

IN5. Interview start time _____ a.m. | p.m. [CIRCLE ONE]

[LABEL]



DEMOGRAPHICS

D1. How old are you? _____

D2. a) Are you of Hispanic or Latino/a origin or background? **[0= NO, SKIP TO D3; 1= YES]** _____

b) Which background describes you best: _____

- 1= Mexican, Mexican American, Chicano/a;
- 2= Puerto Rican; or,
- 3= Cuban?

4= OTHER **[SPECIFY]** _____

D3. a) How would you describe your racial background; that is, which group or groups describe you best: _____

- 1= White;
- 2= Black or African-American;
- 3= American Indian or Alaskan Native;
- 4= Native Hawaiian or Other Pacific Islander; or,
- 5= Asian? **[ASK D3b]** _____

6= OTHER **[SPECIFY]** _____

[IF NON-ASIAN, SKIP TO D4]

b) How would you describe yourself: _____

- 1= Asian Indian or Pakistani;
- 2= Chinese;
- 3= Filipino/a;
- 4= Japanese;
- 5= Korean; or,
- 6= Vietnamese?

7= OTHER **[SPECIFY]** _____

D4. a) Were you born in the United States or U.S. Territories? **[0= NO; 1= YES, SKIP TO D5]** _____

b) In what country were you born? **[SPECIFY]** _____

c) Are you now a United States citizen? **[0= NO; 1= YES, SKIP TO D5]** _____

d) What is your current status: _____

- 1= Permanent resident with green card;
- 2= Work or other visa;
- 3= Other legal documents; or,
- 4= No legal documents?

[IF INTERVIEW COMPLETED, SKIP TO URINE SAMPLE REQUEST]

IN7. [IF PARTIAL INTERVIEW, RECORD END TIME AND REASON]

a) Partial interview end time a) _____ a.m. | p.m. **[CIRCLE ONE]**

b) Reason not completed b) _____

- 1= DID NOT WANT TO
- 2= TAKEN TO COURT
- 3= RELEASED
- 4= TRANSFERRED
- 5= MEDICAL UNIT
- 6= VIOLENT OR UNCONTROLLED BEHAVIOR
- 7= PHYSICALLY ILL
- 8= LANGUAGE **[SPECIFY]** _____
- 9= SHIFT ENDED
- 10= OTHER **[SPECIFY]** _____

Urine Sample Request



As I mentioned at the start of the interview, we are also collecting urine specimens. Again, results are completely confidential and unavailable to anyone else, so it cannot affect your case. (I am going to ask the officer to take you to a restroom for me. After you've finished, I can give you a *[incentive]* for participating in the study.) Thank you.

U1. _____

Urine specimen status

- 0= RESPONDENT REFUSED
- 1= SPECIMEN PROVIDED
- 2= RESPONDENT ATTEMPTED BUT NO SPECIMEN PROVIDED
- 3= RESPONDENT NOT AVAILABLE, e.g., TAKEN TO COURT
- 4= OTHER **[SPECIFY]** _____

D5. a) What is the highest educational degree you have: _____

- 1= High school or GED;
- 2= Vocational or trade school;
- 3= Some college or two-year associate degree, including nursing and teaching certification; or,
- 4= Four-year college degree or higher?
- 5= [NO DEGREE] [ASK D5b]

[IF DEGREE, SKIP TO D6]

b) What is the last grade or year that you completed in school?
[0= NO SCHOOLING, 1-12= FIRST-TWELFTH GRADES] _____

D6. What is your current work status: _____

- 1= Working full-time; that is, 35 or more hours per week in one or more jobs, including self-employment;
- 2= Working part-time;
- 3= Currently on active military status;
- 4= Have a job, but out due to illness/leave/furlough/strike;
- 5= Have seasonal work, but currently not working;
- 6= Unemployed or laid off and looking for work;
- 7= Unemployed and not looking for work;
- 8= Full-time homemaker;
- 9= In school only;
- 10= Retired; or,
- 11= Disabled for work?
- 12= OTHER [SPECIFY] _____

D7. a) Are you currently covered by health insurance? **[0= NO, SKIP TO D8; 1= YES]** _____

b) What type: _____

- 1= Individually purchased;
- 2= Employer or union funded, this includes state employee benefits;
- 3= State government funded, this includes welfare or Medicaid;
- 4= Retirement Medicare; or,
- 5= Disability Medicare?

6= MULTIPLE TYPES [SPECIFY] _____

D8. What is your most recent legal marital status: _____

- 1= Single, never been married;
- 2= Divorced;
- 3= Legally separated;
- 4= Widowed; or,
- 5= Married, this includes common law marriages?

D9. During the past 30 days, where have you lived most of the time: _____

- 1= Your own house, mobile home, or apartment;
- 2= Someone else's house mobile home, or apartment;
- 2= Residential hotel, rooming house, dormitory, group home, student housing, or military base;
- 3= Hospital, treatment facility, or extended care facility;
- 4= Jail, prison, or correctional boot camp;
- 5= Shelter; or,
- 6= No fixed residence or homeless?

[SKIP TO CALENDAR; TURN PAGE]

7= OTHER [SPECIFY] _____

Calendar

COUNT
PRIOR TO
12
MONTHS

1		PAST	12	MONTHS	1	2
H0						
H1						
H2						
H3						
H4						
H5						
H6						
H7						
H8						
H9						
H10						
H11						

START HERE

This is completely confidential so no information will be used to identify you in any way. I will ask you questions about your housing situation and contact with different health care providers—including substance abuse treatment programs—as well as about arrests, times in jail or prison, and use of alcohol and other drugs. You do not need to tell me anything specific about what happened or why.

[TURN PAGE, COMPLETE ALL EVER QUESTIONS]

ANCHORS:

Next we're going to talk about your experiences month-by-month in the past year. To help organize this information, we're going to use this calendar, which allows us to record your answers according to when something occurred. We'll start with the first month [*month 1*] and move forward by month through today [*date*], but please feel free to go back if you recall something we missed along the way.

[SHOW CALENDAR TO RESPONDENT]

To begin, let's note some dates that may help you remember things. For example, there's New Year's Day in winter, the Fourth of July in summer, Thanksgiving in fall, and your birthday.

When is your birthday?

Are there other dates associated with birthdays, anniversaries, or significant events that we can note on the calendar? You don't need to tell me anything that you think is too personal.

METH3.

[If Yes to METH 2a]:How did you learn to cook meth?

- Friend
- Parent
- Family member (other than parent)
- Cell mate
- Dealer
- Another user
- From the internet
- Book or other printed recipe

Other [SPECIFY] _____

d) Where did you get the [ephedrine/pseudoephedrine/OTC pills] you used to make meth [got for someone else]?

- Bought them from the internet
- Bought them from someone else dealing meth
- Bought them from someone else dealing chemicals
- Bought them over the counter from a retail store
- Bought them from a mail order catalog
- Bought them from an employee at a retail store who was selling them on his/her own
- Stole them
- Traded something for them

Other [SPECIFY] _____

e) Was it hard to get the ephedrine/pseudoephedrine? [YES/NO/SOMETIMES]

f) Where did you cook it?

- Didn't cook it
- Your own house/apt/mobile home
- Someone else's house/apt/mobile home
- Hotel/motel
- Vehicle
- Storage unit
- Outdoors

Other [SPECIFY] _____

g) What did you do with the leftover ingredients?

- Left it in containers
- Dumped it in the ground or in a stream/river
- Buried it
- Poured it down the drain

Other [SPECIFY] _____

IN6.

Interview end time

_____ a.m. | p.m. [CIRCLE ONE]

Methamphetamine

0=NO
1=YES

METH1.

You said you've used meth in the past 30 days.
The last time you used meth, was it meth you made yourself?

Y/N [If Yes, skip to METH2b]

a) **[IF NO]** Do you personally know the person who made/cooked your meth?

b) [If yes] Was it the person who sold it to you?

c) Was the meth made in...

[CHECK ALL THAT APPLY]

- The city/town you live in
- The county you live in
- The state you live in
- This country

A different country **[SPECIFY]** _____

Don't Know

METH2.

Have you ever made/ manufactured methamphetamine? By manufacture, we mean cooked methamphetamine out of raw materials or chemicals.

b) [If Yes] Have you made methamphetamine in the past 30 days?

c) [If No] In the past 30 days, have you gotten chemicals or ingredients for someone else to make meth with?

d) **[IF YES TO 2B OR 2C]** The last time you [made meth] [or got chemicals], what chemicals did you use [get]?

[CHECK ALL THAT APPLY]

- Ephedrine
- Pseudoephedrine
- Freon
- Red phosphorous

Tablets [over the counter] **[SPECIFY TYPE]** _____

- Caffeine
- Vitaflex
- Lactose
- MSM
- Iodine
- Hydrochloric gas/acid

Other **[SPECIFY]** _____

CUT 2"

OK, let's start with where you have lived. We'll use the calendar to record where you lived each month over the last 12 months.

H0.

In the past 12 months, how many places did you live in?

H1.

Starting in [month 1], where did you live most of the time:

- 1= Your own house, mobile home, or apartment;
- 2= Someone else's house, mobile home, or apartment;
- 3= Residential hotel, rooming house, dormitory, group home, student housing, or military base;
- 4= Hospital, treatment facility, or extended care facility;
- 5= Jail, prison, or correctional boot camp;
- 6= Shelter; or,
- 7= No fixed residence or homeless?
- 8= OTHER

H2-H11.

Did your housing situation change between [month 1] and [1st anchor]?

[RECORD HOUSING SITUATION; CODE 1-7 FOR MONTHS 2-11]

NEXT

cut
2.75"

T1	T4	T5	T6	T7	T8	T9	T10	T11	T12	T13	T14	T15	T16	T17
T2	T18	T19	T20	T21	T22	T23	T24	T25	T26	T27	T28	T29	T30	T31
T3	T32	T33	T34	T35	T36	T37	T38	T39	T40	T41	T42	T43	T44	T45

EVER [0=NO, 1=YES]

[IF NO HEALTHCARE/TREATMENT (T1-T3), FLIP PAGE]

Using the calendar, now let's look at your health care and treatment experiences, month-by-month over the last twelve months.

T1. Did you ever stay at least overnight in an inpatient or residential drug or alcohol treatment program, for example, detox, rehab, a therapeutic community, or a hospital?

T4-T15. [IF EVER INPATIENT] Between [month 1] and today, did you stay at least overnight in an inpatient or residential drug or alcohol treatment program, for example, detox, rehab, a therapeutic community, or a hospital? [IF NO, CODE 0 IN EACH CELL AND SKIP TO T17]

- ◆ When? [FOR EACH MONTH INPATIENT]
- ◆ How many nights did you stay overnight? [RECORD 0=NONE, 1-30=NIGHTS]

T16. How many different times were you admitted into an inpatient drug or alcohol treatment program over the past twelve months? [RECORD NUMBER OF ADMISSIONS]

T17. Before [month 1], did you stay at least overnight in an inpatient drug or alcohol treatment program, for example, detox, rehab, a therapeutic community, or a hospital? [IF NO, CODE 0 AND SKIP TO T18]

◆ Please tell me your best estimate of the number of nights you spent in inpatient programs altogether prior to [month 1]. [RECORD NUMBER OF NIGHTS]

ME26 %	ME27	ME28 /7	ME29 /30	MA26 %	MA27	MA28 /7	MA29 /30	MU26. How much of the [drug] you [got /made/harvested] was for you to use yourself?	MU27. On that same day, how many times did you get [drug] in any way <u>without</u> paying cash for it?	MU28. Thinking about this last week, on how many of the past 7 days did you get [drug] without paying any cash?	MU29. On how many of the past 30 days did you get [drug] without paying any cash?
HE26 %	HE27	HE28 /7	HE29 /30	CC26 %	CC27	CC28 /7	CC29 /30				
PC26 %	PC27	PC28 /7	PC29 /30								

cut 1.75

These next questions deal with the last time you got [drug] without paying any cash in the last 30 days.

...NONCASH...

- MU23.** Think about the last time you got [drug] without paying any cash for it. Did you:
- 1= [IF MARIJUANA] harvest Marijuana you grew yourself; [IF CRACK] make it yourself; [IF CRYSTAL METH] make it yourself;
 - 2= Get it on credit and will pay cash later;
 - 3= Get it fronted to sell;
 - 4= Trade other drugs;
 - 5= Trade property/merchandise;
 - 6= Transport drugs;
 - 7= Steal the drug;
 - 8= Trade sex;
 - 9= Receive it as a gift; or,
 - 10= Trade Chemicals?
 - 11= OTHER [SPECIFY]
 - 12= MULTIPLE [SPECIFY]
- [IF 1, SKIP TO MU25]**
- MU24.** The last time you got [drug] without cash, how did you contact the person who gave it to you? Did you:
- 1= Page the person on a beeper;
 - 2= Call the person on a telephone and speak with the person directly;
 - 3= Go to a house or apartment;
 - 4= Approach the person in public such as on the street, in a store, or park; or,
 - 5= Were you with the person already at work or in a social setting?
 - 6= OTHER [SPECIFY]
- MU25.** How much [drug] did you [get/make/harvest] that last time?
- a) # OF UNITS
b) TYPE OF UNITS
- CODES:
- 1= BAG OR BALLOON
 - 2= CAPSULE
 - 3= FOIL PACKET
 - 4= GRAM
 - 5= JOINT
 - 6= LINE
 - 7= OUNCE
 - 8= POUND
 - 9= ROCK
 - 10= VIAL
 - 11= OTHER [SPECIFY]

IF YES	MA23	MA24	MA25a	MA25b
	OTHER SPECIFY	SPECIFY	SPECIFY	
MULTIPLE SPECIFY				
IF NO SKIP TO USE	CC23	CC24	CC25a	CC25b
IF YES	OTHER SPECIFY	SPECIFY	SPECIFY	
MULTIPLE SPECIFY				
IF NO SKIP TO USE	PC23	PC24	PC25a	PC25b
IF YES	OTHER SPECIFY	SPECIFY	SPECIFY	
MULTIPLE SPECIFY				
IF NO SKIP TO USE	HE23	HE24	HE25a	HE25b
IF YES	OTHER SPECIFY	SPECIFY	SPECIFY	
MULTIPLE SPECIFY				
IF NO SKIP TO USE	ME23	ME24	ME25a	ME25b
IF YES	OTHER SPECIFY	SPECIFY	SPECIFY	
MULTIPLE SPECIFY				

T2. Have you ever been admitted to an outpatient drug or alcohol treatment program, not including meetings like AA or NA? By "outpatient program" I mean a drug or alcohol treatment program where you do not stay overnight.

T3. Have you ever stayed at least overnight for mental health treatment—not for drug or alcohol use—at a psychiatric unit of a hospital or other facility?

T18-T29. [IF EVER OUTPATIENT] Between [month 1] and today, were you in any outpatient drug or alcohol treatment programs? By outpatient, I mean a drug or alcohol treatment program where you do not stay overnight. Do not include AA or NA.

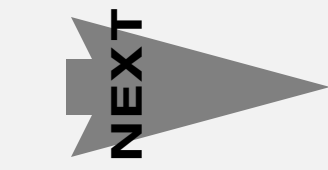
T30. How many different times were you admitted into an outpatient drug or alcohol treatment program over the past twelve months? [RECORD NUMBER OF ADMISSIONS]

T31. Before [month 1], were you in any outpatient drug or alcohol treatment programs, not including meetings like AA or NA? [IF NO, CODE 0 AND SKIP TO T32]

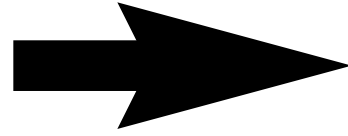
T32-T43. Please tell me your best estimate of the number of times you were admitted to an outpatient drug or alcohol treatment program before [month 1]. [RECORD NUMBER OF ADMISSIONS]

T44. How many different times were you admitted for mental health treatment—not for drug or alcohol use—over the past twelve months? [RECORD NUMBER OF ADMISSIONS]

T45. Before [month 1], were you admitted for mental health treatment—not for drug or alcohol use—to a psychiatric unit of a hospital or other facility? [IF NO, CODE 0 AND SKIP TO NEXT PAGE]



FOLD OUT



C1	C2	C3	C4	C5	C6	C7	C8	C9	C10	C11	C12	C13	C14	C15
		ARREST												
		JAIL / PRISON												

EVER [0=NO, 1=YES]

C1. Before this arrest, have you ever been arrested—that is, charged on a criminal offense or picked up on a warrant and booked at a holding facility like this one? Please do not include juvenile arrests.

[IF NO ARRESTS/JAIL (C1-C2), FLIP PAGE]

Now let's talk about your experiences with the criminal justice system before this arrest.

C3-C14. **[IF EVER ARRESTED]** Between [month 1] and this arrest, were you arrested and booked? Please do not include juvenile arrests. **[IF NO, CODE 0 AND SKIP TO C15]**

◆ When? **[FOR EACH MONTH ARRESTED]**

◆ Please tell me your best estimate of the **number of times** you were arrested that month. **[RECORD 0=NONE, OR NUMBER OF ARRESTS]**

Before [month 1], were you arrested at any time, not including juvenile arrests? **[IF NO, CODE 0 AND SKIP TO C16]**

◆ Please tell me your best estimate of the total number of times in your life you were arrested prior to [month 1], not including juvenile arrests. **[RECORD NUMBER OF ARRESTS]**

...CASH...

MU17. On how many of the past 30 days did you buy [drug]?	MU18. In the past 30 days, how many different people did you buy [drug] from?	MU19. Was there a time in the past 30 days when you tried to buy [drug] and had the cash, but you did not buy any? 0= NO 1= YES	MU20. The last time that happened, why didn't you buy [drug]: 1= No dealers were available; 2= Dealers did not have any; 3= Dealers did not have the quality you wanted; or, 4= Police activity kept you from the dealers? 5= OTHER [SPECIFY]	MU21. Did you buy another drug or alcohol instead? 0= NO 1= YES [IF 0=NO, SKIP TO NON-CASH, TURN PAGE]	MU22. What did you buy instead? 1= ALCOHOL 2= MARIJUANA OR HASHISH 3= CRACK OR ROCK COCAINE 4= POWDER COCAINE 5= HEROIN 6= METHAMPHETAMINE 7= OTHER [SPECIFY] 8= MULTIPLE [SPECIFY]
MA17 /30	MA18	MA19	MA20 SPECIFY	MA21	MA22 OTHER SPECIFY MULTIPLE SPECIFY
CC17 /30	CC18	CC19	CC20 SPECIFY	CC21	CC22 OTHER SPECIFY MULTIPLE SPECIFY
PC17 /30	PC18	PC19	PC20 SPECIFY	PC21	PC22 OTHER SPECIFY MULTIPLE SPECIFY
HE17 /30	HE18	HE19	HE20 SPECIFY	HE21	HE22 OTHER SPECIFY MULTIPLE SPECIFY
ME17 /30	ME18	ME19	ME20 SPECIFY	ME21	ME22 OTHER SPECIFY MULTIPLE SPECIFY

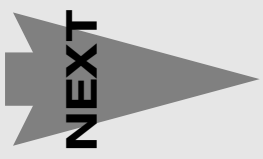
cut 1.75

...CASH...

CUT
2.25"

MU12.	MU13.	MU14.	MU15.	MU16.
How much cash did you pay for [drug] that last time you bought it?	How much [drug] did you get for that amount of cash? a) # OF UNITS b) TYPE OF UNITS CODES: 1= BAG OR BALLOON 2= CAPSULE 3= FOIL PACKET 4= GRAM 5= JOINT 6= LINE 7= OUNCE 8= POUND 9= ROCK 10= VIAL 11= OTHER [SPECIFY]	How much of the [drug] you bought was for you to use yourself?	How many times did you buy [drug] on that same day?	Thinking about this last week, on how many of the past 7 days did you buy [drug]?
MA12 \$	MA13a MA13b SPECIFY	MA14 %	MA15	MA16 /7
CC12 \$	CC13a CC13b SPECIFY	CC14 %	CC15	CC16 /7
PC12 \$	PC13a PC13b SPECIFY	PC14 %	PC15	PC16 /7
HE12 \$	HE13a HE13b SPECIFY	HE14 %	HE15	HE16 /7
ME12 \$	ME13a ME13b SPECIFY	ME14 %	ME15	ME16 /7

C2. Were you ever held in jail for at least 24 hours, or did you serve time in a jail, prison, juvenile detention facility, or boot camp?



C16-C27. [IF EVER JAIL/PRISON] Between [month 1] and today, were you held in jail for at least 24 hours, or did you serve time in a jail, prison, juvenile detention facility, or boot camp?

[IF NO, CODE 0 IN EACH CELL AND SKIP TO C28]

◆ When? [FOR EACH MONTH INCARCERATED]
◆ Please tell me your best estimate of the number of days you were in jail, prison, juvenile detention facility or boot camp that month.
[RECORD 0=NONE, 1-30=DAYS]

Before [month 1], were you held in jail, or did you serve time in a jail, prison, juvenile detention facility, or boot camp?

◆ Please tell me your best estimate of the total number of days in your life you were in jail or correctional facilities before [month 1]. [RECORD NUMBER OF DAYS]

CUT 5.375"

cut
5.375"
or 1/8"
from top
of table

S1	S2	S3	S4	S5	S6	S7	S8	S9	S10	S11	S12	S13	S14	S15	S16	S17	S18	S19	S20a																																																										
S21	S22	S23	S24	S25	S26	S27	S28	S29	S30	S31	S32	S33	S34	S35	S36	S37	S38	S39	S40	S41	S42	S43	S44	S45	S46	S47	S48	S49	S50	S51	S52	S53	S54	S55	S56	S57	S58	S59	S60	S61	S62	S63	S64	S65	S66	S67	S68	S69	S70	S71	S72	S73	S74	S75	S76	S77	S78	S79	S80	S81	S82	S83	S84	S85	S86	S87	S88	S89	S90	S91	S92	S93	S94	S95	S96	S97	S98

...CASH...

MU8.	MU9.	MU10.	MU11.
Is the person you bought it from:	The last time you bought [drug], how did you contact the person you bought from? Did you first:	That last time you bought [drug], at what type of place did you get it:	Did you buy it:
1= Your regular source; 2= An occasional source; or, 3= A new source for [drug]?	1= Page the person on a beeper; 2= Call the person on a telephone and speak with the person directly; 3= Go to a house or apartment; 4= Approach the person in public such as on the street, in a store, or park; or, 5= Were you with the person already at work or in a social setting? 6= OTHER [SPECIFY]	1= In a house or apartment; 2= In a public building such as a store, bus station, gas station, or restaurant; 3= In an abandoned building; 4= On a street, alley, or road; or, 5= Other outdoor area such as a park, lot, etc.? 6= OTHER [SPECIFY]	1= In the neighborhood where you live; or, 2= Outside your neighborhood?
MA8	MA9 SPECIFY	MA10 SPECIFY	MA11
CC8	CC9 SPECIFY	CC10 SPECIFY	CC11
PC8	PC9 SPECIFY	PC10 SPECIFY	PC11
HE8	HE9 SPECIFY	HE10 SPECIFY	HE11
ME8	ME9 SPECIFY	ME10 SPECIFY	ME11

CUT
2.25"

ASK BOTH MU2 AND MU3 FOR EACH DRUG OBTAINED BEFORE ASKING MU4

MU2. [0=NO, 1=YES]

In the past 30 days, did you pay any cash for [drug]?

MU3.

In the past 30 days, did you get any [drug] without paying cash for it?

- [IF MARIJUANA] This could include Marijuana you grew yourself.
- [IF CRACK OR ROCK COCAINE] This could include making it yourself.
- [IF CRYSTAL METH] This could include making it yourself.

The next several questions deal with drugs that you paid cash for in the last 30 days.

Think about the last time you paid any cash for [drug]. This could include any you were fronted to sell or received on credit, and paid for at a later time.

MU4. Did you pay cash only, or did you pay cash and something else?
1=CASH
2=COMBINATION
[IF MU4=1, SKIP TO MU6]

MU5. What else, besides cash, was exchanged or traded the last time you bought [drug]? Did you also:

- 1= Get it on credit and will pay cash later
- 2= Get it fronted to sell
- 3= Trade other drugs;
- 4= Trade property/merchandise;
- 5= Transport drugs;
- 6= Steal the drug;
- 7= Trade sex; or,
- 8= Trade Chemicals?
- 9= OTHER [SPECIFY]
- 10= MULTIPLE [SPECIFY]

MU6. That last time you bought [drug], did you:

- 1= Buy it directly yourself; or,
- 2= Give someone the cash to buy it for you?

[IF MU6=1, SKIP TO MU8]

MU7. Is the person you gave the cash to:

- 1= Someone working with a dealer; or,
- 2= Someone not working with a dealer?

[IF MU7=2, SKIP TO MU12, TURN PAGE]

...CASH...

Now let's talk about your use of alcohol or other drugs. You can use this showcard, which shows the different levels for your answers. [REVIEW LEVELS WITH RESPONDENT]

[IF NO PAST 12 MONTHS ALCOHOL (S3), SKIP TO S33-S38]

S22-S32.

Please tell me your best estimate of the level that represents the number of days you had **five or more drinks**—including wine, beer, or any type of alcohol on the same day in [month 1].

How about between [month 1] and [1st anchor]? [RECORD LEVELS 0-3 FOR ALL MONTHS]

S33-S98.

Please tell me your best estimate of the level that represents the number of days you used [drug] in [month 1].

How about between [month 1] and [1st anchor]?

On how many of the past 30 days did you use [drug]? During the past 7 days, on how many days did you use [drug]? During the past 3 days, on how many days did you use [drug]?

[FOR EACH DRUG USED PAST 12 MONTHS (S6 - S18)]:

- Marijuana or Hashish
- Crack or Rock Cocaine
- Powder Cocaine
- Heroin
- Methamphetamine like Crystal Meth
- Other Drug [IF OTHER DRUG (S21) ONLY]

Think about the last time you used [drug]. How did you use it?

Did you:

- 1= Smoke it;
- 2= Sniff it through your nose or snort it;
- 3= Inject it by needle; or,
- 4= Eat it or swallow it?

5= OTHER [SPECIFY]

MU34.

MARIJUANA OR HASHISH		CRACK OR ROCK COCAINE		POWDER COCAINE		HEROIN		METHAMPHETAMINE LIKE CRYSTAL METH	
Cash	MA2	Cash	CC2	Cash	PC2	Cash	HE2	Cash	ME2
Noncash	MA3	Noncash	CC3	Noncash	PC3	Noncash	HE3	Noncash	ME3
OBTAINED		OBTAINED		OBTAINED		OBTAINED		OBTAINED	
IF YES		IF YES		IF YES		IF YES		IF YES	
IF YES ASK NONCASH		IF YES ASK NONCASH		IF YES ASK NONCASH		IF YES ASK NONCASH		IF YES ASK NONCASH	

MA4

MA5
OTHER SPECIFY
MULTIPLE SPECIFY

MA6

MA7

CC4

CC5
OTHER SPECIFY
MULTIPLE SPECIFY

CC6

CC7

PC4

PC5
OTHER SPECIFY
MULTIPLE SPECIFY

PC6

PC7

HE4

HE5
OTHER SPECIFY
MULTIPLE SPECIFY

HE6

HE7

ME4

ME5
OTHER SPECIFY
MULTIPLE SPECIFY

ME6

ME7

HAVE YOU EVER...	HOW OLD WERE YOU THE FIRST TIME YOU...	IN THE PAST 12 MONTHS (THAT IS, BETWEEN [MONTH 1] AND TODAY) DID YOU...
S1. IF YES Had 5 or more drinks of beer, wine, or any other type of alcohol on the same day?	S2. Had at least 5 or more drinks on the same day?	S3. Have 5 or more drinks on the same day?
S4. IF YES Used any Marijuana or Hashish?	S5. Used Marijuana or Hashish?	S6. Use Marijuana or Hashish?
S7. IF YES Used any Crack or Rock Cocaine?	S8. Used Crack or Rock Cocaine?	S9. Use Crack or Rock Cocaine?
S10. IF YES Used any Powder Cocaine?	S11. Used Powder Cocaine?	S12. Use Powder Cocaine?
S13. IF YES Used any Heroin?	S14. Used Heroin?	S15. Use Heroin?
S16. IF YES Used any Methamphetamine like Crystal Meth?	S17. Used Crystal Meth?	S18. Use Crystal Meth?
S19. IF YES Not including alcohol and these five drugs, have you ever used any other drug, not counting drugs for which you have a prescription or over the counter drugs?	S20a. Which drug did you use most often? [RECORD DRUG]	S21. Did you use [drug] in the past 12 months—that is, between [month 1] and today?
[IF NO, SKIP]	S20b. How old were you the first time you used that drug?	GO TO DRUG GATEWAY

DRUG GATEWAY

[IF ANY 12 MONTH DRUG USE (S6 - S21), GO TO ANCHORS (TOP OF CALENDAR)]

[IF NO TWELVE MONTH DRUG USE]

[IF EVER ARRESTED (C1=YES), TURN PAGE, GO TO GO]
[IF C1=NO; TURN PAGE]

ASK ONLY IF NO 12-MONTH DRUG USE

CO. You said you were arrested before this arrest. Please give me your best estimate of the number of times you were arrested in the past 12 months; that is, between [month 1] and this arrest. Do not include juvenile arrests. **[RECORD NUMBER OF ARRESTS, TURN PAGE]**

MU35a. In the past 30 days, did you have five or more drinks of beer, wine, or any other type of alcohol on the same day?

MU35a. Please tell me your best estimate of the number of days you had five or more drinks on the same day in the past 30 days. **[RECORD NUMBER OF DAYS (1-30)]**

Dependence and Abuse

[REFER TO CALENDAR AOD 12 MONTH USE (S3-S21)]

[IF NO 12 MONTH ALCOHOL OR DRUG USE, SKIP TO MARKET AND USE]

Now I would like to ask you about experiences related to alcohol or drug use that you may have had in the past 12 months. **[0= NO, 1= YES]**

- DA1.** In the past 12 months, have you spent more time:
 - a) drinking than you intended?
 - b) using drugs than you intended?
- DA2.** Have you neglected some of your usual responsibilities:
 - a) because of using alcohol?
 - b) because of using drugs?
- DA3.** Have you wanted to cut down:
 - a) on your drinking?
 - b) on your drug use?
- DA4.** In the past 12 months, has anyone objected to:
 - a) your use of alcohol?
 - b) your drug use?
- DA5.** Have you frequently found yourself thinking about:
 - a) drinking?
 - b) using drugs?
- DA6.** Have you:
 - a) used alcohol to relieve feelings such as sadness, anger, or boredom?
 - b) used drugs to relieve feelings such as sadness, anger, or boredom?

ALCOHOL	DRUGS
DA0a.	DA0b.
DA1a.	DA1b.
DA2a.	DA2b.
DA3a.	DA3b.
DA4a.	DA4b.
DA5a.	DA5b.
DA6a.	DA6b.

[IF NO ALCOHOL USE (DA0a=0), SKIP TO DA7b]

[IF NO TO ALL ALCOHOL DA1a -DA6a, SKIP TO DA7b]

DA7a. You said that, in the past 12 months, you **[READ ALL ALCOHOL ITEMS CODED YES].**

DA7b. You said that, in the past 12 months, you **[READ ALL ALCOHOL ITEMS CODED YES].**

When was the last time any of these things happened:
 1=Within the past 7 days;
 2=Within the past 8 to 30 days;
 3=Within the last six months but more than one month ago; or,
 4=More than six months ago but within the last 12 months?

When was the last time any of these things happened:
 1=Within the past 7 days;
 2=Within the past 8 to 30 days;
 3=Within the last six months but more than one month ago; or,
 4=More than six months ago but within the last 12 months?

DA7a.

DA7b.

Secondary Drug Use

0=NO
 1=YES, PRESCRIBED
 2=YES, NOT PRESCRIBED

Finally, I'd like to ask you about your use of other drugs, including prescription drugs. As I read down the list, please tell me if you used any of these drugs in the past 3 days.

MU36. In the past 3 days, did you use any:

DRUG:

a)	Methadone;	<input type="text"/>
b)	Amphetamines like Benzedrine, Dexedrine, or Ritalin, sometimes called "bennies" or "dex," not including methamphetamine;	<input type="text"/>
c)	Barbiturates like Seconal, sometimes called "blues" or "reds";	<input type="text"/>
d)	Tranquilizers or sedatives like Xanax, Valium, Rohypnol, sometimes called "tranqs" or "roofies";	<input type="text"/>
e)	Any of the following painkillers: Codeine, Dilaudid, Vicodin, OxyContin, or Percocet;	<input type="text"/>
f)	Darvon;	<input type="text"/>
g)	Demerol, Fentanyl;	<input type="text"/>
h)	Ecstasy, MDMA;	<input type="text"/>
i)	PCP, Angel Dust;	<input type="text"/>
j)	LSD, Acid;	<input type="text"/>
k)	Any other hallucinogen like mescaline or magic mushrooms;	<input type="text"/>
l)	Inhalants like glue, paint, aerosols, "poppers";	<input type="text"/>
m)	Anti-depressants like Zoloft, Prozac, or Paxil; or,	<input type="text"/>
n)	Any other drugs?	<input type="text"/>
	OTHER [SPECIFY] _____	<input type="text"/>

Market and Use

**[FOR EACH DRUG, TURN PAGE AND RECORD:
 1=YES FOR DRUGS OBTAINED AND 0=NO FOR NO DRUGS OBTAINED]**

MU1. In the past 30 days, regardless of whether or not you used it yourself: **[0= NO, 1= YES]**

Did you get any Marijuana or Hashish? This could include harvesting Marijuana you grew yourself.	<input type="text"/>
Did you get or make any Crack or Rock Cocaine?	<input type="text"/>
Did you get any Powder Cocaine?	<input type="text"/>
Did you get any Heroin?	<input type="text"/>
Did you get or make any Methamphetamine like Crystal Meth?	<input type="text"/>

**[IF ALL
 0= NO,
 SKIP TO
 PRIMARY
 DRUG USE
 (MU 30)]**