

ATTACHMENT A: NOMs Change Table

ORIGINAL NOMS	CURRENT NOMS MEASURES	NSDUH QUESTIONNAIRE
A. Demographics		
Section One: Facts About You		
1. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	1. What is your gender? (Check one) <input type="checkbox"/> Male <input type="checkbox"/> Female No Issues	
2. Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	2. Are you Hispanic or Latino? Yes No No Issues	
3. What is your race? (Select one or more) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	1. What is your race? (Select one or more) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Alaska Native The order of response categories has been changed to conform to the NSDUH question format.	<small>QD06 HAND R SHOWCARD 2. Which of these groups describes you? Just give me the number or numbers.</small> <small>TO SELECT MORE THAN ONE CATEGORY, PRESS THE SPACE BAR BETWEEN EACH CATEGORY SELECT.</small> <small>RESPONDENTS WHO REPORT THEIR RACE AS NATIVE AMERICAN SHOULD BE INCLUDED IN RESPONSE CATEGORY 3.</small> 1 WHITE 2 BLACK / AFRICAN AMERICAN 3 AMERICAN INDIAN OR ALASKA NATIVE (AMERICAN INDIAN INCLUDES NORTH CENTRAL AMERICAN, AND SOUTH AMERICAN INDIANS) 4 NATIVE HAWAIIAN 5 OTHER PACIFIC ISLANDER 6 ASIAN (FOR EXAMPLE: ASIAN INDIAN, CHINESE, FILIPINO, JAPANESE, KOREAN, VIETNAMESE) 7 OTHER (SPECIFY) <small>DK,REF</small>
4. What is your date of birth? <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> / <input type="text"/> Month / Day / Year	What is your date of birth? <input type="text"/> / <input type="text"/> / <input type="text"/> Month Day Year	
B. Abstinence		
<i>30-day Substance Use: Nonuse/Reduction in Use</i>		
5. How frequently have you smoked cigarettes during the past 30 days?	5. Think back over the past 30 days and report how many days, if any, you used the following substances:	(CG07) During the past 30 days, that is, since [DATEFILL], on how many days did you smoke part or all of a cigarette?

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<ol style="list-style-type: none"> 1. Not at all 2. Less than one cigarette per day 3. One to five cigarettes per day 4. About one-half pack per day 5. About one pack per day 6. About one and one-half packs per day 7. Two packs or more per day 	<p>5a. During the past 30 days, on how many days did you smoke part or all of a cigarette?</p> <p>Fill in number of days (0-30)</p> <p>Check if don't know or can't say</p> <p>CSAP is using the number of days rather than the # of cigarettes per day in order to be consistent with the NSDUH question format.</p>	<p># OF DAYS: [RANGE: 1 - 30] DK/REF</p>
<p>6. How often have you taken smokeless tobacco during the past 30 days?</p> <ol style="list-style-type: none"> 1. Not at all 2. Once or twice 3. Once to twice per week 4. Three to five times per week 5. About once a day 6. More than once a day 	<p>5. Think back over the past 30 days and report how many days, if any, you used the following substances:</p> <p>5b. During the past 30 days, on how many days did you use other tobacco products?</p> <p>Fill in number of days (0-30)</p> <p>Check if don't know or can't say</p> <p>Discussion: NSDUH does not have a single question for other tobacco products. There are multiple questions for individual tobacco products. CSAP is using the number of days rather than the grouped responses in order to be consistent with the NSDUH question format used in other 30-day use measures.</p>	<p>No single NSDUH question. Separate questions about various tobacco products.</p>
<p>7. To be more precise, during the past 30 days about how many cigarettes have you smoked per day?</p> <ol style="list-style-type: none"> 1. None 2. Less than 1 per day 3. 1 to 2 4. 3 to 7 5. 8 to 12 6. 13 to 17 7. 18 to 22 8. 23 to 27 9. 28 to 32 10. 33 to 37 11. 38 or more 	<p>This question is not currently in use in order to reduce respondent burden.</p>	

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<p>8. Alcoholic beverages include beer, wine, wine coolers, and liquor. On how many occasions during the last 30 days have you had alcoholic beverages to drink (more than just a few sips)?</p> <p>1. 0 occasions 2. 1 to 2 occasions 3. 3 to 5 occasions 4. 6 to 9 occasions 5. 10 to 19 occasions 6. 20 to 39 occasions 7. 40 or more occasions</p>	<p>5. Think back over the past 30 days and report how many days, if any, you used the following substances:</p> <p>5c. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?</p> <p>Fill in number of days (0-30) Check if don't know or can't say</p> <p>CSAP is using the number of days rather than the number of occasions in order to be consistent with the NSDUH question format.</p>	<p>Think specifically about the past 30 days, from [DATEFILL], up to and including today. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage? # OF DAYS: [RANGE: 0 - 30] DK/REF</p>
<p>9. On how many occasions during the last 30 days (if any) have you been drunk or very high from drinking alcoholic beverages?</p> <p>1. 0 occasions 2. 1 to 2 occasions 3. 3 to 5 occasions 4. 6 to 9 occasions 5. 10 to 19 occasions 6. 20 to 39 occasions 7. 40 or more occasions</p>	<p>This question is not currently in use in order to reduce</p>	
<p>10. On how many occasions during the last 30 days (if any) have you used illicit drugs including marijuana?</p> <p>1. 0 occasions 2. 1 to 2 occasions 3. 3 to 5 occasions 4. 6 to 9 occasions 5. 10 to 19 occasions 6. 20 to 39 occasions 7. 40 or more occasions</p>	<p>5. Think back over the past 30 days and report how many days, if any, you used the following substances:</p> <p>5d. During the past 30 days, on how many days did you use marijuana or hashish?</p> <p>Fill in number of days (0-30) Check if don't know or can't say</p> <p>CSAP is using the number of days rather than the number of occasions in order to be consistent with the NSDUH question format. Separating marijuana from other illicit drugs is consistent with the</p>	<p>Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use marijuana or hashish? NUMBER OF DAYS: [RANGE: 0 - 30] DK/REF</p>

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	NSDUH question format.	
<p>11. During the LAST MONTH, about how many marijuana cigarettes (joints, reefers), or the equivalent, did you smoke a day, on the average? (If you shared them with other people, count only the amount YOU smoked).</p> <p>1. None 2. Less than 1 a day 3. 1 a day 4. 2 to 3 a day 5. 4 to 6 a day 6. 7 to 10 a day 7. 11 or more a day</p>	<p>This question is not currently in use in order to reduce respondent burden.</p>	
<p>12. On how many occasions during the last 30 days (if any) have you used illicit drugs, not including marijuana?</p> <p>1. 0 occasions 2. 1 to 2 occasions 3. 3 to 5 occasions 4. 6 to 9 occasions 5. 10 to 19 occasions 6. 20 to 39 occasions 7. 40 or more occasions</p>	<p>5. Think back over the past 30 days and report how many days, if any, you used the following substances:</p> <p>During the past 30 days, on how many days did you use any other illegal drug?</p> <p>Fill in number of days (0-30) Check if don't know or can't say</p> <p>Use of days as opposed to occasions is consistent with the other questions in the survey and with NSDUH's format for other substance use questions. The term "illegal" has been substituted for "illicit" because it is likely to be more readily understood by youth.</p>	<p>No single NSDUH question. Separate questions about various illicit substances.</p>
<p>13. How old were you the first time you smoked part or all of a cigarette? ___ years old If you never smoked part of or all of a cigarette, please mark the box</p>	<p>6. Think back over your entire lifetime and try to remember whether you have EVER used any of the following substances. If so, what was your age the FIRST TIME you used the substance:</p> <p>6a. Ever smoked part or all of a cigarette?</p>	

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	<p>Check if Never</p> <p>Fill in your age when you first used (in years)</p> <p>Check if don't know or can't say</p> <p>Question wording differs slightly from the original NOMs question in order to simplify the flow of multiple similar questions.</p>	
<p>14. Think about the first time you had a drink of an alcoholic beverage. How old were you the first time you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink.</p> <p>___ years old If you never had a drink of an alcoholic beverage please mark the box</p>	<p>6. Think back over your entire lifetime and try to remember whether you have EVER used any of the following substances. If so, what was your age the FIRST TIME you used the substance:</p> <p>6c. Ever had a drink of an alcoholic beverage? Do NOT include any time when you only had a sip or two from a drink.</p> <p>Check if Never</p> <p>Fill in your age when you first used (in years)</p> <p>Check if don't know or can't say</p> <p>Question wording differs slightly from the original NOMs question in order to simplify the flow of multiple similar questions.</p>	
<p>15. How old were you the first time you used marijuana or hashish?</p> <p>___ years old If you never used marijuana or hashish please mark the box</p>	<p>6. Think back over your entire lifetime and try to remember whether you have EVER used any of the following substances. If so, what was your age the FIRST TIME you used the substance:</p> <p>6d. Ever used marijuana or hashish?</p> <p>Check if Never</p> <p>Fill in your age when you first used (in years)</p> <p>Check if don't know or can't say</p> <p>Question wording differs slightly from the original NOMs question in order to simplify the flow of multiple similar questions.</p>	

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<p>16. How old were you the first time you used any other illegal drugs?</p> <p>___ years old If you never used any illegal drugs please mark the box</p>	<p>6. Think back over your entire lifetime and try to remember whether you have EVER used any of the following substances. If so, what was your age the FIRST TIME you used the substance:</p> <p>6e. Ever used any other illegal drug?</p> <p>Check if Never</p> <p>Fill in your age when you first used (in years)</p> <p>Check if don't know or can't say</p> <p>Question wording differs slightly from the original NOMs question in order to simplify the flow of multiple similar questions.</p>	
<p>17. How do you think your parents would feel about you smoking one or more packs of cigarettes per day?</p> <p><input type="checkbox"/> Neither Approve or Disapprove</p> <p><input type="checkbox"/> Somewhat Disapprove</p> <p><input type="checkbox"/> Strongly Disapprove</p>	<p>This question is not currently in use in order to reduce respondent burden.</p>	
<p>18. How do you think your parents would feel about you trying marijuana once or twice?</p> <p><input type="checkbox"/> Neither Approve or Disapprove</p> <p><input type="checkbox"/> Somewhat Disapprove</p> <p><input type="checkbox"/> Strongly Disapprove</p>	<p>This question is not currently in use in order to reduce respondent burden.</p>	
<p>19. How do you think your parents would feel about you using marijuana once a month or more?</p> <p><input type="checkbox"/> Neither Approve or Disapprove</p> <p><input type="checkbox"/> Somewhat Disapprove</p> <p><input type="checkbox"/> Strongly Disapprove</p>	<p>This question is not currently in use in order to reduce respondent burden.</p>	

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<p>20. How do you feel about someone your age smoking one or more packs of cigarettes a day?</p> <p> <input type="checkbox"/> Neither Approve or Disapprove <input type="checkbox"/> Somewhat Disapprove <input type="checkbox"/> Strongly Disapprove </p>	<p>7a. How do you feel about someone your age smoking one or more packs of cigarettes a day?</p> <p> Neither Approve or Disapprove Somewhat Disapprove Strongly Disapprove Don't know or can't say </p> <p>DK response option has been added to the original NOMs question in order to conform to NSDUH question format.</p>	<p>YE19a [IF CURNTAGE = 12 - 17] How do you feel about someone your age smoking one or more packs of cigarettes a day?</p> <p> 1 Neither approve nor disapprove 2 Somewhat disapprove 3 Strongly disapprove DK.REF </p>
<p>21. How do you feel about someone your age using marijuana once a month or more?</p> <p> <input type="checkbox"/> Neither Approve or Disapprove <input type="checkbox"/> Somewhat Disapprove <input type="checkbox"/> Strongly Disapprove </p>	<p>7. For each of the following five questions below check the box that shows how YOU think or feel.</p> <p>7d. How do you feel about someone your age using marijuana once a month or more?</p> <p> Neither approve nor Disapprove Somewhat disapprove Strongly disapprove Don't know or can't say </p> <p>DK response option has been added to the original NOMs question in order to conform to NSDUH question format.</p>	<p>YE19b1 [IF CURNTAGE = 12 - 17] How do you feel about someone your age using marijuana once a month or more?</p> <p> 1 Neither approve nor disapprove 2 Somewhat disapprove 3 Strongly disapprove DK.REF </p>
<p>22. How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?</p> <p> <input type="checkbox"/> Neither Approve or Disapprove <input type="checkbox"/> Somewhat Disapprove <input type="checkbox"/> Strongly Disapprove </p>	<p>7. For each of the following five questions below check the box that shows how YOU think or feel.</p> <p>7e. How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?</p> <p> Neither Approve or Disapprove Somewhat disapprove Strongly disapprove Don't know or can't say </p>	<p>YE19c [IF CURNTAGE = 12 - 17] How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?</p> <p> 1 Neither approve nor disapprove 2 Somewhat disapprove 3 Strongly disapprove DK.REF </p>
<p>23. How do you think your close friends would feel about you smoking one or more packs of cigarettes a day?</p>	<p>7. For each of the following five questions below check the box that shows how YOU think or feel.</p> <p>7b. How do you think your close friends would feel about you smoking one or more packs of cigarettes a day?</p>	<p>YE20a [IF CURNTAGE = 12 - 17] How do you think your close friends would feel about you smoking one or more packs of cigarettes a day?</p> <p> 1 Neither approve nor disapprove 2 Somewhat disapprove 3 Strongly disapprove </p>

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<input type="checkbox"/> Neither Approve or Disapprove <input type="checkbox"/> Somewhat Disapprove <input type="checkbox"/> Strongly Disapprove NOTE: This is repeated of # 24	<i>friends</i> would feel about YOU smoking one or more packs of cigarettes a day? Don't know or can't say DK response option has been added to the original NOMs question in order to conform to NSDUH question format.	
24. How do you think your close friends would feel about you smoking one or more packs of cigarettes a day? <input type="checkbox"/> Neither Approve or Disapprove <input type="checkbox"/> Somewhat Disapprove <input type="checkbox"/> Strongly Disapprove NOTE: This is repeated of # 23	7. For each of the following five questions below check the box that shows how YOU think or feel. 7b. How do you think <i>your close friends</i> would feel about YOU smoking one or more packs of cigarettes a day? Don't know or can't say DK response option has been added to the original NOMs question in order to conform to NSDUH question format.	YES0a [IF CURNTAGE = 12 - 17] How do you think your close friends would feel about you cigarettes a day? 1 Neither approve nor disapprove 2 Somewhat disapprove 3 Strongly disapprove
25. How do you think your close friends would feel about you trying marijuana once or twice? <input type="checkbox"/> Neither Approve or Disapprove <input type="checkbox"/> Somewhat Disapprove <input type="checkbox"/> Strongly Disapprove	This question is not currently in use in order to reduce respondent burden.	
26. How do you think your friends would feel about you using marijuana once a month or more? <input type="checkbox"/> Neither Approve or Disapprove <input type="checkbox"/> Somewhat Disapprove <input type="checkbox"/> Strongly Disapprove	This question is not currently in use in order to reduce respondent burden.	

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<p>27. How do you think that your close friends would feel about you having one or two drinks of an alcoholic beverage nearly every day?</p> <p><input type="checkbox"/> Neither Approve or Disapprove <input type="checkbox"/> Somewhat Disapprove <input type="checkbox"/> Strongly Disapprove</p>	<p>This question is not currently in use in order to reduce respondent burden.</p>	
<p>28. How wrong do you think it is for someone your age to drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly?</p> <p><input type="checkbox"/> Very wrong <input type="checkbox"/> Wrong <input type="checkbox"/> A little bit wrong <input type="checkbox"/> Not wrong at all</p>	<p>This question is not currently in use in order to reduce respondent burden.</p>	
<p>29. How wrong do you think it is for someone your age to smoke cigarettes?</p> <p><input type="checkbox"/> Very wrong <input type="checkbox"/> Wrong <input type="checkbox"/> A little bit wrong <input type="checkbox"/> Not wrong at all</p>	<p>This question is not currently in use in order to reduce respondent burden.</p>	
<p>30. How wrong do you think it is for someone your age to smoke marijuana?</p> <p><input type="checkbox"/> Very wrong <input type="checkbox"/> Wrong <input type="checkbox"/> A little bit wrong <input type="checkbox"/> Not wrong at all</p>	<p>This question is not currently in use in order to reduce respondent burden.</p>	
<p>31. How wrong do you think it is for someone your age to use LSD,</p>	<p>This question is not currently in use in order to reduce respondent burden.</p>	

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<p>cocaine, amphetamines or another illegal drug?</p> <p><input type="checkbox"/> Very wrong <input type="checkbox"/> Wrong <input type="checkbox"/> A little bit wrong <input type="checkbox"/> Not wrong at all</p>		
<p>32. How much do people risk harming themselves physically and in other ways when they smoke marijuana once a month?</p> <p><input type="checkbox"/> No risk <input type="checkbox"/> Slight risk <input type="checkbox"/> Moderate risk <input type="checkbox"/> Great risk</p>	<p>8. For each of the three questions below check one box that shows HOW MUCH you think people RISK HARMING themselves physically or in other ways when they do the following things:</p> <p>8b. When they smoke MARIJUANA once or twice a week?</p> <p><input type="checkbox"/> No risk <input type="checkbox"/> Slight risk <input type="checkbox"/> Moderate risk <input type="checkbox"/> Great risk Don't know or can't say</p> <p>Question format has been changed slightly in order improve the flow of a number of similar questions. A DK response option has been added in order to conform to NSDUH question format.</p>	<p>RK01b How much do people risk harming themselves physically and in other ways when they month?</p> <p>1 No risk 2 Slight risk 3 Moderate risk 4 Great risk DK/REF</p>
<p>33. How much do people risk harming themselves physically and in other ways when they have four or five drinks of an alcoholic beverage nearly every day?</p> <p><input type="checkbox"/> No risk <input type="checkbox"/> Slight risk <input type="checkbox"/> Moderate risk <input type="checkbox"/> Great risk</p>	<p>This question is not currently in use in order to reduce respondent burden.</p>	
<p>34. How much do you think people risk harming themselves physically or in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?</p>	<p>8. For each of the three questions below check one box that shows HOW MUCH you think people RISK HARMING themselves physically or in other ways when they do the following things:</p>	<p>RK01k How much do people risk harming themselves physically and in other ways when they alcoholic beverage once or twice a week?</p> <p>1 No risk 2 Slight risk 3 Moderate risk 4 Great risk DK/REF</p>

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<input type="checkbox"/> No risk <input type="checkbox"/> Slight risk <input type="checkbox"/> Moderate risk <input type="checkbox"/> Great risk	<p>8c. When they have five or more drinks of an ALCOHOLIC BEVERAGE once or twice a week?</p> <input type="checkbox"/> No risk <input type="checkbox"/> Slight risk <input type="checkbox"/> Moderate risk <input type="checkbox"/> Great risk Don't know or can't say	
<p>35. How much do you think people risk harming themselves physically or in other ways by smoking one or more packs of cigarettes a day?</p> <input type="checkbox"/> No risk <input type="checkbox"/> Slight risk <input type="checkbox"/> Moderate risk <input type="checkbox"/> Great risk	<p>8. For each of the three questions below check one box that shows HOW MUCH you think people RISK HARMING themselves physically or in other ways when they do the following things:</p> <p>8a. When they smoke one or more packs of CIGARETTES per day? Question format has been changed slightly in order improve the flow of a number of similar questions. A DK response option has been added in order to conform to NSDUH question format.</p>	<p>RK01a How much do people risk harming themselves physically and in other ways when they smoke one or cigarettes per day?</p> <p>1 No risk 2 Slight risk 3 Moderate risk 4 Great risk DK/REF</p>
<p>C. Employment/Education</p>		
<p>39. How often in the last 6 months did you ever have one or more drinks during your lunch hour?</p> <input type="checkbox"/> Never <input type="checkbox"/> Less than once a month <input type="checkbox"/> 1-3 times a month <input type="checkbox"/> Once a week <input type="checkbox"/> Several days a week <input type="checkbox"/> Almost every day	<p>This question is not currently in use in order to reduce respondent burden.</p>	
<p>40. How often in the last 6 months did you ever have more than two drinks during your lunch hour?</p>	<p>This question is not currently in use in order to reduce respondent burden.</p>	

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<input type="checkbox"/> Never <input type="checkbox"/> Less than once a month <input type="checkbox"/> 1-3 times a month <input type="checkbox"/> Once a week <input type="checkbox"/> Several days a week <input type="checkbox"/> Almost every day		
<p>41. How often in the last 6 months did you ever have a drink of any alcohol while you were on the job? (including during breaks) or right before going to work?</p> <input type="checkbox"/> Never <input type="checkbox"/> Less than once a month <input type="checkbox"/> 1-3 times a month <input type="checkbox"/> Once a week <input type="checkbox"/> Several days a week <input type="checkbox"/> Almost every day	<p>This question is not currently in use in order to reduce respondent burden.</p>	
<p>42. How often did you ever go to work in the last 6 months while “under the influence” or “high” from alcohol use?</p> <input type="checkbox"/> Never <input type="checkbox"/> Less than once a month <input type="checkbox"/> 1-3 times a month <input type="checkbox"/> Once a week <input type="checkbox"/> Several days a week <input type="checkbox"/> Almost every day	<p>This question is not currently in use in order to reduce respondent burden.</p>	
<p>The next question refers to drugs, including the following: marijuana or hashish; cocaine or crack; other illicit drugs such as speed, psychedelics (LSD, acid, PCP, Ecstasy), inhalants (glue, spray, paint poppers), or narcotics (heroin, morphine, codeine), and prescription drugs without a doctor’s prescription (e.g. pain killers, analgesics, stimulants, diet pills, amphetamines, and</p>	<p>This question is not currently in use in order to reduce respondent burden.</p>	

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<p>tranquillizers (Valium, Librium, sleeping pills).</p> <p>43. How often did you use any of these drugs while you were at work? (including during breaks or the lunch hour) or right before going to work in the last 6 months?</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Less than once a month <input type="checkbox"/> 1-3 times a month <input type="checkbox"/> Once a week <input type="checkbox"/> Several days a week <input type="checkbox"/> Almost every day</p>		
<p>44. According to the policy at your workplace, what happens to an employee the first time he or she tests positive for illicit drugs?</p> <p>What happens first time caught?</p> <p>1 = Handled on individual basis/policy does not spec what.. 2 = Employee is fired..... 3 = Employee is referred for treatment or counseling.. 4 = Nothing happens..... 5 = Something else happens.....</p>	<p>This question is not currently in use in order to reduce respondent burden.</p>	
<p>D. Crime and Criminal Justice</p>		
<p>45. During the past 12 months, have you driven a vehicle while you were under the influence of alcohol only?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>10. DURING THE PAST 12 MONTHS, have you driven a vehicle while you were under the influence of alcohol?</p> <p style="text-align: center;">Yes</p>	<p>SP06a [IF SP06a = BLANK AND (ALLAST3 = 1 OR 2 OR ALRECDK = 1 OR 2 OR ALRECRE = 1 OR 2) During the past 12 months, have you driven a vehicle while you were under the influence of alcohol?</p> <p>[IF SP06a NE BLANK] During the past 12 months, have you driven a vehicle while you were under the influence of alcohol only?</p> <p>1 Yes 2 No DK,REF</p>

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	<p>No Don't know or can't say</p> <p>A DK response option has been added in order to conform to NSDUH question format.</p>	
E. (Not on survey)		
F. Access/Service Capacity <i>Number of persons served by age, gender, race, ethnicity</i> Collected from provider records and aggregated by state coordinators as appropriate.		
53. Number of Persons by Age: <input type="checkbox"/> 0 to 4 <input type="checkbox"/> 5 to 11 <input type="checkbox"/> 12 to 14 <input type="checkbox"/> 15 to 17 <input type="checkbox"/> 18 to 20 <input type="checkbox"/> 21 to 24 <input type="checkbox"/> 25 to 44* <input type="checkbox"/> 45 to 64** <input type="checkbox"/> 65 and over	<p>No revisions</p>	
54. Number of Persons Served by Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	<p>No revisions</p>	
55. Number of Persons Served by Race/Ethnicity: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Hispanic	<p>No revisions</p>	

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<p>G. Retention <i>Total number of evidence based programs and strategies</i></p> <p>Collected from provider records and aggregated by state coordinators as appropriate.</p>	<p>No revisions</p>	
<p>56. Number of participants completing a recurring service?</p> <p>_____ (fill in blank)</p>	<p>Not currently in use.</p>	
<p>H. Social Support/Social Connectedness</p> <p><i>(Family Communications around Drug Use*</i></p>		
<p>(Child Question)</p> <p>57. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean your biological parents, adoptive parents, stepparents, or adult guardians whether or not they live with you.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Now think about the past 12 months 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? By PARENTS, we mean your biological parents, adoptive parents, stepparents, or adult guardians—whether or not they live with you.</p> <p>--Yes --No --Don't Know/ Can't Say</p> <p>DK response option added to conform to NSDUH question format.</p>	<p>YE08 [IF CURNTAGE = 12 - 17] Now think about the past 12 months, that is, from [DATEFILL] the past 12 months, have you talked with at least one of your parents about the dangers use? By parents, we mean either your biological parents, adoptive parents, stepparents, or not they live with you.</p> <p>1 Yes 2 No DK/REF</p>
<p>58. 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?</p>	<p>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 drugs?</p>	<p>pe03 [IF PE01a = 1 OR PE01b = 12 - 18] 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?</p> <p>1 0 times</p>

ORIGINAL NOMS	CURRENT NOMS MEASURES	NSDUH QUESTIONNAIRE
<input type="checkbox"/> 0 times <input type="checkbox"/> 1 or 2 times <input type="checkbox"/> A few times <input type="checkbox"/> Many times DK response option added to conform to NSDUH question format.	<input type="checkbox"/> Don't have any children <input type="checkbox"/> 0 times <input type="checkbox"/> 1 to 2 times <input type="checkbox"/> A few times <input type="checkbox"/> Many times <input type="checkbox"/> Don't know or can't say DK response option added to conform to NSDUH question format.	2 1 to 2 times 3 A few times 4 Many times DK/REF
59. Think about the most serious and thorough discussions about drugs you had with your child during the past 12 months. About how long did this discussion last? <input type="checkbox"/> Less than 10 minutes <input type="checkbox"/> 10 to 30 minutes <input type="checkbox"/> 31 to 60 minutes <input type="checkbox"/> More than 60 minutes	This question is not currently in use in order to reduce respondent burden.	
I. Cost Effectiveness		
<i>Increase Services Provided within the Cost Bands</i>		