



National Household Survey on Drug Abuse, 1998

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

Data Collection Instrument



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Office of Applied Studies
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Definitions

CBHSQ

Center for Behavioral Health Statistics and Quality

Promise of confidentiality

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

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Substance Abuse and Mental Health Data Archive

SAMHSA

Substance Abuse and Mental Health Services Administration

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285395

1998 NHSDA Questionnaire Booklet

Additional Items Required for Interview:

- ☐ Pen
- ☐ Answer Sheet Set
- ☐ Showcard Booklet
- ☐ Pillcard Booklet
- ☐ Reference Date Calendar
- ☐ Large Envelope to RTI
- ☐ Red "Confidential" Tape
- ☐ Verification Form Envelope

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DATE INTERVIEW BEGAN: 1998
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 # FI ID#

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 25,000 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, certain illegal behaviors, and other physical and mental health-related issues for the nation as a whole. Responses are never connected to individuals. Because it is important that we get the most accurate information possible, special protections are provided to ensure your privacy. (SHOW STATEMENT OF CONFIDENTIALITY.) This statement describes the measures being taken to ensure the confidentiality of your responses, which are protected by a Federal Certificate of Confidentiality. The Federal Government has issued a Certificate of Confidentiality to the researchers who are conducting this study indicating that Federal laws require all information obtained from you only be used for research purposes. Your participation will not put you at any risk, and your truthful responses will be of great value.

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

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

RACE OF SAMPLE MEMBER 18 OR OLDERWHITE ☐ 1BLACK ☐ 2AMERICAN INDIAN OR ALASKAN NATIVE ☐ 3ASIAN 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 Studies

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

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

Paragraph "B" Your (AGE) year-old child has been selected to participate. (He/she) was selected based on scientific sampling procedures so that the answers your child provides will represent those of approximately 5,000 other youths. No substitution can be made if your child does not participate. The answers (he/she) gives us will be kept strictly confidential, and no names are ever connected with the survey. To protect the confidentiality of your child's answers, you will not be permitted to see (his/her) completed survey. The study collects information about use of alcohol, cigarettes, and drugs, certain illegal behaviors, as well as other physical and mental health-related issues for the nation as a whole. (OFFER QUESTIONNAIRE TO THE PARENT SO HE/SHE MAY TAKE IT, AND CONTINUE): This is the questionnaire we will be using. (IF THE PARENT WANTS TO EXAMINE QUESTIONNAIRE, LET HIM/HER DO SO, ANSWER ANY QUESTIONS, AND THEN SAY): The results of this study will provide a major source of information on drug experience and will be used for important research purposes. If it is all right with you, we could get started. We also like to conduct the interview in as private a setting as possible. Can we find a reasonably private spot to complete the interview?

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

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

We are interviewing approximately 25,000 individuals across the nation. You have been selected to participate in the study, based on scientific sampling procedures. Your responses will represent the views of over 5,000 Americans. We cannot substitute anyone else if you decide not to participate.

The study collects information on use of alcohol, cigarettes and drugs, certain illegal behaviors, as well as other physical and mental health-related issues for the nation as a whole. Responses are never connected to individuals. Because it is important that we get the most accurate information possible, special protections are provided to ensure your privacy. (SHOW STATEMENT OF CONFIDENTIALITY.) This statement describes the measures being taken to ensure the confidentiality of your responses, which are protected by a Federal Certificate of Confidentiality. The Federal Government has issued a Certificate of Confidentiality to the researchers who are conducting this study indicating that Federal laws require all information obtained from you only be used for research purposes. Your parents or school will never see your answers; only the researchers connected with the study (and they don't know your name). Your participation will not put you at any risk, and your truthful responses will be of great value.

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

- BASED ONLY ON YOUR OBSERVATION. (DO NOT ASK!) RECORD RACE OF 12-17 YEAR-OLD SAMPLE MEMBER HERE.

<u>RACE OF 12-17 YEAR-OLD SAMPLE MEMBER</u>	
WHITE	<input type="checkbox"/> 1
BLACK	<input type="checkbox"/> 2
AMERICAN INDIAN OR ALASKAN NATIVE	<input type="checkbox"/> 3
ASIAN OR PACIFIC ISLANDER (INCL. ASIAN INDIAN)	<input type="checkbox"/> 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
AMERICAN INDIAN OR ALASKAN
NATIVE ☐ 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?

☐ 0 HAS NO SCHOOLING

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 → (SKIP TO Q.D-12)

GRADUATE/PROFESSIONAL SCHOOL
(OR HIGHER) ☐ 17

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," and another example of how to write in a number. 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]

Please turn the page and find question C-4.

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]

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 ½ 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 ½ 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-0)
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 it 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]

#5) 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]

6) 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.
- a. Have you ever, even once, used LSD, also called "acid"?
 - b. Have you ever, even once, used PCP, also called "angel dust" or phencyclidine?
 - c. ... Peyote?
 - d. ... Mescaline?
 - e. ... Psilocybin, found in mushrooms?
 - f. ... "Ecstasy," also known as MDMA?
 - g. Have you ever used a hallucinogen whose name you don't know?
 - h. 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 ☐ 1 → (SKIP TO Q.PK-1)
 WANTS TO COMPLETE THE ANSWER SHEET ON HIS/HER OWN ☐ 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 Biphedamine 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, RISK/AVAILABILITY.)

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. [93]
- 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

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.

We are interested in your opinion about the effects of using certain drugs and other substances, about whether it's difficult or easy to get drugs, and the extent to which drugs are available in your neighborhood.

(HAND @ THE RISK/AVAILABILITY ANSWER SHEET #14.)

First, we want you to tell us how much you think people risk harming themselves physically and in other ways when they do each of the things listed on this answer sheet.

Please notice when you get to question R-2, you are asked to mark a box to tell us how difficult or easy it would be to get several different kinds of drugs.

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.R-0)
N	NO, I THINK THAT @ MAY HAVE TROUBLE COMPLETING THIS ANSWER SHEET ON HIS/HER OWN <input type="checkbox"/> 2 → (SKIP TO Q.R-1a)

R-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.R-1a)
 WANTS TO COMPLETE THE ANSWER SHEET ON HIS/HER OWN ☐ 2 → (READ Q.R-00)

R-00. If you need my help, just let me know. Please tell me when you are finished with the last question.

(WAIT UNTIL @ HAS FINISHED.)

R-000. Please check back and make sure that you have marked one box for each activity in question R-1 and for each kind of drug in question R-2. Also, check to see that you have marked an answer for R-3 and for each statement in R-4. Put your answer sheet in the envelope.

(GO TO PAGE 51, DRUGS.)

R-1a. How much do you think people risk harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day?

- Mark the first box if you think there is no risk. [1]
- Mark the second box if you think there is a slight risk. [2]
- Mark the third box if you think there is a moderate risk. [3]
- Mark the fourth box if you think there is a great risk. [4]

R-1b. **How much do people risk harming themselves physically and in other ways when they smoke marijuana once a month?**

- Mark the first box if you think there is no risk. [1]
- Mark the second box if you think there is a slight risk. [2]
- Mark the third box if you think there is a moderate risk. [3]
- Mark the fourth box if you think there is a great risk. [4]

R-1c. **How much do you think people risk harming themselves physically and in other ways when they smoke marijuana once or twice a week? Is there:**

- No risk? [1]
- Slight risk? [2]
- Moderate risk, or [3]
- Great risk? [4]

R-1d. **How much do people risk harming themselves physically and in other ways when they try LSD once or twice? Is there:**

- No risk? [1]
- Slight risk? [2]
- Moderate risk, or [3]
- Great risk? [4]

R-1e. **How much do people risk harming themselves physically and in other ways when they use LSD once or twice a week? Is there:**

- No risk? [1]
- Slight risk? [2]
- Moderate risk, or [3]
- Great risk? [4]

R-1f. **How much do people risk harming themselves physically and in other ways when they try heroin once or twice? Is there:**

- No risk? [1]
- Slight risk? [2]
- Moderate risk, or [3]
- Great risk? [4]

R-1g. **How much do people risk harming themselves physically and in other ways when they use heroin once or twice a week? Is there:**

- No risk? [1]
- Slight risk? [2]
- Moderate risk, or [3]
- Great risk? [4]

- R-1h. How much do people risk harming themselves physically and in other ways **when they use cocaine once a month?** Is there:
- No risk? [1]
 - Slight risk? [2]
 - Moderate risk, or [3]
 - Great risk? [4]
- R-1i. How much do people risk harming themselves physically and in other ways **when they use cocaine once or twice a week?** Is there:
- No risk? [1]
 - Slight risk? [2]
 - Moderate risk, or [3]
 - Great risk? [4]
- R-1j. How much do people risk harming themselves physically and in other ways **when they have four or five drinks nearly every day?** Is there:
- No risk? [1]
 - Slight risk? [2]
 - Moderate risk, or [3]
 - Great risk? [4]
- R-1k. The last item in question R-1 is: **How much do people risk harming themselves physically and in other ways when they have five or more drinks once or twice a week?** Is there:
- No risk? [1]
 - Slight risk? [2]
 - Moderate risk, or [3]
 - Great risk? [4]

Question R-2 asks you to tell us how difficult you think it would be for you to get several different kinds of drugs, if you wanted some. Please mark one box on each line.

- R-2a. **How difficult or easy would it be for you to get some marijuana, if you wanted some?**
- Mark the first box if you think it would probably be impossible. [1]
 - Mark the second box if you think it would be very difficult. [2]
 - Mark the third box if you think it would be fairly difficult. [3]
 - Mark the fourth box if you think it would be fairly easy. [4]
 - Mark the fifth box if you think it would be very easy. [5]

R-2b. **How difficult or easy would it be for you to get some LSD if you wanted some? Would getting LSD ...**

- Probably be impossible, [1]
- Very difficult, [2]
- Fairly difficult, [3]
- Fairly easy, or [4]
- Very easy? [5]

R-2c. **How difficult or easy would it be for you to get some cocaine if you wanted some? Would getting cocaine ...**

- Probably be impossible, [1]
- Very difficult, [2]
- Fairly difficult, [3]
- Fairly easy, or [4]
- Very easy? [5]

R-2d. **How difficult or easy would it be for you to get some "crack" if you wanted some? Would getting "crack" ...**

- Probably be impossible, [1]
- Very difficult, [2]
- Fairly difficult, [3]
- Fairly easy, or [4]
- Very easy? [5]

R-2e. **How difficult or easy would it be for you to get some heroin, if you wanted some? Would getting heroin ...**

- Probably be impossible, [1]
- Very difficult, [2]
- Fairly difficult, [3]
- Fairly easy, or [4]
- Very easy? [5]

Please turn the answer sheet over.

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

- If your answer is yes, mark the first box. [1]
- If your answer is no, mark the second box. [2]

Question R-4 asks you to tell us how often a number of statements apply to you. Please mark one box on each line.

R-4a. How often do you get a real kick out of doing things that are a little dangerous? Would you say ...

- Never, [1]
- Seldom, [2]
- Sometimes, or [3]
- Always? [4]

R-4b. How often do you like to test yourself by doing something a little risky? Would you say ...

- Never, [1]
- Seldom, [2]
- Sometimes, or [3]
- Always? [4]

R-4c. How often do you wear a seatbelt when you are riding in the front passenger seat of a car? Would you say...

- Never, [1]
- Seldom, [2]
- Sometimes, or [3]
- Always? [4]

R-4d. How often do you wear a seatbelt when you drive a car? Would you say ...

- Never, [1]
- Seldom, [2]
- Sometimes, or [3]
- Always? [4]
- If you do not drive, mark the last box [91]

Now, check back and make sure you marked one box for every activity in question R-1 and for each kind of drug in question R-2. Also check to see that you have marked an answer for R-3 and for each statement in R-4.

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 #15.)

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)
O	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 57, 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 56.)

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 your 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

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 #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.SP-0)
P	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 61, 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 pain killers 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]

Please go to the next page.

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 programs?
- 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 or counseling you wanted?
- f. ...You had no health care coverage, and you couldn't afford to pay for the treatment or counseling programs?
- g. ...You did have health care coverage, but it didn't cover these types of treatment or counseling programs?
- h. ...You did have health care coverage for these types of programs, but it didn't cover the full cost of the programs?
- i. ...The programs' facilities were not accessible to the handicapped?
- j. ...Participation in the program was too complicated?
- k. ...The programs' counselors didn't meet your ethnic or language needs?
- l. ...The programs did not offer special services that you needed, such as medical or mental health care, housing, employment counseling, child care, etc?
- m. 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 turn 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 go 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 the 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 driven a vehicle while you were under the influence of a combination of alcohol and illegal drugs used together?
- b. During the past 12 months, have you driven a vehicle while you were under the influence of alcohol?
- c. During the past 12 months, have you driven a vehicle while you were under the influence of illegal drugs?

(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 #17.)

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)
Q	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 67, DRUG EXPERIENCES.)

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 66.) [2]

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

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

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

- If you received treatment or counseling for your use of alcohol or any drug, not counting cigarettes, during the past 12 months, mark the first box under TX-3. → (READ Q.TX-4.) [1]
- If you did not receive treatment or counseling for your use of any drug, besides cigarettes, during the past 12 months, mark the second box under TX-3 and tell me. → (INSTRUCT @ TO SKIP TO Q.TX-9 AT TOP OF P. 4.) [2]

TX-4. How many times in the past 12 months have you started into treatment or counseling for your use of alcohol or any drug, not counting cigarettes?

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

Please turn the page.

TX-5. 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-5 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.

- During the past 12 months, have you received treatment for your use of alcohol in a hospital overnight as an inpatient?
- 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?
- ... A drug or alcohol rehabilitation facility as an outpatient?
- ... A mental health center or facility as an outpatient?
- ... An emergency room?
- ... A private doctor's office?
- ... A prison or jail?
- ... A self-help group?
- 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 line at the bottom of the list the kinds of places where you've gotten treatment for your alcohol use in the past 12 months.

TX-6. 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-6 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.

- 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?
- 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?
- ... A drug or alcohol rehabilitation facility as an outpatient?
- ... A mental health center or facility as an outpatient?
- ... An emergency room?
- ... A private doctor's office?
- ... A prison or jail?
- ... A self-help group?
- During the past 12 months, have you received treatment in some other place besides these I've named from the list in TX-6? If you mark the "YES" box for this last item, please print on the line 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.

Please go to the next page.

TX-7. As I read the following list of sources of payment for treatment or counseling, please mark one box beside each source in question TX-7 to indicate whether any treatment or counseling that you marked in questions TX-5 or TX-6 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 any treatment or counseling you received was paid for by that source. Mark the "NO" box on the right if any treatment or counseling you received was not paid for by that source.

- a. Did private health insurance pay for treatment you received?
- b. Did Medicare pay for treatment you received?
- c. Did Medicaid pay for treatment you received?
- d. Did a public assistance program other than Medicaid pay for treatment you received?
- e. Did you use your own savings or earnings to pay for treatment you received?
- f. Did family members pay for treatment you received?
- g. Was treatment you received ordered and paid for by the courts?
- h. Was treatment you received paid for by CHAMPUS or TRICARE, CHAMPVA, the VA, or some other military health care?
- i. Did your employer pay for treatment you received?
- j. Was treatment you received free?
- k. Was treatment you received paid for by some other source besides those I've name?
If you marked the "YES" box to indicate that some other source paid for treatment you received, please print on the line at the bottom of the list the names of the other sources that paid for treatment you received.

TX-8. Question TX-8 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.

Please turn the page.

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

TX-9. **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]

TX-10. For question TX-10, 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. **What was the primary place where you received treatment or counseling the last time you started treatment 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 started treatment. [9]

TX-11. As I read the list of drugs, **Please mark one box beside each type of drug in question TX-11 to indicate whether you received treatment or counseling for your use of that kind of drug the last time you entered treatment.** On each line, mark the "YES" box on the left if you received treatment for that kind of drug the last time you entered treatment. Mark the "NO" box on the right if you did not receive treatment for that kind of drug the last time you entered 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 pain killers 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-11? 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.

Please go to the next page.

TX-12. **What was the primary drug you entered 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-12.

TX-13. Question TX-13 asks: **What was the outcome of the primary treatment or counseling at the place you marked in question TX-10?** As I read the choices, please mark only one box for the best answer. Was the outcome of the primary treatment or counseling at the place you marked in TX-10:

- 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 line at the bottom of the list what this other outcome was. [7]

TX-14. **How long did you stay in treatment for your alcohol or drug use during your last treatment at the place you marked in question TX-10? 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 during your last treatment, 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 during your last treatment, write the number of months on the second solid blank line.

TX-15. As I read each of the sources of payment for treatment or counseling, **Please mark one box beside each source in question TX-15 to indicate whether your last treatment or counseling that you marked in question TX-10 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 private 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 a public assistance program other than Medicaid pay for the last treatment you received?
- e. Did you use your own savings or earnings to pay for the last treatment you received?
- f. Did family members pay for the last treatment you received?
- g. Was the last treatment you received ordered and paid for by the courts?
- h. Was the last treatment you received paid for by CHAMPUS or TRICARE, CHAMPVA, the VA, or some other military health care?
- i. Did your employer pay for the last treatment you received?
- j. Was the last treatment you received free?
- k. 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 line at the bottom of the list the names of all the other sources that paid for your last treatment.

Please turn the page.

TX-16. 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, 1997? 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, 1997, mark the first box. [1]
- If you were not enrolled in a treatment program for your alcohol or drug use on October 1, 1997, 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.

This answer sheet asks about past use of marijuana or hashish and cocaine, and about cigar use.

(HAND ® DRUG EXPERIENCES ANSWER SHEET #18)

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.DE-0)
R	NO, I DOUBT THAT ® CAN COMPLETE THIS ANSWER SHEET ON HIS/HER OWN <input type="checkbox"/> 2 → (SKIP TO Q.DE-1)

DE-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.DE-1)
 WANTS TO COMPLETE THE ANSWER SHEET ON HIS/HER OWN ☐ 2 → (READ Q.DE-00)

DE-00. **Please let me know when you have finished this answer sheet.**

(WAIT UNTIL ® HAS FINISHED.)

DE-000. **Please check back and make sure you answered every question on this answer sheet. Put the answer sheet in the envelope.**

(GO TO PAGE 69, YOUTH EXPERIENCES.)

DE-1. **Think about the month in which your 12-month reference date begins. As I read the following questions, please mark one box beside each question to indicate whether you used that drug at anytime during the month in 1997 when your 12-month reference date begins. On each line, mark the box on the left for "YES" if you did use that drug at any time during the month in 1997 when your 12-month reference date begins. Mark the box on the right for "NO" if you did not use that drug at any time during the month in 1997 when your 12-month reference date begins.**

- Did you use marijuana or hashish at any time during that month in 1997?
- Did you use cocaine at any time during that month in 1997?

DE-2. **Have you ever smoked a cigar, even one or two puffs? Please include any cigarillos you may have smoked.**

- If you have ever smoked at least one or two puffs of a cigar, mark the first box. → (READ Q.DE-3) [1]
- If you have never smoked a cigar in your life, mark the second box under DE-2 and tell me. → (SKIP TO BOX A ON PAGE 68.) [2]

DE-3. **Have you smoked at least 50 cigars in your lifetime?**

- If you have smoked at least 50 cigars in your lifetime, mark the first box. [1]
- If you have not smoked at least 50 cigars in your lifetime, mark the second box. [2]

DE-4. **Now, think about the past 30 days, from your 30-day reference date through today. During the past 30 days, on how many days did you smoke a cigar?**

- On the solid blank line, write in the number of days you smoked a cigar, even if it was just a puff, since your 30-day reference date.
- If you have smoked a cigar, but not during the past 30 days, please mark the box; it tells us you've smoked a cigar, but not during the past 30 days. [93]

(WAIT FOR ® TO FINISH.)

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

BOX A

Please put your answer sheet in the envelope.

FI	@ IS 12-17 YEARS OLD	<input type="checkbox"/> 1 → (CONTINUE WITH INTRODUCTION BELOW)
CHECKPOINT	@ IS 18 YEARS OLD OR OLDER	<input type="checkbox"/> 2 → (PUT ANSWER SHEET #19 IN ENVELOPE AND SKIP TO ANSWER SHEET #20, SOCIAL ENVIRONMENT, ON P. 85)
S		

This answer sheet has questions about your neighborhood, school, family and friends.

(HAND @ YOUTH EXPERIENCES ANSWER SHEET #19)

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.YE-0)
T	NO, I DOUBT THAT @ CAN COMPLETE THIS ANSWER SHEET ON HIS/HER OWN <input type="checkbox"/> 2 → (SKIP TO Q.YE-1)

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

YE-00. Please let me know when you have finished this answer sheet.

(WAIT UNTIL @ HAS FINISHED.)

YE-000. Please check back and make sure you answered every question on this answer sheet. Put the answer sheet in the envelope.

(GO TO PAGE 97, DEMOGRAPHICS.)

The first three questions on this answer sheet are about the neighborhood where you currently live.

YE-1. How long have you lived in this neighborhood?

- If you have lived in this neighborhood for less than one year, mark the first box. [1]
- If you have lived in this neighborhood for at least 1 year but less than 3 years, mark the second box. [2]
- If you have lived in this neighborhood for at least 3 years but less than 5 years, mark the third box. [3]
- If you have lived in this neighborhood for at least 5 years but less than 10 years, mark the next box. [4]
- Mark the last box if you have lived in this neighborhood for 10 or more years. [5]

Question YE-2 asks you to tell us how much you agree or disagree with several statements about your neighborhood. As I read each statement, please mark one box on each line to indicate how much you agree or disagree with each statement.

YE-2a. How much do you agree or disagree that there is a lot of crime in your neighborhood?

- Mark the first box if you strongly agree. [1]
- Mark the second box if you somewhat agree. [2]
- Mark the third box if you somewhat disagree. [3]
- Mark the fourth box if you strongly disagree. [4]

YE-2b. How much do you agree or disagree that a lot of drug selling goes on in your neighborhood?

- Mark the first box if you strongly agree. [1]
- Mark the second box if you somewhat agree. [2]
- Mark the third box if you somewhat disagree. [3]
- Mark the fourth box if you strongly disagree. [4]

YE-2c. How much do you agree or disagree that people in your neighborhood often help each other out?

- Strongly agree? [1]
- Somewhat agree? [2]
- Somewhat disagree? [3]
- Strongly disagree? [4]

YE-2d. How much do you agree or disagree that family violence is a big problem in your neighborhood?

- Strongly agree? [1]
- Somewhat agree? [2]
- Somewhat disagree? [3]
- Strongly disagree? [4]

YE-2e. How much do you agree or disagree that most people who live in your neighborhood are from the same racial or ethnic group?

- Strongly agree? [1]
- Somewhat agree? [2]
- Somewhat disagree? [3]
- Strongly disagree? [4]

YE-2f. How much do you agree or disagree that there is a lot of conflict or tension between people from different racial or ethnic groups in your neighborhood?

- Mark the first box if you strongly agree. [1]
- Mark the second box if you somewhat agree. [2]
- Mark the third box if you somewhat disagree. [3]
- Mark the fourth box if you strongly disagree. [4]

YE-2g. How much do you agree or disagree that there are lots of street fights in your neighborhood?

- Strongly agree? [1]
- Somewhat agree? [2]
- Somewhat disagree? [3]
- Strongly disagree? [4]

YE-2h. How much do you agree or disagree that **there are many empty or abandoned buildings in your neighborhood?**

- Strongly agree? [1]
- Somewhat agree? [2]
- Somewhat disagree? [3]
- Strongly disagree? [4]

YE-2i. How much do you agree or disagree that **people in your neighborhood often visit in each other's homes?**

- Mark the first box if you strongly agree. [1]
- Mark the second box if you somewhat agree. [2]
- Mark the third box if you somewhat disagree. [3]
- Mark the fourth box if you strongly disagree. [4]

YE-2j. How much do you agree or disagree that **there is a lot of graffiti in your neighborhood?**

- Strongly agree? [1]
- Somewhat agree? [2]
- Somewhat disagree? [3]
- Strongly disagree? [4]

YE-2k. How much do you agree or disagree that **your neighborhood is very safe?**

- Strongly agree? [1]
- Somewhat agree? [2]
- Somewhat disagree? [3]
- Strongly disagree? [4]

YE-2l. How much do you agree or disagree that **people move in and out of your neighborhood often?**

- Mark the first box if you strongly agree. [1]
- Mark the second box if you somewhat agree. [2]
- Mark the third box if you somewhat disagree. [3]
- Mark the fourth box if you strongly disagree. [4]

Question YE-3 asks how you think most adults in your neighborhood would feel about you doing certain activities, whether or not you actually do them now. As I read each activity, please mark one box on each line to indicate how you think adults in your neighborhood would feel.

YE-3a. How do you think most adults in your neighborhood would feel about you smoking one or more packs of cigarettes per day?

- Mark the first box if you think most adults in your neighborhood would neither approve nor disapprove. [1]
- Mark the second box if you think most adults in your neighborhood would somewhat disapprove. [2]
- Mark the third box if you think most adults in your neighborhood would strongly disapprove. [3]

YE-3b. How do you think most adults in your neighborhood would feel about you trying marijuana or hashish once or twice?

- Neither approve nor disapprove? [1]
- Somewhat disapprove? [2]
- Strongly disapprove? [3]

YE-3c. **How do you think most adults in your neighborhood would feel about you using marijuana or hashish once a month or more?**

- Neither approve nor disapprove? [1]
- Somewhat disapprove? [2]
- Strongly disapprove? [3]

YE-3d. **How do you think most adults in your neighborhood would feel about you having one or two drinks of an alcoholic beverage nearly every day?**

- Neither approve nor disapprove? [1]
- Somewhat disapprove? [2]
- Strongly disapprove? [3]

YE-4. Question YE-4 asks: **How many times have you moved in the past 5 years?**

- On the solid blank line, write in the number of times you have moved in the past 5 years.

Please turn the page.

Question YE-5 asks how many of the adults that you know personally do various activities. As I read each activity, please mark one box on each line to indicate how many do that activity.

YE-5a. **How many of the adults that you know personally would you say smoke cigarettes?**

- If none of the adults that you know personally smoke cigarettes, mark the first box. [1]
- If a few of the adults that you know personally smoke cigarettes, mark the second box. [2]
- If most of the adults that you know personally smoke cigarettes, mark the third box. [3]
- If all of the adults that you know personally smoke cigarettes, mark the fourth box. [4]

YE-5b. **How many of the adults that you know personally would you say use marijuana or hashish?**

- If none of the adults that you know personally use marijuana or hashish, mark the first box. [1]
- If a few of the adults that you know personally use marijuana or hashish, mark the second box. [2]
- If most of the adults that you know personally use marijuana or hashish, mark the third box. [3]
- If all of the adults that you know personally use marijuana or hashish, mark the fourth box. [4]

YE-5c. **How many of the adults that you know personally would you say drink alcoholic beverages?**

- None of them? [1]
- A few of them? [2]
- Most of them? [3]
- All of them? [4]

YE-5d. **How many of the adults that you know personally would you say get drunk at least once a week?**

- None of them? [1]
- A few of them? [2]
- Most of them? [3]
- All of them? [4]

The next three questions ask about your parents. By "parents," we mean either your biological parents, adoptive parents, stepparents, or adult guardians who live in your household.

For question YE-6, think about the past 12 months, from your 12-month reference date through today. Please mark how often your parents did each of the following things during the past 12 months. Please mark only one box for each item.

YE-6a. How often during the past 12 months did your parents check on whether you had done your homework?

- If they always checked on your homework during the past 12 months, mark the first box. [1]
- If they sometimes checked on your homework during the past 12 months, mark the second box. [2]
- If they seldom checked on your homework during the past 12 months, mark the third box. [3]
- If they never checked on your homework during the past 12 months, mark the fourth box. [4]

YE-6b. How often during the past 12 months did your parents provide help with your homework when you needed it?

- Always? [1]
- Sometimes? [2]
- Seldom? [3]
- Never? [4]

YE-6c. How often during the past 12 months did your parents make you do work or chores around the house?

- Always? [1]
- Sometimes? [2]
- Seldom? [3]
- Never? [4]

YE-6d. How often during the past 12 months did your parents limit the amount of time you watched TV?

- Always? [1]
- Sometimes? [2]
- Seldom? [3]
- Never? [4]

YE-6e. How often during the past 12 months did your parents limit the amount of time you went out with friends on school nights?

- If they always limited the amount of time you went out with friends on school nights during the past 12 months, mark the first box. [1]
- If they sometimes limited the amount of time you went out with friends on school nights during the past 12 months, mark the second box. [2]
- If they seldom limited the amount of time you went out with friends on school nights during the past 12 months, mark the third box. [3]
- If they never limited the amount of time you went out with friends on school nights during the past 12 months, mark the fourth box. [4]

YE-6f. How often during the past 12 months did your parents let you know when you'd done a good job?

- Always? [1]
- Sometimes? [2]
- Seldom? [3]
- Never? [4]

YE-6g. How often during the past 12 months did your parents tell you they're proud of you for something you'd done?

- Always? [1]
- Sometimes? [2]
- Seldom? [3]
- Never? [4]

Question YE-7 asks how you think your parents would feel about you doing certain activities, whether or not you actually do them now. As we go through YE-7, please mark one box on each line to indicate how you think your parents would feel.

YE-7a. How do you think your parents would feel about you smoking one or more packs of cigarettes per day?

- Mark the first box if you think your parents would neither approve nor disapprove. [1]
- Mark the second box if you think your parents would somewhat disapprove. [2]
- Mark the third box if you think your parents would strongly disapprove. [3]

YE-7b. How do you think your parents would feel about you trying marijuana or hashish once or twice?

- Neither approve nor disapprove? [1]
- Somewhat disapprove? [2]
- Strongly disapprove? [3]

YE-7c. How do you think your parents would feel about you using marijuana or hashish once a month or more?

- Neither approve nor disapprove? [1]
- Somewhat disapprove? [2]
- Strongly disapprove? [3]

YE-7d. How do you think your parents would feel about you having one or two drinks of an alcoholic beverage nearly every day?

- Neither approve nor disapprove? [1]
- Somewhat disapprove? [2]
- Strongly disapprove? [3]

YE-8. **Question YE-8 asks you to think about the past 12 months, that is, from your 12-month reference date through today. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use?**

- If you have talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use during the past 12 months, mark the first box. [1]
- If you have not talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use during the past 12 months, mark the second box. [2]

Please go to the next page.

YE-9. **Have you been enrolled in any type of school at any time during the past 12 months?**

- If you have been enrolled in any type of school at any time during the past 12 months, mark the first box. → (READ Q.YE-10) [1]
- If you have not been enrolled in any type of school at any time during the past 12 months, mark the second box and tell me. → (INSTRUCT ® TO SKIP TO Q.YE-18 AT TOP OF P.5) [2]

YE-10. **As I read the following list of statements, please choose the one that best describes how you felt overall about going to school during the past 12 months. Please mark only one box for the best answer.**

- If you liked going to school a lot, mark the first box. [1]
- If you kind of liked going to school, mark the second box. [2]
- If you didn't like going to school very much, mark the third box. [3]
- If you hated going to school, mark the fourth box. [4]

YE-11. **During the past 12 months, how often did you feel that the school work you were assigned to do was meaningful and important?**

- Mark the first box if you always felt this way. [1]
- Mark the second box if you sometimes felt this way. [2]
- Mark the third box if you seldom felt this way. [3]
- Mark the fourth box if you never felt this way. [4]

YE-12. **Question YE-12 asks: How important do you think the things you have learned in school during the past 12 months are going to be to you later in life?**

- Mark the first box if you think these things will be very important. [1]
- Mark the second box if you think these things will be somewhat important. [2]
- Mark the third box if you think these things will be somewhat unimportant. [3]
- Mark the fourth box if you think these things will be very unimportant. [4]

YE-13. **How interesting do you think most of your courses at school during the past 12 months have been?**

- If you think they have been very interesting, mark the first box. [1]
- If you think they have been somewhat interesting, mark the second box. [2]
- If you think they have been somewhat boring, mark the third box. [3]
- If you think they have been very boring, mark the fourth box. [4]

Please turn the page.

YE-14. **During the past 12 months, how often did your teachers at school let you know when you were doing a good job with your school work?**

- Mark the first box if your teachers always let you know when you were doing a good job. [1]
- Mark the second box if your teachers sometimes let you know when you were doing a good job. [2]
- Mark the third box if your teachers seldom let you know when you were doing a good job. [3]
- Mark the fourth box if your teachers never let you know when you were doing a good job. [4]

YE-15. What were your grades for the last semester or grading period that you completed?

- If you had an A+, A or A-minus average, mark the first box. [1]
- If you had a B+, B or B-minus average, mark the second box. [2]
- If you had a C+, C or C-minus average, mark the third box. [3]
- If you had a D or less than a D average, mark the next-to-last box. [4]
- If your school does not give these grades, mark the last box. [5]

Question YE-16 asks how many of the students in your grade at school do various activities. As I read each activity, please mark one box on each line to indicate how many of the students in your grade do that activity.

YE-16a. How many of the students in your grade at school would you say smoke cigarettes?

- Mark the first box if you think none of the students in your grade smoke cigarettes. [1]
- Mark the second box if you think a few of the students in your grade smoke cigarettes. [2]
- Mark the third box if you think most of the students in your grade smoke cigarettes. [3]
- Mark the fourth box if you think all of the students in your grade smoke cigarettes. [4]

YE-16b. How many of the students in your grade at school would you say use marijuana or hashish?

- Mark the first box if you think none of the students in your grade use marijuana or hashish. [1]
- Mark the second box if you think a few of the students in your grade use marijuana or hashish. [2]
- Mark the third box if you think most of the students in your grade use marijuana or hashish. [3]
- Mark the fourth box if you think all of the students in your grade use marijuana or hashish. [4]

YE-16c. How many of the students in your grade at school would you say drink alcoholic beverages?

- None of them? [1]
- A few of them? [2]
- Most of them? [3]
- All of them? [4]

YE-16d. How many of the students in your grade at school would you say get drunk at least once a week?

- None of them? [1]
- A few of them? [2]
- Most of them? [3]
- All of them? [4]

Question YE-17 asks how much trouble you think a student in your grade would be in if he or she got caught at school doing certain activities. Please mark only one box on each line.

YE-17a. How much trouble do you think a student in your grade would be in if he or she got caught at school possessing a cigarette?

- If a student in your grade would be in a lot of trouble for possessing a cigarette at school, mark the first box. [1]
- If a student in your grade would be in a little trouble for possessing a cigarette at school, mark the second box. [2]
- If a student in your grade would be in no trouble at all for possessing a cigarette at school, mark the third box. [3]

YE-17b. How much trouble do you think a student in your grade would be in if he or she got caught at school smoking a cigarette?

- A lot of trouble? [1]
- A little trouble? [2]
- No trouble at all? [3]

YE-17c. How much trouble do you think a student in your grade would be in if he or she got caught at school possessing an alcoholic beverage?

- A lot of trouble? [1]
- A little trouble? [2]
- No trouble at all? [3]

YE-17d. How much trouble do you think a student in your grade would be in if he or she got caught at school drinking an alcoholic beverage?

- A lot of trouble? [1]
- A little trouble? [2]
- No trouble at all? [3]

YE-17e. How much trouble do you think a student in your grade would be in if he or she got caught at school possessing an illegal drug?

- If a student in your grade would be in a lot of trouble for possessing an illegal drug at school, mark the first box. [1]
- If a student in your grade would be in a little trouble for possessing an illegal drug at school, mark the second box. [2]
- If a student in your grade would be in no trouble at all for possessing an illegal drug at school, mark the third box. [3]

YE-17f. How much trouble do you think a student in your grade would be in if he or she got caught at school using an illegal drug?

- A lot of trouble? [1]
- A little trouble? [2]
- No trouble at all? [3]

Now turn to page 5 and find Question YE-18 at the top of the page.

For question YE-18, please mark how many times each of the following things happened during the past 12 months. Please mark only one box for each item.

YE-18a. During the past 12 months, how many times have you argued or had a fight with at least one of your parents?

- If you have not argued or had a fight with at least one of your parents during the past 12 months, mark the first box. [1]
- If you have argued or had a fight with at least one of your parents 1 or 2 times during the past 12 months, mark the second box. [2]
- If you have argued or had a fight with at least one of your parents 3 to 5 times during the past 12 months, mark the third box. [3]
- If you have argued or had a fight with at least one of your parents 6 to 9 times during the past 12 months, mark the fourth box. [4]
- If you have argued or had a fight with at least one of your parents 10 or more times during the past 12 months, mark the fifth box. [5]

YE-18b. During the past 12 months, how many times have you gotten into a serious fight at school or at work?

- 0 times? [1]
- 1 or 2 times? [2]
- 3 to 5 times? [3]
- 6 to 9 times? [4]
- 10 or more times? [5]

YE-18c. During the past 12 months, how many times have you taken part in a fight where a group of your friends fought against another group?

- 0 times? [1]
- 1 or 2 times? [2]
- 3 to 5 times? [3]
- 6 to 9 times? [4]
- 10 or more times? [5]

YE-18d. During the past 12 months, how many times have you carried a handgun?

- 0 times? [1]
- 1 or 2 times? [2]
- 3 to 5 times? [3]
- 6 to 9 times? [4]
- 10 or more times? [5]

YE-18e. During the past 12 months, how many times have you sold illegal drugs?

- If you have not sold illegal drugs during the past 12 months, mark the first box. [1]
- If you have sold illegal drugs 1 or 2 times during the past 12 months, mark the second box. [2]
- If you have sold illegal drugs 3 to 5 times during the past 12 months, mark the third box. [3]
- If you have sold illegal drugs 6 to 9 times during the past 12 months, mark the fourth box. [4]
- If you have sold illegal drugs 10 or more times during the past 12 months, mark the fifth box. [5]

YE-18f. During the past 12 months, how many times have you **stolen or tried to steal anything worth more than \$50?**

- 0 times? [1]
- 1 or 2 times? [2]
- 3 to 5 times? [3]
- 6 to 9 times? [4]
- 10 or more times? [5]

YE-18g. During the past 12 months, how many times have you **attacked someone with the intent to seriously hurt them?**

- 0 times? [1]
- 1 or 2 times? [2]
- 3 to 5 times? [3]
- 6 to 9 times? [4]
- 10 or more times? [5]

Question YE-19 asks how you feel about someone your age doing a number of activities. As I read each activity, please mark one box on each line to indicate how you feel about someone your age doing that activity.

YE-19a. **How do you feel about someone your age smoking one or more packs of cigarettes a day?**

- Mark the first box if you neither approve nor disapprove. [1]
- Mark the second box if you somewhat disapprove. [2]
- Mark the third box if you strongly disapprove. [3]

YE-19b. **How do you feel about someone your age trying marijuana or hashish once or twice?**

- Neither approve nor disapprove? [1]
- Somewhat disapprove? [2]
- Strongly disapprove? [3]

YE-19c. **How do you feel about someone your age using marijuana or hashish once a month or more?**

- Neither approve nor disapprove? [1]
- Somewhat disapprove? [2]
- Strongly disapprove? [3]

YE-19d. **How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?**

- Neither approve nor disapprove? [1]
- Somewhat disapprove? [2]
- Strongly disapprove? [3]

Question YE-20 asks how you think your close friends would feel about you doing these same activities. As I read each item, please mark one box on each line to indicate how you think your close friends would feel about you doing that activity.

YE-20a. How do you think your close friends would feel about you smoking one or more packs of cigarettes per day?

- Mark the first box if you think your close friends would neither approve nor disapprove. [1]
- Mark the second box if you think your close friends would somewhat disapprove. [2]
- Mark the third box if you think your close friends would strongly disapprove. [3]

YE-20b. How do you think your close friends would feel about you trying marijuana or hashish once or twice?

- Neither approve nor disapprove? [1]
- Somewhat disapprove? [2]
- Strongly disapprove? [3]

YE-20c. How do you think your close friends would feel about you using marijuana or hashish once a month or more?

- Neither approve nor disapprove? [1]
- Somewhat disapprove? [2]
- Strongly disapprove? [3]

YE-20d. How do you think your close friends would feel about you having one or two drinks of an alcoholic beverage nearly every day?

- Neither approve nor disapprove? [1]
- Somewhat disapprove? [2]
- Strongly disapprove? [3]

Question YE-21 asks how many of your friends do certain activities. As I read each item, please mark one box on each line to indicate how many of your friends you would say do that activity.

YE-21a. How many of your friends would you say smoke cigarettes?

- If none of your friends smoke cigarettes, mark the first box. [1]
- If a few of your friends smoke cigarettes, mark the second box. [2]
- If most of your friends smoke cigarettes, mark the third box. [3]
- If all of your friends smoke cigarettes, mark the fourth box. [4]

YE-21b. How many of your friends would you say use marijuana or hashish?

- None of them? [1]
- A few of them? [2]
- Most of them? [3]
- All of them? [4]

YE-21c. **How many of your friends would you say drink alcoholic beverages?.**

- None of them? [1]
- A few of them? [2]
- Most of them? [3]
- All of them? [4]

YE-21d. **How many of your friends would you say get drunk at least once a week?**

- None of them? [1]
- A few of them? [2]
- Most of them? [3]
- All of them? [4]

Please turn the page.

YE-22. **If you wanted to talk to someone about a serious problem, which of the following people would you turn to? Please mark all that apply.**

- If you feel there is nobody that you can talk to about serious problems, mark the box with the 0 next to it. [0]
- If you would turn to your mother to talk about a serious problem, mark the box with the 1 next to it. [1]
- If you would turn to your father, mark the box with the 2 next to it. [2]
- If you would turn to your grandmother or grandfather, mark the box with the 3 next to it. [3]
- If you would turn to your boyfriend or girlfriend, mark the box with the 4 next to it. [4]
- If you would turn to your brother or sister, mark the box with the 5 next to it. [5]
- If you would turn to some other relative to talk about a serious problem, mark the box with a 6 next to it. [6]
- If you would turn to a friend, mark the box with the 7 next to it. [7]
- If you would turn to a neighbor, mark the box with the 8 next to it. [8]
- If you would turn to a teacher, principal, coach, or school counselor, mark the box with the 9 next to it. [9]
- If you would turn to a therapist, psychiatrist, or other private counselor, mark the box with the 10 next to it. [10]
- If you would turn to a pastor, clergy or church group to talk about a serious problem, mark the box with an 11 next to it. [11]
- If you would turn to some other person not listed here to talk about a serious problem, mark the last box. If you mark the last box, please print on the line your relationship to this other person. [12]

YE-23. **Now think about the one person you are most likely to talk to about a serious problem. Who would that person be? Please mark only one box for the best answer.**

- If you feel there is nobody that you can talk to about serious problems, mark the box with the 0 next to it. [0]
- If you would be most likely to talk to your mother about a serious problem, mark the box with the 1 next to it. [1]
- If you would be most likely to talk to your father, mark the box with the 2 next to it. [2]
- If you would be most likely to talk to your grandmother or grandfather, mark the box with the 3 next to it. [3]
- If you would be most likely to talk to your boyfriend or girlfriend, mark the box with the 4 next to it. [4]
- If you would be most likely to talk to your brother or sister, mark the box with the 5 next to it. [5]
- If you would be most likely to talk to some other relative about a serious problem, mark the box with a 6 next to it. [6]
- If you would be most likely to talk to a friend, mark the box with the 7 next to it. [7]
- If you would be most likely to talk to a neighbor, mark the box with the 8 next to it. [8]
- If you would be most likely to talk to a teacher, principal, coach, or school counselor, mark the box with the 9 next to it. [9]
- If you would be most likely to talk to a therapist, psychiatrist, or other private counselor, mark the box with the 10 next to it. [10]
- If you would be most likely to talk to a pastor, clergy or church group about a serious problem, mark the box with an 11 next to it. [11]
- If you would be most likely to talk to some other person not listed here about a serious problem, mark the last box. If you mark the last box, please print on the line your relationship to this other person. [12]

Please turn to page 7 and find Question YE-24 at the top of the page.

YE-24. As I read each of the following activities, **please mark one box beside each activity to indicate whether you have taken part in that activity during the past 12 months.** On each line, mark the box on the left for "YES" if you have taken part in that activity during the past 12 months. Mark the box on the right for "NO" if you have not taken part in that activity during the past 12 months.

- a. In the past 12 months, have you participated in a Big Brother/Big Sister/Big Buddy program or peer mentoring or tutoring program?
- b. In the past 12 months, have you participated in a problem solving, communication skills or self-esteem group?
- c. ...In a violence prevention program, where you learn ways to avoid fights and control anger?
- d. ...In youth center activities, at the YMCA, YWCA, or other similar community centers?
- e. ...In the Boy Scouts or Girl Scouts?
- f. ...In private lessons, such as piano, dance, tennis, karate, horseback riding, etc.?
- g. ...In an alcohol, tobacco or drug prevention program outside of school, where you learn about the dangers of using, and how to resist using, alcohol, tobacco or drugs?
- h. ...In team sports, such as football, basketball, swimming, gymnastics, etc.?
- i. In the past 12 months, have you participated in a 4-H Club?
- j. ...In a program or meeting to help you deal with drug or alcohol use by you or another member of your family, such as AA, Alateen, or individual or group counseling?
- k. ...In a school band, orchestra, or choir?
- l. ...In school-related clubs?
- m. ...In volunteer or community work, such as recycling or clean-up projects?
- n. ...In student government?
- o. ...In pregnancy or sexually transmitted disease prevention programs?
- p. ...In job skills or job training?
- q. In the past 12 months, have you participated in a church choir?

Please turn to the last page, page 8.

YE-25. **For question YE-25, as I read each of the following, please indicate if you have had any of these alcohol or drug education classes or experiences in school during the past 12 months.** On each line, mark the box on the left for "YES" if you have had this class or experience. Mark the box on the right for "NO" if you have not had this class or experience.

- a. In the past 12 months, have you had a special class about drugs or alcohol?
- b. In the past 12 months, have you had films, lectures, discussions, or printed information about drugs or alcohol in one of your regular classes, such as health, physical education, etc.?
- c. In the past 12 months, have you had films, lectures, discussions, or printed information about drugs or alcohol outside of one of your regular classes, such as in special assemblies?

YE-26. **During the past 12 months, have you seen or heard any alcohol or drug prevention messages from sources outside school, such as in posters, pamphlets, and radio or TV ads?**

- If you have seen or heard any alcohol or drug prevention messages from sources outside school, mark the first box. [1]
- If you have not seen or heard any alcohol or drug prevention messages from sources outside school, mark the second box. [2]

YE-27. **How stressful have things been for you during the past 12 months?**

- If things have been very stressful for you, mark the first box. [1]
- If things have been somewhat stressful for you, mark the second box. [2]
- If things have not been very stressful for you, mark the third box. [3]
- If things have not been at all stressful for you, mark the fourth box. [4]

YE-28. **During the past 12 months, how stressful have things been for your immediate family?**

- Mark the first box if things have been very stressful for your immediate family. [1]
- Mark the second box if things have been somewhat stressful for your immediate family. [2]
- Mark the third box if things have not been very stressful for your immediate family. [3]
- Mark the fourth box if things have not been at all stressful for your immediate family. [4]

(WAIT FOR ® TO FINISH.)

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

Please put your answer sheet in the envelope.

FI	@ IS 12-17 YEARS OLD	<input type="checkbox"/> 1 → (PUT ANSWER SHEET #20 IN ENVELOPE AND SKIP TO DEMOGRAPHICS ON P. 97)
CHECKPOINT		
U	@ IS 18 YEARS OLD OR OLDER	<input type="checkbox"/> 2 → (CONTINUE WITH INTRODUCTION BELOW)

This answer sheet has questions about your neighborhood, family and friends.

(HAND @ SOCIAL ENVIRONMENT ANSWER SHEET #20)

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.SE-0)
V	NO, I DOUBT THAT @ CAN COMPLETE THIS ANSWER SHEET ON HIS/HER OWN <input type="checkbox"/> 2 → (SKIP TO Q.SE-1)

SE-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.SE-1)
 WANTS TO COMPLETE THE ANSWER SHEET ON HIS/HER OWN ☐ 2 → (READ Q.SE-00)

SE-00. Please let me know when you have finished this answer sheet.

(WAIT UNTIL @ HAS FINISHED.)

SE-000. Please check back and make sure you answered every question on this answer sheet. Put the answer sheet in the envelope.

(GO TO PAGE 94, PARENTING EXPERIENCES)

The first three questions on this answer sheet are about the neighborhood where you currently live.

SE-1. How long have you lived in this neighborhood?

- If you have lived in this neighborhood for less than one year, mark the first box. [1]
- If you have lived in this neighborhood for at least 1 year but less than 3 years, mark the second box. [2]
- If you have lived in this neighborhood for at least 3 years but less than 5 years, mark the third box. [3]
- If you have lived in this neighborhood for at least 5 years but less than 10 years, mark the next box. [4]
- Mark the last box if you have lived in this neighborhood for 10 or more years. [5]

Question SE-2 asks you to tell us how much you agree or disagree with several statements about your neighborhood. Please mark one box on each line.

SE-2a. How much do you agree or disagree that there is a lot of crime in your neighborhood?

- Mark the first box if you strongly agree. [1]
- Mark the second box if you somewhat agree. [2]
- Mark the third box if you somewhat disagree. [3]
- Mark the fourth box if you strongly disagree. [4]

SE-2b. How much do you agree or disagree that a lot of drug selling goes on in your neighborhood?

- Mark the first box if you strongly agree. [1]
- Mark the second box if you somewhat agree. [2]
- Mark the third box if you somewhat disagree. [3]
- Mark the fourth box if you strongly disagree. [4]

SE-2c. How much do you agree or disagree that people in your neighborhood share the same values?

- Strongly agree? [1]
- Somewhat agree? [2]
- Somewhat disagree? [3]
- Strongly disagree? [4]

SE-2d. How much do you agree or disagree that family violence is a big problem in your neighborhood?

- Strongly agree? [1]
- Somewhat agree? [2]
- Somewhat disagree? [3]
- Strongly disagree? [4]

SE-2e. How much do you agree or disagree that most people who live in your neighborhood are from the same racial or ethnic group?

- Strongly agree? [1]
- Somewhat agree? [2]
- Somewhat disagree? [3]
- Strongly disagree? [4]

SE-2f. How much do you agree or disagree that there is a lot of conflict or tension between people from different racial or ethnic groups in your neighborhood?

- Mark the first box if you strongly agree. [1]
- Mark the second box if you somewhat agree. [2]
- Mark the third box if you somewhat disagree. [3]
- Mark the fourth box if you strongly disagree. [4]

SE-2g. How much do you agree or disagree that there are lots of street fights in your neighborhood?

- Strongly agree? [1]
- Somewhat agree? [2]
- Somewhat disagree? [3]
- Strongly disagree? [4]

SE-2h. How much do you agree or disagree that **there are many empty or abandoned buildings in your neighborhood?**

- Strongly agree? [1]
- Somewhat agree? [2]
- Somewhat disagree? [3]
- Strongly disagree? [4]

SE-2i. How much do you agree or disagree that **people in your neighborhood often help each other out?**

- Strongly agree? [1]
- Somewhat agree? [2]
- Somewhat disagree? [3]
- Strongly disagree? [4]

SE-2j. **How much do you agree or disagree that there is a lot of graffiti in your neighborhood?**

- Mark the first box if you strongly agree. [1]
- Mark the second box if you somewhat agree. [2]
- Mark the third box if you somewhat disagree. [3]
- Mark the fourth box if you strongly disagree. [4]

SE-2k. How much do you agree or disagree that **people in your neighborhood often visit in each other's homes?**

- Strongly agree? [1]
- Somewhat agree? [2]
- Somewhat disagree? [3]
- Strongly disagree? [4]

SE-2l. How much do you agree or disagree that **your neighborhood is very safe?**

- Strongly agree? [1]
- Somewhat agree? [2]
- Somewhat disagree? [3]
- Strongly disagree? [4]

SE-2m. **How much do you agree or disagree that people move in and out of your neighborhood often?**

- Mark the first box if you strongly agree. [1]
- Mark the second box if you somewhat agree. [2]
- Mark the third box if you somewhat disagree. [3]
- Mark the fourth box if you strongly disagree. [4]

Question SE-3 asks you how you think people in your neighborhood would feel about adults doing various activities. As we go through SE-3, please mark only one box on each line to indicate how people in your neighborhood would feel.

SE-3a. **How do you think most people in your neighborhood would feel about adults smoking one or more packs of cigarettes per day?**

- Mark the first box if you think most people in your neighborhood would neither approve nor disapprove. [1]
- Mark the second box if you think most people in your neighborhood would somewhat disapprove. [2]
- Mark the third box if you think most people in your neighborhood would strongly disapprove. [3]

SE-3b. **How do you think most people in your neighborhood would feel about adults trying marijuana or hashish once or twice?**

- Neither approve nor disapprove? [1]
- Somewhat disapprove? [2]
- Strongly disapprove? [3]

SE-3c. **How do you think most people in your neighborhood would feel about adults using marijuana or hashish once a month or more?**

- Neither approve nor disapprove? [1]
- Somewhat disapprove? [2]
- Strongly disapprove? [3]

SE-3d. **How do you think most people in your neighborhood would feel about adults having one or two drinks of an alcoholic beverage nearly every day?**

- Neither approve nor disapprove? [1]
- Somewhat disapprove? [2]
- Strongly disapprove? [3]

SE-3e. **How do you think most people in your neighborhood would feel about adults driving a car after having 1 or 2 drinks of an alcoholic beverage?**

- Neither approve nor disapprove? [1]
- Somewhat disapprove? [2]
- Strongly disapprove? [3]

Please turn the page.

SE-4. Question SE-4 asks: **How many times have you moved in the past 5 years?**

- On the solid blank line, write in the number of times you have moved in the past 5 years.

SE-5. **Do one or more other people live here with you in this household?**

- If one or more other people live here with you, mark the first box. → (READ Q.SE-6) [1]
- If no one else lives here with you, mark the second box under SE-5 and tell me. → (INSTRUCT @ TO SKIP TO Q.SE-11 AT TOP OF PAGE 4) [2]

Question SE-6 asks how much you agree or disagree with a number of statements about people in your household. As I read each item, please mark one box on each line to indicate how much you agree or disagree.

SE-6a. **How much do you agree or disagree that people in your household often insult or yell at each other?**

- If you strongly agree, mark the first box. [1]
- If you somewhat agree, mark the second box. [2]
- If you somewhat disagree, mark the third box. [3]
- If you strongly disagree, mark the fourth box. [4]

SE-6b. **How much do you agree or disagree that people in your household have serious arguments?**

- Strongly agree? [1]
- Somewhat agree? [2]
- Somewhat disagree? [3]
- Strongly disagree? [4]

SE-6c. **How much do you agree or disagree that people in your household argue about the same things over and over?**

- Strongly agree? [1]
- Somewhat agree? [2]
- Somewhat disagree? [3]
- Strongly disagree? [4]

SE-7. Question SE-7 asks: **Are you currently living with a spouse or partner?**

- If you are currently living with a spouse or partner, mark the first box. → (READ Q.SE-8) [1]
- If you are not currently living with a spouse or partner, mark the second box and tell me. → (INSTRUCT ® TO SKIP TO Q.SE-11 AT TOP OF PAGE 4) [2]

For question SE-8, think about the past 12 months, from your 12-month reference date through today. Please mark how many times each of the following things happened during the past 12 months. Please mark only one box for each item.

SE-8a. **How many times during the past 12 months have you and your spouse/partner spent an hour or more together doing an activity that you both enjoyed?**

- If it was 0 times during the past 12 months, mark the first box. [1]
- If it was 1 or 2 times during the past 12 months, mark the second box. [2]
- If it was a few times during the past 12 months, mark the third box. [3]
- If it was many times during the past 12 months, mark the fourth box. [4]

SE-8b. **How many times during the past 12 months were you and your spouse/partner angry with each other?**

- 0 times? [1]
- 1 or 2 times? [2]
- A few times? [3]
- Many times? [4]

SE-8c. **How many times during the past 12 months did your spouse/partner hit or threaten to hit you?**

- 0 times? [1]
- 1 or 2 times? [2]
- A few times? [3]
- Many times? [4]

SE-8d. **How many times during the past 12 months did you hit or threaten to hit your spouse/partner?**

- 0 times? [1]
- 1 or 2 times? [2]
- A few times? [3]
- Many times? [4]

SE-9. SE-9: **How often is your spouse/partner critical of you?**

- Mark the first box if your spouse/partner is always critical of you. [1]
- Mark the second box if your spouse/partner is sometimes critical of you. [2]
- Mark the third box if your spouse/partner is seldom critical of you. [3]
- Mark the fourth box if your spouse/partner is never critical of you. [4]

SE-10. Question SE-10 asks: **How often does your spouse/partner show concern for your feelings and problems?**

- If your spouse/partner always shows concern for your feelings and problems, mark the first box. [1]
- If your spouse/partner sometimes shows concern for your feelings and problems, mark the second box. [2]
- If your spouse/partner seldom shows concern for your feelings and problems, mark the third box. [3]
- If your spouse/partner never shows concern for your feelings and problems, mark the fourth box. [4]

Please turn the page.

SE-11. **How stressful have things been for you during the past 12 months?**

- If things have been very stressful for you, mark the first box. [1]
- If things have been somewhat stressful for you, mark the second box. [2]
- If things have not been very stressful for you, mark the third box. [3]
- If things have not been at all stressful for you, mark the fourth box. [4]

SE-12. **During the past 12 months, how stressful have things been for your immediate family?**

- Mark the first box if things have been very stressful for your immediate family. [1]
- Mark the second box if things have been somewhat stressful for your immediate family. [2]
- Mark the third box if things have not been very stressful for your immediate family. [3]
- Mark the fourth box if things have not been at all stressful for your immediate family. [4]

SE-13a. Question SE-13a asks: **Not including family members, how many friends do you have who you share personal issues and concerns with?**

- Mark the first box if you have no friends who you share personal issues and concerns with. [1]
- Mark the second box if you have one friend who you share personal issues and concerns with. [2]
- Mark the third box if you have 2 or 3 friends who you share personal issues and concerns with. [3]
- Mark the fourth box if you have 4 or 5 friends who you share personal issues and concerns with. [4]
- Mark the fifth box if you have more than 5 friends who you share personal issues and concerns with. [5]

SE-13b. SE-13b: **Not including family members, how many friends do you have who you spend time with on shared interests and activities?**

- Mark the first box if you have no friends who you spend time with on shared interests and activities. [1]
- Mark the second box if you have one friend who you spend time with on shared interests and activities. [2]
- Mark the third box if you have 2 or 3 friends who you spend time with on shared interests and activities. [3]
- Mark the fourth box if you have 4 or 5 friends who you spend time with on shared interests and activities. [4]
- Mark the fifth box if you have more than 5 friends who you spend time with on shared interests and activities. [5]

SE-13c. **Not including family members, how many friends do you have who really like and care about you?**

- None? [1]
- One? [2]
- 2 or 3? [3]
- 4 or 5? [4]
- More than 5? [5]

Question SE-14 asks how many times you've done a number of activities during the past 12 months. As I read each activity, please mark one box on each line to indicate how many times you did that activity during the past 12 months.

SE-14a. **During the past 12 months, how many times have you carried a handgun?**

- If you have not carried a handgun during the past 12 months, mark the first box. [1]
- If you have carried a handgun 1 or 2 times during the past 12 months, mark the second box. [2]
- If you have carried a handgun 3 to 5 times during the past 12 months, mark the third box. [3]
- If you have carried a handgun 6 to 9 times during the past 12 months, mark the fourth box. [4]
- If you have carried a handgun 10 or more times during the past 12 months, mark the fifth box [5]

SE-14b. **During the past 12 months, how many times have you sold illegal drugs?**

- If you have not sold illegal drugs during the past 12 months, mark the first box. [1]
- If you have sold illegal drugs 1 or 2 times during the past 12 months, mark the second box. [2]
- If you have sold illegal drugs 3 to 5 times during the past 12 months, mark the third box. [3]
- If you have sold illegal drugs 6 to 9 times during the past 12 months, mark the fourth box. [4]
- If you have sold illegal drugs 10 or more times during the past 12 months, mark the fifth box. [5]

SE-14c. **During the past 12 months, how many times have you stolen or tried to steal anything worth more than \$50?**

- 0 times? [1]
- 1 or 2 times? [2]
- 3 to 5 times? [3]
- 6 to 9 times? [4]
- 10 or more times? [5]

SE-14d. **During the past 12 months, how many times have you attacked someone with the intent to seriously hurt them?**

- 0 times? [1]
- 1 or 2 times? [2]
- 3 to 5 times? [3]
- 6 to 9 times? [4]
- 10 or more times? [5]

Now go to page 5 and find Question SE-15 at the top of the page.

Question SE-15 asks how you feel about adults doing various activities. As we go through SE-15, please mark only one box on each line to indicate how you feel about adults doing that activity.

SE-15a. How do you feel about adults smoking one or more packs of cigarettes per day?

- Mark the first box if you neither approve nor disapprove. [1]
- Mark the second box if you somewhat disapprove. [2]
- Mark the third box if you strongly disapprove. [3]

SE-15b. How do you feel about adults trying marijuana or hashish once or twice?

- Neither approve nor disapprove? [1]
- Somewhat disapprove? [2]
- Strongly disapprove? [3]

SE-15c. How do you feel about adults using marijuana or hashish once a month or more?

- Neither approve nor disapprove? [1]
- Somewhat disapprove? [2]
- Strongly disapprove? [3]

SE-15d. How do you feel about adults having one or two drinks of an alcoholic beverage nearly every day?

- Mark the first box if you neither approve nor disapprove. [1]
- Mark the second box if you somewhat disapprove. [2]
- Mark the third box if you strongly disapprove. [3]

SE-15e. How do you feel about adults driving a car after having 1 or 2 drinks of an alcoholic beverage?

- Neither approve nor disapprove? [1]
- Somewhat disapprove? [2]
- Strongly disapprove? [3]

Question SE-16 asks how many of your friends do various activities. As I read each activity, please mark one box on each line to indicate how many of your friends do that activity.

SE-16a. How many of your friends would you say smoke cigarettes?

- Mark the first box if none of your friends smoke cigarettes. [1]
- Mark the second box if a few of your friends smoke cigarettes. [2]
- Mark the third box if most of your friends smoke cigarettes. [3]
- Mark the fourth box if all of your friends smoke cigarettes. [4]

SE-16b. How many of your friends would you say use marijuana or hashish?

- Mark the first box if none of your friends use marijuana or hashish. [1]
- Mark the second box if a few of your friends use marijuana or hashish. [2]
- Mark the third box if most of your friends use marijuana or hashish. [3]
- Mark the fourth box if all of your friends use marijuana or hashish. [4]

SE-16c. **How many of your friends would you say drink alcoholic beverages?**

- None of them? [1]
- A few of them? [2]
- Most of them? [3]
- All of them? [4]

SE-16d. **How many of your friends would you say get drunk at least once a week?**

- None of them? [1]
- A few of them? [2]
- Most of them? [3]
- All of them? [4]

(WAIT FOR ® TO FINISH.)

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

Please put your answer sheet in the envelope.

FI CHECKPOINT W	W1.	WERE TWO PERSONS SELECTED FOR AN INTERVIEW AT THIS SDU?
	YES	<input type="checkbox"/> 1 → (CONTINUE WITH W2.)
	NO	<input type="checkbox"/> 2 → (PUT ANSWER SHEET #21 IN ENVELOPE AND SKIP TO DEMOGRAPHICS ON PAGE 97)
	W2.	WAS A 12-17 YEAR OLD CHILD SELECTED FOR AN INTERVIEW AT THIS SDU?
	YES	<input type="checkbox"/> 1 → (CONTINUE WITH W3.)
	NO	<input type="checkbox"/> 2 → (PUT ANSWER SHEET #21 IN ENVELOPE AND SKIP TO DEMOGRAPHICS ON PAGE 97)
W3.	IS THIS ® THE PARENT (OR LEGAL GUARDIAN) OF THE 12-17 YEAR OLD CHILD WHO WAS SELECTED FOR AN INTERVIEW? (VERIFY "YES" OR "NO" WITH ® IF UNSURE)	
YES	<input type="checkbox"/> 1 → (CONTINUE WITH INTRODUCTION BELOW)	
NO	<input type="checkbox"/> 2 → (PUT ANSWER SHEET #21 IN ENVELOPE AND SKIP TO DEMOGRAPHICS ON PAGE 97)	

The questions on this answer sheet refer to your 12-17 year old child who was also selected to complete an interview. Please think about this child as you answer the questions on this answer sheet.

(HAND ® PARENTING EXPERIENCES ANSWER SHEET #21)

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

PE-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.PE-1)

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

PE-00. Please let me know when you have finished this answer sheet.

(WAIT UNTIL ® HAS FINISHED.)

PE-000. Please check back and make sure you answered every question on this answer sheet. Put the answer sheet in the envelope.

(GO TO PAGE 97, DEMOGRAPHICS.)

PE-1. **What is the birthdate of your 12-17 year old child who also was selected to complete an interview?**

- On the first solid blank line, write in the month your child was born.
- On the second solid blank line, write in the day of the month your child was born.
- On the third solid blank line, write in the last two digits of the year your child was born.

PE-2. **Think about the past 12 months, that is, from your 12-month reference date through today. As I read each of the following activities, please indicate if you think your child has done any of these things during the past 12 months, even once. On each line, mark the box on the left for "YES" if you think your child has done this in the past 12 months. Mark the box on the right for "NO" if you think your child has not done this in the past 12 months.**

- In the past 12 months, do you think your child has smoked one or more cigarettes?
- In the past 12 months, do you think your child has used any chewing tobacco or snuff?
- ...Drank any type of alcoholic beverage?
- ...Used any marijuana or hashish?
- ...Used any form of cocaine, such as powder, "crank," free base or coca paste?
- In the past 12 months, do you think your child has used any inhalant, such as nitrous oxide, glue, paint thinner or certain aerosol sprays?

PE-3. **For question PE-3, again think about your 12-month reference date through today. During the past 12 months, how many times have you talked with your child about the dangers or problems associated with the use of tobacco, alcohol, or other drugs?**

- If you have not talked to your child about the dangers or problems associated with drugs during the past 12 months, mark the first box under question PE-3 and tell me. → (INSTRUCT @ TO SKIP TO Q.PE-5 AT TOP OF PAGE 2) [1]
- If you have talked to your child about the dangers or problems associated with drugs 1 or 2 times during the past 12 months, mark the second box. → (READ Q.PE-4) [2]
- If you have talked to your child about the dangers or problems associated with drugs a few times during the past 12 months, mark the third box. → (READ Q.PE-4) [3]
- If you have talked to your child about the dangers or problems associated with drugs many times during the past 12 months, mark the fourth box. → (READ Q.PE-4) [4]

PE-4. **Think about the most serious and thorough discussion about drugs you had with your child during the past 12 months. About how long did this discussion last?**

- Mark the first box if this discussion lasted less than 10 minutes. [1]
- Mark the second box if this discussion lasted 10 to 30 minutes. [2]
- Mark the third box if this discussion lasted 31 to 60 minutes. [3]
- Mark the fourth box if this discussion lasted more than 60 minutes. [4]

Please turn the answer sheet over.

Question PE-5 asks how much you agree or disagree with a number of statements about your child. As I read each item, please mark one box on each line to indicate how much you agree or disagree.

PE-5a. How much do you agree or disagree that you wish you knew better what to say to your child about drugs?

- If you strongly agree with this statement, mark the first box. [1]
- If you agree with this statement, mark the second box. [2]
- If you disagree with this statement, mark the third box. [3]
- If you strongly disagree with this statement, mark the fourth box. [4]

PE-5b. How much do you agree or disagree that what you say will have little influence on whether your child uses drugs?

- Strongly agree? [1]
- Agree? [2]
- Disagree? [3]
- Strongly disagree? [4]

PE-5c. How much do you agree or disagree that drug education is best handled by the schools, not by parents?

- Strongly agree? [1]
- Agree? [2]
- Disagree? [3]
- Strongly disagree? [4]

PE-5d. How much do you agree or disagree that there are places in your community where you can learn more about how to help prevent your child from using drugs?

- Strongly agree? [1]
- Agree? [2]
- Disagree? [3]
- Strongly disagree? [4]

(WAIT FOR ® TO FINISH.)

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

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. Now I have some questions about your schooling. I need to confirm what you told me earlier about your school experience. Is it correct that the last grade or year you completed in school was: (READ SCHOOL STATUS CATEGORY MARKED IN Q.D-10 ON PAGE 3. MARK CORRECT CATEGORY BELOW.)

® HAS NO SCHOOLING ☐ 0 → (SKIP TO FI
CHECKPOINT
AA)

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

D-16. Are you now ... (READ ANSWER CHOICES)

A full-time student, ☐ 1 → [SKIP TO Q.D-19]

A part-time student, or are you ☐ 2 → [SKIP TO FI
CHECKPOINT AA]

Not enrolled in any school? ☐ 3

FI	MARK ONE BOX: Q.D-15 = 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, or 11	
CHECKPOINT	AND Q.D-16 = 3	<input type="checkbox"/> 1 → (CONTINUE WITH CHECKPOINT Z)
Y	Q.D-15 = 12, 13, 14, 15, 16, or 17	
	AND Q.D-16 = 3	<input type="checkbox"/> 2 → (SKIP TO FI CHECKPOINT AA)

FI	IS @ 50 YEARS OLD OR OLDER?	
CHECKPOINT	YES	<input type="checkbox"/> 1 → (SKIP TO Q.D-21)
Z	NO	<input type="checkbox"/> 2 → (CONTINUE WITH Q.D-17)

D-17. Please look at this card and tell me which one of these reasons best describes why you left school.
(HAND @ SHOWCARD 6.) Just give me the number.

- I WAS GETTING BAD GRADES ☐ 1
- SCHOOL WAS BORING ☐ 2
- I GOT EXPELLED FOR SELLING DRUGS ☐ 3
- I GOT EXPELLED FOR USING DRUGS ☐ 4
- I GOT EXPELLED FOR SOME OTHER
REASON ☐ 5
- I GOT PREGNANT ☐ 6
- I HAD TO GET A JOB BECAUSE I NEEDED
THE MONEY ☐ 7
- I WASN'T LEARNING ANYTHING ☐ 8
- I WENT TO JAIL/PRISON ☐ 9
- OTHER (SPECIFY): _____ ☐ 10

(TAKE BACK SHOWCARD 6.)

D-18. How old were you when you left or stopped attending school?

AGE @ LEFT/STOPPED ATTENDING
SCHOOL → [SKIP TO FI
CHECKPOINT AA)

D-19. 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-20. From your 30-day reference date up to and including today, 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

FI	IS @ 18 YEARS OLD OR OLDER?
CHECKPOINT	YES <input type="checkbox"/> 1 → (CONTINUE WITH Q.D-21)
AA	NO <input type="checkbox"/> 2 → (SKIP TO Q.D-46)

D-21. Now I have some questions about your work status. How many different employers have you had in the past 12 months?

NUMBER OF EMPLOYERS

D-22. I need to confirm what you told me earlier about your present work situation. Is it correct that you are: (READ WORK STATUS CATEGORY MARKED IN Q.D-13 ON PAGE 4. MARK CORRECT CATEGORY BELOW.)

- 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

D-23. During the past 12 months -- that is, from your 12-month reference date through today -- for how many weeks have you been (READ WORK STATUS FROM Q.D-22)? There are 52 weeks in 12 months.

NUMBER OF WEEKS

FI	MARK ONE BOX: Q.D-22 (WORK STATUS) = 1, 2, 3, or 4 <input type="checkbox"/> 1 → (CONTINUE WITH Q.D-24)
CHECKPOINT	Q.D-22 (WORK STATUS) = 5, 6, 7, 8, 9, 10 or 11 <input type="checkbox"/> 2 → (SKIP TO Q.D-36)
BB	

- D-24. The next questions seek to identify whether you work for a large or small business. About how many people work for your employer at all locations? By location, we mean all the offices, stores, etc., regardless of their geographic location, of a certain company. (HAND @ SHOWCARD 7.)

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

- D-25. Thinking about the location where you work, how many people work for your employer out of this office, store, etc.? (HAND @ SHOWCARD 7.)

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

(TAKE BACK SHOWCARD 7.)

- D-26. At your workplace, have you ever been provided with any information regarding the use of alcohol or drugs?

YES ☐ 1
NO ☐ 2
DON'T REMEMBER ☐ 94

- D-27. At your workplace, is there a written policy regarding employee use of alcohol or drugs?

YES ☐ 1
NO ☐ 2
DON'T KNOW ☐ 94

→ (SKIP TO Q.D-29)

- D-28. Does this policy cover only alcohol, only drugs, or both alcohol and drugs?

ONLY ALCOHOL ☐ 1
ONLY DRUGS ☐ 2
BOTH ALCOHOL AND DRUGS ☐ 3
DON'T KNOW ☐ 94

- D-29. Through your workplace, is there access to any type of employee assistance program or other type of counseling program for employees who have alcohol or drug-related problems?

YES ☐ 1
NO ☐ 2
DON'T KNOW ☐ 94

D-30. Are there any circumstances under which your workplace tests its employees for...

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>
a. Alcohol usage?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 94
b. Drug usage?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 94

FI	MARK ONE BOX:	Q.D-30a = NO or DK	<input type="checkbox"/> 1	→ (SKIP TO Q.D-32)
CHECKPOINT		AND Q.D-30b = NO or DK	<input type="checkbox"/> 1	
CC		Q.D-30a <u>or</u> Q.D-30b = YES	<input type="checkbox"/> 2	→ (CONTINUE WITH Q.D-31)

D-31. Under what circumstances does your workplace or business test its employees for drug or alcohol usage?
Is it conducted ... (READ ALL CATEGORIES)

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>
a. As part of the hiring process?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 94
b. On a random basis?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 94
c. Based on the reasonable suspicion of a supervisor?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 94
d. Following a work-related accident?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 94
e. For some other reason, such as testing subsequent to treatment?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 94

D-32. Would you be more or less likely to want to work for an employer that tests its employees for drug usage as part of the hiring process? Would you say ...

More likely, ☐ 1
Less likely, or ☐ 2
Would it make no difference to you? ☐ 3

D-33. Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol usage on a random basis? Would you say ...

More likely, ☐ 1
Less likely, or ☐ 2
Would it make no difference to you? ☐ 3

D-34. Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol usage based on the reasonable suspicion of a supervisor? Would you say ...

More likely, ☐ 1
Less likely, or ☐ 2
Would it make no difference to you? ☐ 3

D-35. Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol usage following a work-related accident? Would you say ...

- More likely, ☐ 1
Less likely, or ☐ 2
Would it make no difference to you? ☐ 3

→ (SKIP TO
Q.D-37)

D-36. In what month and year did you last work for pay?

MONTH
YEAR 19
NEVER WORKED FOR PAY ☐ 9991

→ (SKIP TO FI
CHECKPOINT DD)

D-37. 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-38. What (are/were) your most important activities or duties in that job? (PROBE FOR DETAIL.)

DUTIES: _____

D-39. 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-40. (Is/was) this mainly ... (READ ANSWER CHOICES)

- Manufacturing, ☐ 1
Wholesale trade, ☐ 2
Retail trade, or ☐ 3
Something else? (SPECIFY):
_____ ☐ 4

FI
CHECKPOINT

MARK ONE BOX:

Q.D-22 ON PAGE 99 (WORK STATUS) = 1, 2, 3, or 4 ☐ 1 → (CONTINUE WITH
Q.D-41)

DD

Q.D-22 ON PAGE 99 (WORK STATUS) = 5, 6, 7, 8,
9, 10 or 11 ☐ 2 → (SKIP TO
Q.D-46)

- D-41. 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-42. 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-43. Now, think about the next 12 months. How likely do you think it is that you will lose your job or be laid off sometime in the next 12 months? Would you say ...

Very likely, ☐ 1
Somewhat likely, ☐ 2
Somewhat unlikely, or ☐ 3
Very unlikely? ☐ 4

- D-44. How easy do you think it would be for you to find a job with a different employer with approximately the same income and benefits you now receive? Would you say ...

Very easy, ☐ 1
Somewhat easy, ☐ 2
Somewhat difficult, or ☐ 3
Very difficult? ☐ 4

- D-45. Overall, how satisfied are you with your current job? Would you say you are ...

Very satisfied, ☐ 1
Somewhat satisfied, ☐ 2
Somewhat dissatisfied, or ☐ 3
Very dissatisfied? ☐ 4

D-46. Altogether, how many people live here now, including yourself?

NUMBER OF RESIDENTS IN HOUSEHOLD ... → (IF "1," SKIP TO FI CHECKPOINT FF)

D-47. Now I need some additional information about each person who lives here. Starting with the oldest person, please tell me how old each person was on his or her last birthday.

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

(AFTER ALL PERSONS ARE LISTED, ASK Q.D-47a AND Q.D-47b FOR EACH PERSON.)

D-47a. Is the (AGE) person a male or a female? (CIRCLE CORRECT SEX IN COLUMN D.)

D-47b. (HAND SHOWCARD 8.) Please look at this card and tell me which category best describes (his/her) relationship to you. (USE LISTING ON NEXT PAGE TO ASSIGN THE APPROPRIATE CODE. RECORD CODE IN COLUMN E. ASK FOLLOWUP QUESTIONS AS NECESSARY.)

(TAKE BACK SHOWCHARD 8.)

TABLE OF HOUSEHOLD MEMBERS

Col. A	Col. B	Col. C	Col. D	Col. E
Person Number	Age in Years (for persons 2 years or older)	Age in Months (for children younger than 2)	Sex	Relationship Code
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	
13			M F	
14			M F	

(CONTINUE ON NEXT PAGE IF NEEDED)

FI WERE TWO PEOPLE SELECTED FOR INTERVIEW IN THIS HOUSEHOLD?

CHECKPOINT YES ☐ 1 → (CIRCLE PERSON NUMBER OF OTHER SAMPLE PERSON IN COLUMN A, THEN GO TO FI CHECKPOINT FF.)

EE NO ☐ 2 → (SKIP TO FI CHECKPOINT FF.)

RELATIONSHIP CODES FROM SHOWCARD 8

- 01 SELF
- 02 MOTHER OR FATHER → **Is this your biological, step-, adoptive, or foster (mother/father)?** RECORD APPROPRIATE CODE IN HOUSEHOLD ROSTER. IF @ IS UNSURE, RECORD CODE "02":
- 21 BIOLOGICAL MOTHER OR FATHER
22 STEP-MOTHER OR FATHER
23 ADOPTIVE MOTHER OR FATHER
24 FOSTER MOTHER OR FATHER
- 03 SON OR DAUGHTER → **Is this your biological, step-, adoptive, or foster (son/daughter)?** RECORD APPROPRIATE CODE IN HOUSEHOLD ROSTER. IF @ IS UNSURE, RECORD CODE "03":
- 31 BIOLOGICAL SON OR DAUGHTER
32 STEP-SON OR DAUGHTER
33 ADOPTIVE SON OR DAUGHTER
34 FOSTER SON OR DAUGHTER
- 04 BROTHER OR SISTER → **Is this your full, half, step-, adoptive, or foster (brother/sister)?** RECORD APPROPRIATE CODE IN HOUSEHOLD ROSTER. IF @ IS UNSURE, RECORD CODE "04":
- 41 FULL BROTHER OR SISTER → IF SAME AGE AS @:
IF IDENTICAL, CODE 46
IF FRATERNAL, CODE 47
IF @ IS UNSURE, CODE 41
- 42 HALF BROTHER OR SISTER
43 STEP-BROTHER OR SISTER
44 ADOPTIVE BROTHER OR SISTER
45 FOSTER BROTHER OR SISTER
- 05 HUSBAND OR WIFE
- 06 UNMARRIED PARTNER
- 07 HOUSEMATE/ROOMMATE
- 08 SON-IN-LAW OR DAUGHTER-IN-LAW
- 09 GRANDDAUGHTER OR GRANDSON
- 10 MOTHER-IN-LAW OR FATHER-IN-LAW
- 11 GRANDMOTHER OR GRANDFATHER
- 12 BOARDER/ROOMER/EXCHANGE STUDENT/ETC.
- 13 OTHER RELATIVE
- 14 OTHER NON-RELATIVE

TABLE OF HOUSEHOLD MEMBERS, CONTINUED

Col. A	Col. B	Col. C	Col. D	Col. E
Person Number	Age in Years (for persons 2 years or older)	Age in Months (for children younger than 2)	Sex	Relationship Code
15			M F	
16			M F	
17			M F	
18			M F	
19			M F	
20			M F	

(REMEMBER TO COMPLETE FI CHECKPOINT EE ON PAGE 104.)

FI CHECKPOINT FF	MARK ONE BOX:		
	® IS FEMALE LESS THAN 45 YEARS OLD	<input type="checkbox"/> 1	→ (CONTINUE WITH Q.D-48)
	® IS FEMALE 45 YEARS OR OLDER	<input type="checkbox"/> 2	→ (SKIP TO FI CHECKPOINT GG)
® IS MALE	<input type="checkbox"/> 3		

D-48. Are you currently pregnant?

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

D-49. How many months pregnant are you?

NUMBER OF MONTHS
 PREGNANT

FI CHECKPOINT GG	IS ® THE ONLY ADULT 18 OR OLDER LIVING IN THIS HOUSEHOLD?		
	YES	<input type="checkbox"/> 1	→ (SKIP TO Q.D-52)
	NO	<input type="checkbox"/> 2	→ (CONTINUE WITH Q.D-50)

D-50. Who is considered to be the chief wage earner or source of income in this household?

RESPONDENT ☐ 1 → (SKIP TO Q.D-52)
 SOMEONE ELSE (SPECIFY RELATIONSHIP TO ®) ☐ 2

INCOME CONTRIBUTED EQUALLY
 BY ® AND SOMEONE ELSE
 (SPECIFY RELATIONSHIP TO ®) .. ☐ 3

NO ONE ☐ 4 → (SKIP TO Q.D-52)

D-51. Does (he/she) work ... (READ ANSWER CHOICES)

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

D-52. **During the past 12 months**, how many times did you attend religious services? Please do **not** include special occasions such as weddings, christenings, funerals, or other special events in your answer. Would you say...

- 0 times, ☐ 1
1 to 2 times, ☐ 2
3 to 5 times, ☐ 3
6 to 24 times, ☐ 4
25 to 52 times, or ☐ 5
More than 52 times? ☐ 6

D-53. I am going to read some statements about the role that religious beliefs may play in your life. Please tell me if you strongly disagree, disagree, agree, or strongly agree with each statement. (READ ALL STATEMENTS.)

- | | STRONGLY
DISAGREE | DISAGREE | AGREE | STRONGLY
AGREE |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| a. My religious beliefs are a very important part of my life | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| b. My religious beliefs influence how I make decisions in my life | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| c. It is important that my friends share my religious beliefs | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

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 110.)

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 110)

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 110)

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 110)

FI
CHECKPOINT

HH

(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 9.)

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

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

→ (SKIP TO
Q.AC-4)

(TAKE BACK SHOWCARD 9.)

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 SEC-
TION ON PAGE
113.)

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
NO ☐ 2
DON'T KNOW ☐ 94

→ (SKIP TO HEALTH
INSURANCE SECTION
ON PAGE 113)

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 113)

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.

- HI-1. Several government programs provide medical care or help pay medical bills. (HAND @ SHOWCARD 10.) People covered by Medicare have a card that looks like this. (PAUSE) (Are you/Is 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 10.)

- HI-2. (Are you/Is SAMPLE MEMBER) currently covered by Medicaid or Medical Assistance? Medicaid or Medical Assistance is a public assistance program that pays for medical care. (In this state, Medicaid is also known as (MEDICAID STATE NAME(S)); Medical Assistance may be known as (MEDICAL ASSISTANCE STATE NAME(S)).)

YES ☐ 1
NO ☐ 2

- HI-3. (Are you/Is SAMPLE MEMBER) currently covered by CHAMPUS or TRICARE, 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. Private health insurance can be obtained through work, such as through an employer, union, or professional association, or by paying premiums directly to a health insurance company. (Are you/Is SAMPLE MEMBER) currently covered by private health insurance?

YES ☐ 1 → (ASK Q.HI-5.)
NO ☐ 2 → (SKIP TO FI CHECKPOINT II)

- HI-5. Was (your/SAMPLE MEMBER'S) private health insurance obtained through work, such as through an employer, union, or professional association?

YES ☐ 1
NO ☐ 2

HI-6. Does (your/(SAMPLE MEMBER'S)) private health insurance include coverage for treatment for any of the following conditions? (READ ALL CATEGORIES.)

	YES	NO	DON'T KNOW
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

FI	Q.HI-1 <u>OR</u> Q.HI-2 <u>OR</u> Q.HI-3 <u>OR</u> Q.HI-4 = YES	<input type="checkbox"/> 1 → (CONTINUE WITH Q.HI-7 BELOW)
CHECKPOINT	Q.HI-1 <u>AND</u> Q.HI-2 <u>AND</u> Q.HI-3 <u>AND</u> Q.HI-4 = NO	<input type="checkbox"/> 2 → (SKIP TO Q.HI-9)
II	Q.HI-1 THROUGH Q.HI-4 <u>ALL</u> = DK/REF	<input type="checkbox"/> 3 → (SKIP TO INCOME ON P. 116)

HI-7. During the past 12 months, was there any time when (you/(SAMPLE MEMBER)) did not have any kind of health insurance or coverage?

YES ☐ 1 → (CONTINUE WITH Q.HI-8.)
 NO ☐ 2 → (SKIP TO INCOME ON P. 116.)

HI-8. During the past 12 months, about how many months were (you/(SAMPLE MEMBER)) without any kind of health insurance or coverage?

NUMBER OF MONTHS WITHOUT COVERAGE → (SKIP TO INCOME ON P. 116)

HI-9. About how long has it been since (you/(SAMPLE MEMBER)) last had any kind of health care coverage? Would you say it's been ...

within the past 6 months ☐ 1
 more than 6 months ago, but within the past 12 months ... ☐ 2
 more than 12 months ago, but within the past 3 years ☐ 3
 more than 3 years ago, or ☐ 4
 have you never had any coverage? ☐ 5 → (SKIP TO Q.HI-11.)

HI-10. (HAND ® SHOWCARD 11.) When you were last covered, what kind of health care coverage did you have? (MARK ALL THAT APPLY.)

PRIVATE HEALTH INSURANCE ☐ 1
 MEDICAID OR MEDICAL ASSISTANCE ☐ 2
 MILITARY HEALTH CARE (CHAMPUS, TRICARE,
 CHAMPVA, the VA) ☐ 3
 MEDICARE ☐ 4
 SOME OTHER GOVERNMENT PROGRAM ☐ 5
 SOME OTHER KIND OF COVERAGE (SPECIFY) ☐ 6

(TAKE BACK SHOWCARD 11.)

HI-11. (HAND @ SHOWCARD 12.) Which of the reasons on this card describe why (you/(SAMPLE MEMBER)) (stopped being covered by health insurance/never had health insurance)? (MARK ALL THAT APPLY.)

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

(TAKE BACK SHOWCARD 12).

INCOME

These next questions are about the kinds and amounts of income that you receive. These questions refer to the calendar year 1997 rather than to the past 12 months that were referred to in some earlier questions. The calendar year 1997 would be from January 1, 1997, through December 31, 1997.

- I-1. In 1997, 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 1997, did any other family member living here receive Social Security or Railroad Retirement payments?

YES ☐ 1

NO ☐ 2

- I-3. In 1997, 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 1997, did any other family member living here receive Supplemental Security Income or SSI?

YES ☐ 1

NO ☐ 2

- I-5. At any time during 1997, even for one month, did (you/(SAMPLE MEMBER)) receive any government payments, such as temporary assistance for needy families or public assistance, because of low income?

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. At any time during 1997, even for one month, did any other family member living here receive any government payments, such as temporary assistance for needy families or public assistance, because of low income?

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 1997?

AFDC/ADC ☐ 1
OTHER ☐ 2
BOTH ☐ 3

I-8. In 1997, did (you/(SAMPLE MEMBER)) or anyone in your family living here receive food stamps?

YES ☐ 1
NO ☐ 2

I-9. In 1997, because of low income, did (you/(SAMPLE MEMBER)) receive any other kind of welfare assistance, such as help with getting a job, placement in education or job training programs, or help with transportation, child care, or housing?

YES ☐ 1 → (SKIP TO Q. I-11.)
NO ☐ 2 → (IF NO OTHER FAMILY MEMBERS IN HH, SKIP TO FI CHECKPOINT JJ, OTHERWISE ASK Q. I-10.)

I-10. In 1997, because of low income, did any other family member living here receive any other kind of welfare assistance, such as help with getting a job, placement in education or job training programs, or help with transportation, child care, or housing?

YES ☐ 1
NO ☐ 2

FI	ANY QUESTION Q.I-5 THROUGH Q.I-10 MARKED "YES"? <input type="checkbox"/> 1 → (CONTINUE WITH Q.I-11 BELOW)
CHECKPOINT	NONE OF THE QUESTIONS Q.I-5 THROUGH Q.I-10 MARKED "YES"? <input type="checkbox"/> 2 → (SKIP TO Q.I-12)
JJ	

I-11. For how many months in 1997 did (you/(SAMPLE MEMBER)) or any other family member living here receive any type of welfare assistance?

NUMBER OF MONTHS RECEIVED ASSISTANCE

I-12. In 1997, 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, IRAs or certificates of deposit, interest earning checking accounts, bonds, or any other investments that earn interest.

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 1997, 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-14. In 1997, did (you/(SAMPLE MEMBER)) receive any child support payments?

YES ☐ 1 → (SKIP TO Q. I-16)

NO ☐ 2 → (IF NO OTHER FAMILY MEMBERS IN HH, SKIP TO Q. I-16, OTHERWISE ASK Q. I-15.)

I-15. In 1997, did any other family member living here receive any child support payments?

YES ☐ 1

NO ☐ 2

I-16. In 1997, did (you/(SAMPLE MEMBER)) receive income from wages or pay earned while working at a job or business?

YES ☐ 1 → (SKIP TO Q. I-18.)

NO ☐ 2 → (IF NO OTHER FAMILY MEMBERS IN HH, SKIP TO Q. I-18, OTHERWISE ASK Q. I-17.)

I-17. In 1997, did any other family member living here receive income from wages or pay earned while working at a job or business?

YES ☐ 1

NO ☐ 2

I-18. In 1997, did (you/(SAMPLE MEMBER)) receive income from any other sources, such as Veterans Administration payments, worker's 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-20)

NO ☐ 2 → (IF NO OTHER FAMILY MEMBERS IN HH, SKIP TO Q. I-20,
OTHERWISE ASK Q. I-19.)

I-19. In 1997, did any other family member living here receive income from any other sources, such as Veterans Administration payments, worker's 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-20. The next two questions are about (your/(SAMPLE MEMBER'S)) total personal income during 1997 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 1997 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 13)

LESS THAN \$20,000 ☐ 2 → (HAND
SHOWCARD 14)

I-21. Of these income groups, which letter best represents (your/(SAMPLE MEMBER'S)) total personal income during 1997? 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 13 OR 14.)

FI	ARE THERE OTHER FAMILY MEMBERS LIVING IN THIS HOUSEHOLD?	
CHECKPOINT	YES	<input type="checkbox"/> 1 → (CONTINUE WITH Q.I-22)
KK	NO	<input type="checkbox"/> 2 → (SKIP TO Q.I-24 ON PAGE 123)

I-22. The next two questions are about the total family income during 1997 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 1997 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	<input type="checkbox"/> 1 → (HAND SHOWCARD 13)
LESS THAN \$20,000	<input type="checkbox"/> 2 → (HAND SHOWCARD 14)

I-23. Of these income groups, which letter best represents the total combined family income during 1997 (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 13 OR 14.)

I-24. 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

THANK @. BE SURE YOU HAVE ALL SHOWCARDS AND PILLCARDS.

FI RECORD THE TIME HERE.

CHECKPOINT

TIME WHEN REACHED

THIS POINT :

HOUR MIN.

LL

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. (TEAR OUT VERIFICATION FORM FROM THIS BOOKLET. IF PAPER SCREENING, PEEL THIS @'S CORRECT LABEL OFF OF SCREENING FORM, AND PLACE IT ON VERIFICATION FORM. PRINT FI 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. How private was the interview?

- Completely private--no one was in the room or could overhear
any part of the interview ☐ 1 → (SKIP TO Q.FI-6)
- Fairly private--person(s) in the room or listening less than ¼
of the time ☐ 2
- Somewhat private--person(s) in the room or listening ¼ to
½ of the time ☐ 3
- Not very private--serious interruptions of privacy more than
half the time ☐ 4
- Not private at all--constant presence of other person(s) ☐ 5

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 some or all of the
Answer Sheet responses ☐ 2

FI-7. Why did you mark the respondent's answers on the answer sheets?

┌ ┐
(OFFICE USE)

FI-8. Please write a note about anything else you think will be helpful for the interpretation and understanding of this interview.

┌ ┐
(OFFICE USE)

[COMPLETE POST-INTERVIEW PROCEDURES ON NEXT PAGE. →]

COMPLETE THE EDIT CHECKLIST FOR SCREENING AND INTERVIEWING, ESPECIALLY NOTING THE FOLLOWING POST-INTERVIEW CHECKS:

PAPER SCREENING

- 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 F) IS FILLED IN.
- C. VERIFY THAT CORRECT INFORMATION IS ENTERED IN SCREENING FORM "RECORD OF CALLS" (SECTION I/SECTION M) AND THAT PROPER CODES FROM "RESULT CODES" BOXES (SECTION H/SECTION L) ARE ENTERED ON THE FRONT OF THE SCREENING FORM.
- D. TRANSFER STATUS CODE(S), HU/GQU TYPE, AND ROSTER NUMBER(S) TO ACF FORM.
- E. ASK ® FOR THE LARGE ENVELOPE WITH 21 ANSWER SHEETS IN IT, PLACE THE SCREENING FORM, THIS QUESTIONNAIRE, AND THE COMPLETED REFERENCE DATE CALENDAR IN IT, AND SEAL THE ENVELOPE WITH THE "CONFIDENTIAL" TAPE.
- F. ASK ® FOR THE SMALL ENVELOPE WITH THE VERIFICATION FORM. THANK ® AGAIN FOR PARTICIPATING. INVITE ® TO GO WITH YOU TO THE NEAREST MAILBOX.
- G. MAIL BOTH ENVELOPES IMMEDIATELY.

NEWTON SCREENING

- A. ASK ® FOR THE LARGE ENVELOPE WITH 21 ANSWER SHEETS IN IT, PLACE THIS QUESTIONNAIRE AND THE COMPLETED REFERENCE DATE CALENDAR IN IT, AND SEAL THE ENVELOPE WITH THE "CONFIDENTIAL" TAPE.
- B. ASK ® FOR THE SMALL ENVELOPE WITH THE VERIFICATION FORM. THANK ® AGAIN FOR PARTICIPATING. INVITE ® TO GO WITH YOU TO THE NEAREST MAILBOX.
- C. MAIL BOTH ENVELOPES IMMEDIATELY.



VERSION EN ESPANOL AL OTRO LADO

285395

NOTICE: Public reporting burden for this collection of information is estimated to average 2 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to DHHS Reports Clearance Officer, Paperwork Reduction Project (0930-0110); Room 531-H; Humphrey Building; 200 Independence Ave., SW; Washington, DC 20201. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0110.

OMB No.: 0930-0110

Expires: 01-31-99

VERIFICATION FORM

As part of our quality control program, we plan to contact a portion of the survey participants to verify that the interviewer has followed the correct procedures. We only ask general questions; no specific information is required. We sincerely appreciate your cooperation.

Please complete the following items. (PLEASE PRINT CLEARLY!)

YOUR ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME TELEPHONE NUMBER: (_____) _____ - _____
(Area Code) (Number)

TODAY'S DATE: _____ TIME: _____

To be completed by interviewer:

INTERVIEWER: _____

ID #:

--	--	--	--	--	--

IF PAPER SCREENING FORM:

- IF CODE 31/70, PLACE "A" LABEL HERE
- IF CODE 32/70, PLACE:
 "A" LABEL HERE FOR "A" INTERVIEW
 "B" LABEL HERE FOR "B" INTERVIEW

NOTES: _____

If respondent is 12-17 years old, which adult granted permission for the interview? (Examples: father, mother, etc.)

Relationship to Respondent

ENGLISH VERSION ON OTHER SIDE

AVISO: El trabajo que la recolección de esta información impone a un participante se ha estimado en 2 minutos, incluyendo el tiempo para revisar las instrucciones, buscar fuentes de datos existentes, recolectar y mantener la información necesaria, y completar y revisar la recolección de información. Envíe sus comentarios con referencia a este estimado de trabajo, incluyendo algún aspecto de como se pueda reducir la carga, a: DHHS Reports Clearance Officer, Paperwork Reduction Project (0930-0110); Room 531-H; Humphrey Building; 200 Independence Avenue, SW, Washington, DC 20201. Una agencia no puede recolectar o patrocinar, ni es una persona requerida a responderle, a la recolección de información si no se muestra un número de control válido del OMB. El número de control de OMB para este proyecto es 0930-0110.

OMB No: 0930-0110

Expira: 1-31-99

PLANILLA DE VERIFICACIÓN

Como parte de nuestro programa del control de la calidad, nos pondremos en contacto con una porción de los participantes de esta encuesta para asegurar que el (la) entrevistador(a) haya seguido el proceso exacto. Las preguntas serán muy generales y ninguna información específica será requerida. Agradecemos su cooperación.

Por favor llene la siguiente información. (FAVOR DE ESCRIBIR CLARAMENTE.)

SU DOMICILIO: _____

CIUDAD: _____ ESTADO: _____ ZIP: _____

NÚMERO TELEFÓNICO DEL HOGAR: (_____)
(Código del área) (Número)

FECHA DE HOY: _____ HORA: _____

To be completed by interviewer:

INTERVIEWER: _____

ID #:

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IF PAPER SCREENING FORM:

- IF CODE 31/70, PLACE "A" LABEL HERE
- IF CODE 32/70, PLACE:
"A" LABEL HERE FOR "A" INTERVIEW
"B" LABEL HERE FOR "B" INTERVIEW

NOTES: _____

If respondent is 12-17 years old, which adult granted permission for the interview? (Examples: father, mother, etc.)

Relationship to Respondent