox"/> 2	→ (SKIP TO Q.HE-42)
Y		

HE-41. **When you (are/were) worried or anxious, (are/were) you also ...**

	<u>YES</u>	<u>NO</u>
a. Restless? .....	<input type="checkbox"/> 1 .....	<input type="checkbox"/> 2
b. (Are/Were) you keyed up or on edge? .....	<input type="checkbox"/> 1 .....	<input type="checkbox"/> 2
c. (Are/Were) you particularly irritable? .....	<input type="checkbox"/> 1 .....	<input type="checkbox"/> 2
d. (Are/Were) you aware of your heart pounding or racing? .....	<input type="checkbox"/> 1 .....	<input type="checkbox"/> 2
e. (Are/Were) you easily tired? .....	<input type="checkbox"/> 1 .....	<input type="checkbox"/> 2
f. (Do/Did) you also have trouble falling asleep or staying asleep? .....	<input type="checkbox"/> 1 .....	<input type="checkbox"/> 2
g. (Do/Did) you feel faint or unreal? .....	<input type="checkbox"/> 1 .....	<input type="checkbox"/> 2

HE-42. Here's a list of situations that cause some people to have unreasonably strong fears. "Unreasonably strong" means being very upset or badly frightened when most people would not be afraid. During the past 12 months, did you have an unreasonably strong fear of ....

- |   | <u>YES</u>                       | <u>NO</u>                  |
|---|----------------------------------|----------------------------|
| a. Being in a public place or a crowd or line? .....      | <input type="checkbox"/> 1 ..... | <input type="checkbox"/> 2 |
| b. Leaving your home or being alone away from home? ..... | <input type="checkbox"/> 1 ..... | <input type="checkbox"/> 2 |
| c. Crossing a bridge or riding in trains or buses? .....  | <input type="checkbox"/> 1 ..... | <input type="checkbox"/> 2 |

FI	Q.HE-42a <u>OR</u> Q.HE-42b <u>OR</u> Q.HE-42c = YES .....	<input type="checkbox"/> 1	→ (CONTINUE WITH Q.HE-43 BELOW)
CHECKPOINT	Q.HE-42a <u>AND</u> Q.HE-42b <u>AND</u> Q.HE-42c = NO .....	<input type="checkbox"/> 2	→ (SKIP TO Q.HE-49)
Z			

HE-43. Do you get very upset or badly frightened every time you are in (this/these) situation(s), most of the time, or only some of the time?

- |                             |                            |                       |
|-----------------------------|----------------------------|-----------------------|
| EVERY TIME .....            | <input type="checkbox"/> 1 | } → (SKIP TO Q.HE-49) |
| MOST OF THE TIME .....      | <input type="checkbox"/> 2 |                       |
| SOME OF THE TIME .....      | <input type="checkbox"/> 3 |                       |
| CODE ONLY IF VOLUNTEERED:   |                            |                       |
| ONLY ONE OR TWO TIMES ..... | <input type="checkbox"/> 4 |                       |

HE-44. How long have you had (this/these) fear(s) -- less than 1 year, between 1 and 5 years, or more than 5 years?

- |                             |                            |                       |
|-----------------------------|----------------------------|-----------------------|
| LESS THAN 1 YEAR .....      | <input type="checkbox"/> 1 | } → (SKIP TO Q.HE-46) |
| BETWEEN 1 AND 5 YEARS ..... | <input type="checkbox"/> 2 |                       |
| MORE THAN 5 YEARS .....     | <input type="checkbox"/> 3 |                       |

HE-45. About how many months have you had (this/these) fear(s)?

NUMBER OF MONTHS .....

HE-46. When you are in (this/these) situation(s), are you afraid that you might faint, lose control, or embarrass yourself in other ways?

- |           |                            |
|-----------|----------------------------|
| YES ..... | <input type="checkbox"/> 1 |
| NO .....  | <input type="checkbox"/> 2 |

HE-47. When you are in (this/these) situation(s), do you worry that you might be trapped without any way to escape?

YES ..... ☐ 1

NO ..... ☐ 2

HE-48. When you are in (this/these) situation(s), do you worry that help might not be available if you needed it?

YES ..... ☐ 1

NO ..... ☐ 2

HE-49. During the past 12 months, did you ever have a spell or an attack when all of a sudden you felt frightened, anxious, or very uneasy when most people would not be afraid or anxious?

YES ..... ☐ 1 → (SKIP TO Q.HE-51)

NO ..... ☐ 2

HE-50. During the past 12 months, did you ever have a spell or attack when for no reason your heart suddenly began to race, you felt faint, or you couldn't catch your breath? (IF @ VOLUNTEERS ONLY WHEN HAVING HEART ATTACK, OR DUE TO PHYSICAL CAUSES, MARK NO.)

YES ..... ☐ 1

NO ..... ☐ 2 → (SKIP TO HEALTH CARE SECTION ON PAGE 81)

HE-51. About how many attacks did you have in the past 12 months?

NUMBER OF ATTACKS .....

HE-52. In what month and year did you have (the last one/this attack)?

MONTH .....

YEAR ..... 19

HE-53. Did (this attack/these attacks ever) happen in a situation when you were not in danger or not the center of attention?

YES ..... ☐ 1

NO ..... ☐ 2 → (SKIP TO HEALTH CARE SECTION ON PAGE 81)

FI	Q.HE-42a <u>OR</u> Q.HE-42b <u>OR</u> Q.HE-42c = YES	<input type="checkbox"/> 1	→ (CONTINUE WITH Q.HE-54 BELOW)
CHECKPOINT	Q.HE-42a <u>AND</u> Q.HE-42b <u>AND</u> Q.HE-42c = NO	<input type="checkbox"/> 2	→ (SKIP TO Q.HE-56)
AA			

HE-54. A moment ago, we discussed situations that cause unreasonably strong fears. When you have attacks of the sort you just described, do they usually occur in situations that cause you unreasonably strong fears?

YES ..... ☐ 1

NO ..... ☐ 2 → (SKIP TO Q.HE-56)

HE-55. Did you ever have an attack in the past 12 months when you were not in a situation that usually causes you to have unreasonably strong fears?

YES ..... ☐ 1

NO ..... ☐ 2 → (SKIP TO HEALTH CARE SECTION ON PAGE 81)

HE-56. When you have attacks, ...

	<u>YES</u>	<u>NO</u>
a. Does your heart pound? .....	<input type="checkbox"/> 1 .....	<input type="checkbox"/> 2
b. Do you have tightness, pain or discomfort in your chest or stomach? .....	<input type="checkbox"/> 1 .....	<input type="checkbox"/> 2
c. Do you sweat? .....	<input type="checkbox"/> 1 .....	<input type="checkbox"/> 2
d. Do you tremble or shake? .....	<input type="checkbox"/> 1 .....	<input type="checkbox"/> 2
e. Do you have hot flashes or chills? .....	<input type="checkbox"/> 1 .....	<input type="checkbox"/> 2
f. Do you, or things around you, seem unreal? .....	<input type="checkbox"/> 1 .....	<input type="checkbox"/> 2

**HEALTH CARE**

Now we have some questions about any medical treatment you may have had in a hospital or emergency room. For these four questions, think about the past 12 months--that is, from your 12-month reference date up to and including today.

HC-1. During the past 12 months, how many different times have you been treated in an emergency room because of injury or illness?

NONE ..... ☐ 0  
NUMBER OF TIMES IN  
EMERGENCY ROOM .....

HC-2. During the past 12 months, how many different times have you stayed overnight or longer in a hospital?

NONE ..... ☐ 0 → (SKIP TO Q.HC-4)  
NUMBER OF OVERNIGHT  
STAYS IN HOSPITAL .....

HC-3. During the past 12 months, how many different times have you stayed overnight or longer in a hospital to receive treatment for psychological or emotional difficulties?

NONE ..... ☐ 0  
NUMBER OF OVERNIGHT  
PSYCHIATRIC STAYS .....

HC-4. Have you received treatment for psychological problems or emotional difficulties at a mental health clinic or by a mental health professional on an outpatient basis in the past 12 months?

YES ..... ☐ 1  
NO ..... ☐ 2

## PROXY INFORMATION

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

(IF ® HAS NO FAMILY MEMBERS LIVING IN THIS RESIDENCE, SKIP TO ACCESS TO CARE SECTION ON PAGE 83.)

P-1. Is there some other family member who lives here that you think would be better able to give me the correct information about your health care, health insurance coverage, and the kinds of income you receive?

YES ..... ☐ 1

NO ..... ☐ 2 → (SKIP TO ACCESS  
TO CARE SECTION  
ON PAGE 83)

P-2. Who is the person you think can help us get the correct information for these questions?

®'s SPOUSE/LIVE-IN PARTNER .... ☐ 1

®'s FATHER ..... ☐ 2

®'s MOTHER ..... ☐ 3

®'s BROTHER ..... ☐ 4

®'s SISTER ..... ☐ 5

OTHER FAMILY MEMBER  
(SPECIFY RELATIONSHIP TO ®):  
..... ☐ 6

P-3. Is your (RELATIVE FROM Q.P-2) here at home now?

YES ..... ☐ 1

NO ..... ☐ 2 → (SKIP TO ACCESS  
TO CARE SECTION  
ON PAGE 83)

P-4. Would you ask your (RELATIVE FROM Q.P-2) to join us to help with these last questions about health care, health insurance, and income?

YES ..... ☐ 1

NO ..... ☐ 2 → (SKIP TO ACCESS  
TO CARE SECTION  
ON PAGE 83)

FI  
CHECKPOINT

BB

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



## ACCESS TO CARE

These questions are about medical care.

AC-1. Is there one particular person or place that (you usually go/SAMPLE MEMBER usually goes) to when (you are/SAMPLE MEMBER is) sick or need(s) advice about (your/his/her) health?

YES ..... ☐ 1 → (SKIP TO Q. AC-8)

NO ..... ☐ 2

DON'T KNOW ..... ☐ 3 → (SKIP TO Q. AC-4)

CODE ONLY IF ® VOLUNTEERED:

THERE IS MORE THAN

ONE PLACE ..... ☐ 4 → (SKIP TO Q. AC-3)

AC-2. Which of these is the main reason (you do/SAMPLE MEMBER does) not have a usual source of medical care? (HAND ® SHOWCARD 6.)

TWO OR MORE USUAL

DOCTORS/PLACES ..... ☐ 1

DON'T NEED A DOCTOR ..... ☐ 2

DON'T LIKE/TRUST/BELIEVE  
IN DOCTORS ..... ☐ 3

DON'T KNOW WHERE TO GO ..... ☐ 4

PREVIOUS DOCTOR IS NOT  
AVAILABLE/MOVED ..... ☐ 5 → (SKIP TO Q. AC-4)

NO INSURANCE/CAN'T  
AFFORD IT ..... ☐ 6

SPEAK A DIFFERENT  
LANGUAGE ..... ☐ 7

NO CARE AVAILABLE/CARE  
TOO FAR AWAY OR  
NOT CONVENIENT ..... ☐ 8

OTHER (SPECIFY):  
..... ☐ 9

DON'T KNOW ..... ☐ 94

(TAKE BACK SHOWCARD 6.)

AC-3. Is there one of these places that (you go/SAMPLE MEMBER goes) to most often when (you are/SAMPLE MEMBER is) sick or need(s) advice about (your/his/her) health?

YES ..... ☐ 1 → (SKIP TO Q. AC-8)

NO ..... ☐ 2

DON'T KNOW ..... ☐ 94

AC-4. At any time in the past 12 months, did (you/SAMPLE MEMBER) have a place that (you/he/she) usually went to for medical care?

YES ..... ☐ 1  
NO ..... ☐ 2  
DON'T KNOW ..... ☐ 94

→ (SKIP TO HEALTH INSURANCE SECTION ON PAGE 86.)

AC-5. What kind of place was it -- a clinic, a health center, a hospital, a doctor's office, or some other place?

DOCTOR'S OFFICE OR  
PRIVATE CLINIC ..... ☐ 1  
COMPANY OR SCHOOL HEALTH  
CLINIC/CENTER ..... ☐ 2  
COMMUNITY/MIGRANT/RURAL  
CLINIC OR CENTER ..... ☐ 3  
COUNTY/CITY/PUBLIC HOSPITAL  
OUTPATIENT CLINIC ..... ☐ 4  
PRIVATE/OTHER HOSPITAL  
OUTPATIENT CLINIC ..... ☐ 5  
HOSPITAL EMERGENCY ROOM ... ☐ 6  
HMO (HEALTH MAINTENANCE  
ORGANIZATION/PRE-  
PAID GROUP) ..... ☐ 7  
PSYCHIATRIC HOSPITAL  
OR CLINIC ..... ☐ 8  
VA HOSPITAL OR CLINIC ..... ☐ 9  
MILITARY HEALTH CARE  
FACILITY ..... ☐ 10  
SOME OTHER PLACE (SPECIFY):  
\_\_\_\_\_  
\_\_\_\_\_ . ☐ 11

AC-6. If (you/SAMPLE MEMBER) needed medical care now, would (you/he/she) go to that (FILL PLACE FROM Q. AC-5)?

YES ..... ☐ 1 → (SKIP TO HEALTH INSURANCE SECTION ON PAGE 86)  
NO ..... ☐ 2  
DON'T KNOW ..... ☐ 94

AC-7. What is the main reason (you/SAMPLE MEMBER) would not use that place for medical care now?

- ☒ CHANGED RESIDENCE/  
 MOVED ..... ☐ 1  
☒ CHANGED JOBS ..... ☐ 2  
 EMPLOYER CHANGED  
 INSURANCE COMPANIES ..... ☐ 3  
 FORMER USUAL SOURCE  
 LEFT AREA ..... ☐ 4  
 OWED MONEY TO FORMER  
 USUAL SOURCE ..... ☐ 5  
 DISSATISFIED WITH FORMER  
 SOURCE/LIKED NEW  
 SOURCE BETTER ..... ☐ 6  
 MEDICAL CARE NEEDS  
 CHANGED ..... ☐ 7  
 FORMER USUAL SOURCE STOPPED  
 TAKING INSURANCE/  
 COVERAGE ..... ☐ 8  
 OTHER REASON (SPECIFY):  
 \_\_\_\_\_  
 \_\_\_\_\_ ☐ 9  
 DON'T KNOW ..... ☐ 94

→ (SKIP TO HEALTH  
INSURANCE  
ON PAGE 86)

AC-8. What kind of place is it -- a clinic, a health center, a hospital, a doctor's office, or some other place?

- DOCTOR'S OFFICE OR  
 PRIVATE CLINIC ..... ☐ 1  
 COMPANY OR SCHOOL HEALTH  
 CLINIC/CENTER ..... ☐ 2  
 COMMUNITY/MIGRANT/RURAL  
 CLINIC OR CENTER ..... ☐ 3  
 COUNTY/CITY/PUBLIC HOSPITAL  
 OUTPATIENT CLINIC ..... ☐ 4  
 PRIVATE/OTHER HOSPITAL  
 OUTPATIENT CLINIC ..... ☐ 5  
 HOSPITAL EMERGENCY ROOM ... ☐ 6  
 HMO (HEALTH MAINTENANCE  
 ORGANIZATION/PRE-  
 PAID GROUP) ..... ☐ 7  
 PSYCHIATRIC HOSPITAL  
 OR CLINIC ..... ☐ 8  
 VA HOSPITAL OR CLINIC ..... ☐ 9  
 MILITARY HEALTH CARE  
 FACILITY ..... ☐ 10  
 SOME OTHER PLACE (SPECIFY):  
 \_\_\_\_\_  
 \_\_\_\_\_ ☐ 11

## HEALTH INSURANCE

The next questions are about your health insurance coverage and the kinds and amounts of income that you receive. The answers to these questions will add greatly to our knowledge about the health problems of the American people, the types of health care they receive, and whether they can afford the care that they need. This information will help in planning health care services and finding ways to lower costs of care. Most of these next questions refer to the month of **(LAST FULL CALENDAR MONTH)** rather than to the past 30 days that were referred to in some earlier questions.

HI-1. Several government programs provide medical care or help pay medical bills. (HAND ® SHOWCARD 7.) People covered by Medicare have a card that looks like this. (PAUSE) In **(MONTH)**, (were you/was **(SAMPLE MEMBER)**) covered by Medicare? Medicare is a health insurance program for persons 65 and older and for certain disabled persons.

YES ..... ☐ 1

NO ..... ☐ 2

(TAKE BACK SHOWCARD 7.)

HI-2. In **(MONTH)**, (were you/was **(SAMPLE MEMBER)**) covered by Medicaid or (Medical Assistance/ **CAL.-KAN.-AZ. NAME**)? Medicaid or (Medical Assistance/ **CAL.-KAN.-AZ. NAME**) is a public assistance program that pays for medical care.

YES ..... ☐ 1

NO ..... ☐ 2

HI-3. In **(MONTH)**, (were you/was **(SAMPLE MEMBER)**) covered by CHAMPUS, CHAMPVA, the VA, or military health care? These programs cover active duty and retired career military personnel and their dependents and survivors and also disabled veterans and their dependents and survivors.

YES ..... ☐ 1

NO ..... ☐ 2

HI-4. Health insurance can also be obtained through an employer or union or by paying premiums directly to a private health insurance company or to a health maintenance organization. (Were you/Was **(SAMPLE MEMBER)**) covered by private health insurance or by membership in a health maintenance organization (you/(s)he/someone in the family) purchased this way or by health insurance provided by an employer or union in **(MONTH)**?

YES ..... ☐ 1

NO ..... ☐ 2 → (SKIP TO INCOME SECTION ON PAGE 88)

HI-5. Was this private health insurance plan offered through (your/ **(SAMPLE MEMBER'S)**) employer or union or through the employer or union of some other family member?

YES ..... ☐ 1 → (SKIP TO Q.HI-7)

NO ..... ☐ 2

HI-6. Was (your/(SAMPLE MEMBER'S)) private health insurance coverage obtained by paying premiums directly to a private health insurance company or health maintenance organization?

YES ..... ☐ 1

NO ..... ☐ 2

HI-7. Did (your/(SAMPLE MEMBER'S)) private health insurance plan or health maintenance organization include coverage for treatment for any of the following conditions? (READ ALL CATEGORIES.)

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>
a. Alcohol abuse or alcoholism? .....	<input type="checkbox"/> 1 ....	<input type="checkbox"/> 2 ....	<input type="checkbox"/> 94
b. Drug abuse? .....	<input type="checkbox"/> 1 ....	<input type="checkbox"/> 2 ....	<input type="checkbox"/> 94
c. Mental or emotional difficulties? .....	<input type="checkbox"/> 1 ....	<input type="checkbox"/> 2 ....	<input type="checkbox"/> 94

- I-1. Now, I would like for you to think about the past 12 months, from your 12-month reference date through today. In the past 12 months, did (you/(SAMPLE MEMBER)) receive Social Security or Railroad Retirement payments? Social Security checks are either automatically deposited in the bank or mailed to arrive on about the 3rd of every month. If mailed, they are sent in a gold envelope.

YES ..... ☐ 1 → (SKIP TO Q. I-3)  
 NO ..... ☐ 2 → (IF NO OTHER FAMILY MEMBERS IN HH, SKIP TO Q. I-3,  
 OTHERWISE ASK Q. I-2.)

- I-2. In the past 12 months, did any other family member living here receive Social Security or Railroad Retirement payments?

YES ..... ☐ 1  
 NO ..... ☐ 2

- I-3. In the past 12 months, did (you/(SAMPLE MEMBER)) receive Supplemental Security Income or SSI? Federal SSI checks are either automatically deposited in the bank or mailed to arrive on the first of every month. If mailed, they are sent in a blue envelope.

YES ..... ☐ 1 → (SKIP TO Q. I-5)  
 NO ..... ☐ 2 → (IF NO OTHER FAMILY MEMBERS IN HH, SKIP TO Q. I-5,  
 OTHERWISE ASK Q. I-4.)

- I-4. In the past 12 months, did any other family member living here receive Supplemental Security Income or SSI?

YES ..... ☐ 1  
 NO ..... ☐ 2

- I-5. In the past 12 months, did (you/(SAMPLE MEMBER)) receive public assistance or welfare payments from the state or local welfare office? Do not include SSI.

YES ..... ☐ 1 → (SKIP TO Q. I-7)  
 NO ..... ☐ 2 → (IF NO OTHER FAMILY MEMBERS IN HH, SKIP TO Q. I-8,  
 OTHERWISE ASK Q. I-6.)

- I-6. In the past 12 months, did any other family member living here receive public assistance or welfare payments from the state or local welfare office? Do not include SSI.

YES ..... ☐ 1  
 NO ..... ☐ 2 → (SKIP TO Q. I-8)

- I-7. **Did (you/SAMPLE MEMBER) or another family member living in your household receive Aid to Families with Dependent Children, sometimes called AFDC or ADC, or was it some other type of assistance payments in the past 12 months?**

AFDC/ADC ..... ☐ 1  
OTHER ..... ☐ 2  
BOTH ..... ☐ 3

- I-8. **In the past 12 months, did (you/(SAMPLE MEMBER)) have money in any kind of savings or other bank account that earned interest or did (you/(SAMPLE MEMBER)) receive dividend income from stocks or mutual funds or income from rental property, royalties, estates, or trusts? Include money market funds, treasury notes, IRA's or certificates of deposit, interest earning checking accounts, bonds, or any other investments that earn interest.**

YES ..... ☐ 1 → (SKIP TO Q. I-10)

NO ..... ☐ 2 → (IF NO OTHER FAMILY MEMBERS IN HH, SKIP TO Q. I-10,  
OTHERWISE ASK Q. I-9.)

- I-9. **In the past 12 months, did any other family member living here have money in any kind of savings or other bank account that earned interest or did they receive dividend income from stocks or mutual funds or income from rental property, royalties, estates, or trusts?**

YES ..... ☐ 1

NO ..... ☐ 2

- I-10. **In the past 12 months, did (you/(SAMPLE MEMBER)) receive any child support payments?**

YES ..... ☐ 1 → (SKIP TO Q. I-12)

NO ..... ☐ 2 → (IF NO OTHER FAMILY MEMBERS IN HH, SKIP TO Q. I-12,  
OTHERWISE ASK Q. I-11.)

- I-11. **In the past 12 months, did any other family member living here receive any child support payments?**

YES ..... ☐ 1

NO ..... ☐ 2

- I-12. In the past 12 months, did (you/(SAMPLE MEMBER)) receive income from any other sources, such as Veterans Administration payments, workers or unemployment compensation, alimony, other disability, retirement or survivor pension (other than Social Security or Railroad Retirement)? Do not include lump sum payments, such as money from an inheritance or the sale of a home.

YES ..... ☐ 1 → (SKIP TO Q. I-14)

NO ..... ☐ 2 → (IF NO OTHER FAMILY MEMBERS IN HH,  
SKIP TO Q. I-14, OTHERWISE ASK Q. I-13)

- I-13. In the past 12 months, did any other family member living here receive income from any other sources, such as Veterans Administration payments, workers or unemployment compensation, alimony, other disability, retirement or survivor pension (other than Social Security or Railroad Retirement)? Do not include lump sum payments, such as money from an inheritance or the sale of a home.

YES ..... ☐ 1

NO ..... ☐ 2

- I-14. In the past 12 months, did (you/(SAMPLE PERSON)) or anyone in your family living here receive food stamps?

YES ..... ☐ 1

NO ..... ☐ 2

- I-15. The next two questions are about (your/(SAMPLE MEMBER'S)) total personal income during the past 12 months from all sources. Include money from (your/(SAMPLE MEMBER'S)) jobs, social security, retirement income, unemployment payments, public assistance, and so forth. Also include income from interest, dividends, net income from business, farm, or rent, and any other money income (you/(SAMPLE MEMBER)) received.

Was (your/(SAMPLE MEMBER'S)) total personal income during the past 12 months more or less than \$20,000? Income data is important in analyzing the health information we collect. For example, the information helps us to learn whether persons in one income group use certain types of medical care services or have conditions more or less often than those in another group.

\$20,000 OR MORE ..... ☐ 1 → (HAND  
SHOWCARD 8)

LESS THAN \$20,000 ..... ☐ 2 → (HAND  
SHOWCARD 9)



- I-16. Of these income groups, which letter best represents (your/(SAMPLE MEMBER'S)) total personal income during the past 12 months? Include wages, salaries, and other items we just talked about. Income data is important in analyzing the health information we collect. For example, the information helps us to learn whether persons in one income group use certain types of medical care services or have conditions more or less often than those in another group.

- |  |                          |    |
|--|--------------------------|----|
| A ... LESS THAN \$1,000 (INCLUDING LOSS) ..... | <input type="checkbox"/> | 1  |
| B ... \$1,000 - \$1,999 .....                  | <input type="checkbox"/> | 2  |
| C ... \$2,000 - \$2,999 .....                  | <input type="checkbox"/> | 3  |
| D ... \$3,000 - \$3,999 .....                  | <input type="checkbox"/> | 4  |
| E ... \$4,000 - \$4,999 .....                  | <input type="checkbox"/> | 5  |
| F ... \$5,000 - \$5,999 .....                  | <input type="checkbox"/> | 6  |
| G ... \$6,000 - \$6,999 .....                  | <input type="checkbox"/> | 7  |
| H ... \$7,000 - \$7,999 .....                  | <input type="checkbox"/> | 8  |
| I ... \$8,000 - \$8,999 .....                  | <input type="checkbox"/> | 9  |
| J ... \$9,000 - \$9,999 .....                  | <input type="checkbox"/> | 10 |
| K ... \$10,000 - \$10,999 .....                | <input type="checkbox"/> | 11 |
| L ... \$11,000 - \$11,999 .....                | <input type="checkbox"/> | 12 |
| M ... \$12,000 - \$12,999 .....                | <input type="checkbox"/> | 13 |
| N ... \$13,000 - \$13,999 .....                | <input type="checkbox"/> | 14 |
| O ... \$14,000 - \$14,999 .....                | <input type="checkbox"/> | 15 |
| P ... \$15,000 - \$15,999 .....                | <input type="checkbox"/> | 16 |
| Q ... \$16,000 - \$16,999 .....                | <input type="checkbox"/> | 17 |
| R ... \$17,000 - \$17,999 .....                | <input type="checkbox"/> | 18 |
| S ... \$18,000 - \$18,999 .....                | <input type="checkbox"/> | 19 |
| T ... \$19,000 - \$19,999 .....                | <input type="checkbox"/> | 20 |
| U ... \$20,000 - \$24,999 .....                | <input type="checkbox"/> | 21 |
| V ... \$25,000 - \$29,999 .....                | <input type="checkbox"/> | 22 |
| W ... \$30,000 - \$34,999 .....                | <input type="checkbox"/> | 23 |
| X ... \$35,000 - \$39,999 .....                | <input type="checkbox"/> | 24 |
| Y ... \$40,000 - \$44,999 .....                | <input type="checkbox"/> | 25 |
| Z ... \$45,000 - \$49,999 .....                | <input type="checkbox"/> | 26 |
| AA ... \$50,000 - \$74,999 .....               | <input type="checkbox"/> | 27 |
| BB ... \$75,000 OR MORE .....                  | <input type="checkbox"/> | 28 |

(TAKE BACK SHOWCARD 8 OR 9.)

FI	ARE THERE OTHER FAMILY MEMBERS LIVING IN THIS HOUSEHOLD?	
CHECKPOINT	YES .....	<input type="checkbox"/> 1 → (CONTINUE WITH Q.I-17)
CC	NO .....	<input type="checkbox"/> 2 → (SKIP TO Q.I-19 ON PAGE 94)

- I-17. The next two questions are about the total family income during the past 12 months from all sources. We would like you to combine everyone's income -- that is, yours and your (mother's/ father's/stepmother's/ stepfather's/wife's/husband's/etc.). Include money from all jobs, social security, retirement income, unemployment payments, public assistance, and so forth. Also include income from interest, dividends, net income from business, farm, or rent, and any other money income you received.

Was the total combined family income during the past 12 months more or less than \$20,000? Income data is important in analyzing the health information we collect. For example, the information helps us to learn whether persons in one income group use certain types of medical care services or have conditions more or less often than those in another group.

\$20,000 OR MORE ..... ☐ 1 → (HAND SHOWCARD 8)

LESS THAN \$20,000 ..... ☐ 2 → (HAND SHOWCARD 9)

I-18. **Of these income groups, which letter best represents the total combined family income during the past 12 months (that is, yours and your (mother's/father's/stepmother's/stepfather's/wife's/husband's/etc.)? Include wages, salaries, and other items we just talked about.** Income data is important in analyzing the health information we collect. For example, the information helps us to learn whether persons in one income group use certain types of medical care services or have conditions more or less often than those in another group.

- |  |                             |
|--|-----------------------------|
| A ... LESS THAN \$1,000 (INCLUDING LOSS) ..... | <input type="checkbox"/> 1  |
| B ... \$1,000 - \$1,999 .....                  | <input type="checkbox"/> 2  |
| C ... \$2,000 - \$2,999 .....                  | <input type="checkbox"/> 3  |
| D ... \$3,000 - \$3,999 .....                  | <input type="checkbox"/> 4  |
| E ... \$4,000 - \$4,999 .....                  | <input type="checkbox"/> 5  |
| F ... \$5,000 - \$5,999 .....                  | <input type="checkbox"/> 6  |
| G ... \$6,000 - \$6,999 .....                  | <input type="checkbox"/> 7  |
| H ... \$7,000 - \$7,999 .....                  | <input type="checkbox"/> 8  |
| I ... \$8,000 - \$8,999 .....                  | <input type="checkbox"/> 9  |
| J ... \$9,000 - \$9,999 .....                  | <input type="checkbox"/> 10 |
| K ... \$10,000 - \$10,999 .....                | <input type="checkbox"/> 11 |
| L ... \$11,000 - \$11,999 .....                | <input type="checkbox"/> 12 |
| M ... \$12,000 - \$12,999 .....                | <input type="checkbox"/> 13 |
| N ... \$13,000 - \$13,999 .....                | <input type="checkbox"/> 14 |
| O ... \$14,000 - \$14,999 .....                | <input type="checkbox"/> 15 |
| P ... \$15,000 - \$15,999 .....                | <input type="checkbox"/> 16 |
| Q ... \$16,000 - \$16,999 .....                | <input type="checkbox"/> 17 |
| R ... \$17,000 - \$17,999 .....                | <input type="checkbox"/> 18 |
| S ... \$18,000 - \$18,999 .....                | <input type="checkbox"/> 19 |
| T ... \$19,000 - \$19,999 .....                | <input type="checkbox"/> 20 |
| U ... \$20,000 - \$24,999 .....                | <input type="checkbox"/> 21 |
| V ... \$25,000 - \$29,999 .....                | <input type="checkbox"/> 22 |
| W ... \$30,000 - \$34,999 .....                | <input type="checkbox"/> 23 |
| X ... \$35,000 - \$39,999 .....                | <input type="checkbox"/> 24 |
| Y ... \$40,000 - \$44,999 .....                | <input type="checkbox"/> 25 |
| Z ... \$45,000 - \$49,999 .....                | <input type="checkbox"/> 26 |
| AA ... \$50,000 - \$74,999 .....               | <input type="checkbox"/> 27 |
| BB ... \$75,000 OR MORE .....                  | <input type="checkbox"/> 28 |

(TAKE BACK SHOWCARD 8 OR 9.)

- I-19. The last question is: How many different telephone numbers do you have in this household? Don't count business numbers or extensions with the same number.

NUMBER OF TELEPHONE  
NUMBERS IN HOUSEHOLD ...

FI THANK @. BE SURE YOU HAVE ALL CARDS.

CHECKPOINT RECORD THE TIME HERE.

DD

TIME WHEN REACHED

THIS POINT .....  :   
HOUR MIN.

INDICATE TIME OF DAY: A.M. .... ☐ 1  
P.M. .... ☐ 2

(READ ALOUD TO ALL @'s):

Before we seal the envelope, there are a couple of forms I have to complete, and I need your help with one of them.  
(PEEL THIS @'S CORRECT LABEL OFF SCREENING FORM. PLACE IT ON VERIFICATION FORM. PRINT F.I. NAME AND ID # ON VERIFICATION FORM.)

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

While you are completing the verification form, I will be finishing some forms to show that I did the interview. Let me know when you are finished. Thank you very much for your help.

(COMPLETE QUESTIONS FI-1 THROUGH FI-8.)

### FIELD INTERVIEWER OBSERVATIONS

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

F.I. SIGNATURE: \_\_\_\_\_

F.I. ID #: .....

FI-2. Estimate the respondent's understanding of the interview.

- No difficulty--no language or reading problem ..... ☐ 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

FI-3. How cooperative has the respondent been?

- Very cooperative ..... ☐ 1  
Fairly cooperative ..... ☐ 2  
Not very cooperative ..... ☐ 3  
Openly hostile ..... ☐ 4

FI-4. Indicate on this scale of 1 through 9 how private the interview was.

- Completely private--no one was in the room or could overhear  
any part of the interview ..... ☐ 1 → (SKIP TO Q.FI-6)  
..... ☐ 2  
Minor distractions ..... ☐ 3  
..... ☐ 4  
Person(s) in the room or listening about 1/3 of the time ..... ☐ 5  
..... ☐ 6  
Serious interruptions of privacy more than half the time ..... ☐ 7  
..... ☐ 8  
Constant presence of other person(s) ..... ☐ 9

FI-5. Other people present or listening to the interview were ... (MARK ALL THAT APPLY.)

- 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  
(RELATIONSHIP(S) TO ®)

FI-6. Who marked the responses on the Answer Sheets? (MARK ONLY ONE BOX.)

- Respondent marked all the Answer Sheet  
responses ..... ☐ 1 → (SKIP TO Q.FI-8)  
Interviewer marked all the Answer Sheet  
responses ..... ☐ 2

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

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(OFFICE USE)

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

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---

(OFFICE USE)

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[COMPLETE POST-INTERVIEW PROCEDURES ON NEXT PAGE.  ]

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

- A. IF ONLY ONE HU/GQU MEMBER IS SELECTED FOR INTERVIEW, PEEL OFF AND DISCARD SECOND LABEL FROM SCREENING FORM.
- B. VERIFY THAT SCREENING FORM IS COMPLETE AND THAT SELECTION INFORMATION IN SECTION(S) A (AND G) IS FILLED IN.
- C. VERIFY THAT CORRECT INFORMATION IS ENTERED IN SCREENING FORM "RECORD OF CALLS" (SECTION J/SECTION N) AND THAT PROPER CODES ARE CIRCLED IN "RESULT CODES" BOXES (SECTION H/SECTION L).
- D. TRANSFER STATUS CODE(S), HU/GQU TYPE, AND ROSTER NUMBER(S) TO ACF FORM.
- E. ASK ® FOR THE LARGE ENVELOPE WITH 17 ANSWER SHEETS IN IT, PLACE THE SCREENING FORM AND THIS QUESTIONNAIRE IN IT, AND SEAL THE ENVELOPE WITH THE "CONFIDENTIAL" TAPE.
- F. ASK ® FOR THE SMALL ENVELOPE. THANK ® AGAIN FOR PARTICIPATING. INVITE ® TO GO WITH YOU TO THE NEAREST MAILBOX.
- G. MAIL BOTH ENVELOPES IMMEDIATELY.

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**YOUTH CHECKLIST****Answer Sheet #17**

Below is a list of items that describe young people. Think about whether each item describes you now or within the past 6 months. Please mark the box next to the "1" if the item is not true of you. Mark the box next to the "2" if the item is somewhat or sometimes true of you. If the item is very true or often true of you, mark the box next to the "3." Please mark only one box for each question.

		<u>Not True</u>	<u>Somewhat or Sometimes True</u>	<u>Very True or Often True</u>
YC-1.	I act too young for my age. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
YC-2.	I have an allergy. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
YC-3.	I argue a lot. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
YC-4.	I have asthma. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
YC-5.	I act like the opposite sex. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
YC-6.	I like animals. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
YC-7.	I brag. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
YC-8.	I have trouble concentrating or paying attention. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
YC-9.	I can't get my mind off certain thoughts. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
YC-10.	I have trouble sitting still. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
YC-11.	I'm too dependent on adults. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
YC-12.	I feel lonely. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
YC-13.	I feel confused or in a fog. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
YC-14.	I cry a lot. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
YC-15.	I am pretty honest. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
YC-16.	I am mean to others. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
YC-17.	I daydream a lot. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
YC-18.	I deliberately try to hurt or kill myself. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
YC-19.	I try to get a lot of attention. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
YC-20.	I destroy my own things. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
YC-21.	I destroy things belonging to others. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
YC-22.	I disobey my parents. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
YC-23.	I disobey at school. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
YC-24.	I don't eat as well as I should. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
YC-25.	I don't get along with other kids. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
YC-26.	I don't feel guilty after doing something I shouldn't. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
YC-27.	I am jealous of others. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
YC-28.	I am willing to help others when they need help. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

**(PLEASE TURN THE PAGE.)**



		<u>Not True</u>	<u>Somewhat or Sometimes True</u>	<u>Very True or Often True</u>
YC-29.	I am afraid of certain animals, situations, or places, other than school. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-30.	I am afraid of going to school. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-31.	I am afraid I might think or do something bad. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-32.	I feel that I have to be perfect. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-33.	I feel that no one loves me. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-34.	I feel that others are out to get me. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-35.	I feel worthless or inferior. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-36.	I accidentally get hurt a lot. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-37.	I get in many fights. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-38.	I get teased a lot. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-39.	I hang around with kids who get in trouble. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-40.	I hear sounds or voices that other people think aren't there. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-41.	I act without stopping to think. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-42.	I would rather be alone than with others. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-43.	I lie or cheat. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-44.	I bite my fingernails. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-45.	I am nervous or tense. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-46.	Parts of my body twitch or make nervous movements. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-47.	I have nightmares. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-48.	I am not liked by other kids. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-49.	I can do certain things better than most kids. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-50.	I am too fearful or anxious. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-51.	I feel dizzy. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-52.	I feel too guilty. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-53.	I eat too much. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-54.	I feel overtired. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-55.	I am overweight. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-56.	Physical problems without known medical cause:			
	a. Aches or pains (not headaches) . . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
	b. Headaches . . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
	c. Nausea, feel sick . . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
	d. Problems with eyes . . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
	e. Rashes or other skin problems . . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
	f. Stomach aches or cramps . . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
	g. Vomiting, throwing up . . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3

**(PLEASE GO TO THE NEXT PAGE.)**

		<u>Not True</u>	<u>Somewhat or Sometimes True</u>	<u>Very True or Often True</u>
YC-57.	I physically attack people. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-58.	I pick my skin or other parts of my body. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-59.	I can be pretty friendly. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-60.	I like to try new things. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-61.	My school work is poor. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-62.	I am poorly coordinated or clumsy. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-63.	I would rather be with older kids than with kids my own age. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-64.	I would rather be with younger kids than with kids my own age. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-65.	I refuse to talk. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-66.	I repeat certain actions over and over. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-67.	I run away from home. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-68.	I scream a lot. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-69.	I am secretive or keep things to myself. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-70.	I see things that other people think aren't there. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-71.	I am self-conscious or easily embarrassed. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-72.	I set fires. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-73.	I can work well with my hands. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-74.	I show off or clown. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-75.	I am shy. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-76.	I sleep less than most kids. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-77.	I sleep more than most kids during the day and/or night. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-78.	I have a good imagination. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-79.	I have a speech problem. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-80.	I stand up for my rights. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-81.	I steal at home. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-82.	I steal from places other than home. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-83.	I store up things I don't need. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-84.	I do things other people think are strange. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-85.	I have thoughts that other people would think are strange. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-86.	I am stubborn. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-87.	My moods or feelings change suddenly. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-88.	I enjoy being with other people. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3

(PLEASE TURN THE PAGE.)

		<u>Not True</u>	<u>Somewhat or Sometimes True</u>	<u>Very True or Often True</u>
YC-89.	I am suspicious. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-90.	I swear or use dirty language. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-91.	I think about killing myself. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-92.	I like to make others laugh. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-93.	I talk too much. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-94.	I tease others a lot. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-95.	I have a hot temper. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-96.	I think about sex too much. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-97.	I threaten to hurt people. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-98.	I like to help others. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-99.	I am too concerned about being neat or clean. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-100.	I have trouble sleeping. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-101.	I cut classes or skip school. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-102.	I don't have much energy. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-103.	I am unhappy, sad, or depressed. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-104.	I am louder than other kids. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-105.	I use alcohol or drugs for nonmedical purposes. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-106.	I try to be fair to others. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-107.	I enjoy a good joke. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-108.	I like to take life easy. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-109.	I try to help other people when I can. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-110.	I wish I were of the opposite sex. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-111.	I keep from getting involved with others. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3
YC-112.	I worry a lot. . . . .	<input type="checkbox"/> 1 . . . . .	<input type="checkbox"/> 2 . . . . .	<input type="checkbox"/> 3

**YOU HAVE FINISHED THE QUESTIONS FOR YOUNG PEOPLE.**

**THANK YOU FOR ANSWERING THESE QUESTIONS.**

**PLEASE TELL THE INTERVIEWER THAT YOU ARE  
DONE WITH THE YOUTH CHECKLIST QUESTIONS.**