

National Minority SA/HIV Prevention Initiative

Adult Questionnaire

TO BE COMPLETED BY THE LOCAL GRANT SITE DATA COLLECTOR

Last Name _____, First Name _____, M.I. _____

Participant ID #: _____

RESPONDENT OR PARTICIPANT: Before answering any of the questions, please make sure your name is correct. If incorrect, make the change in the box above. Do not write your name on any other page in this questionnaire. Thank you.

National Minority SA/HIV Prevention Initiative

Adult Questionnaire

Funding for data collection supported by the
Center for Substance Abuse Prevention (CSAP)
Substance Abuse and Mental Health Services Administration (SAMHSA)
U.S. Department of Health and Human Services (HHS)

These questions are part of a data collection effort about how to prevent substance abuse and HIV infection. The questions are being asked of hundreds of other individuals throughout the United States. The data findings will be used to help prevention initiatives learn more about how to keep people from using drugs and getting infected with HIV.

Completing this questionnaire is voluntary. If you do not want to answer any of the questions, you do not have to. If you decide not to participate in this survey, it will have no effect on your participation in direct service programs. However, your answers are very important to us. Please answer the questions honestly—based on what you really do, think, and feel. Your answers will not be told to anyone in your family or community. **Do not write your name anywhere on this questionnaire.**

We would like you to work fairly quickly so that you can finish. Please work quietly by yourself. If you have any questions or don't understand something, let the data collector know.

We think you will find the questionnaire to be interesting and that you will like filling it out. Thank you very much for being an important part of this data collection effort!

Public Burden Statement: 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 0930-0298. Public reporting burden for this collection of information is estimated to average 0.4 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

INSTRUCTIONS

1. Answer each question by marking one of the answer circles. Some questions allow you to mark more than one answer. If you don't find an answer that fits exactly, choose the one that comes closest.
2. Mark your answers carefully so we can tell which answer circle you chose. Do not mark between the circles.
3. It is very important that you answer each question truthfully. Your responses will not be helpful unless you tell the truth.

MARKING YOUR ANSWERS

- Use a No. 2 black lead pencil.
- Do not use an ink or ballpoint pen.
- Make heavy dark marks that fill the circle completely.
- Erase cleanly any answer you wish to change.
- Make no stray marks on this questionnaire.

EXAMPLES

Correct Marks:

Incorrect Marks:

Record Management Section: To be Completed by Designated Staff

Grant ID

S	P						
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Study Design Group (Select one)

Intervention Comparison

Participant ID

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

Date of Survey Administration

	/		/	
Month		Day		Year

Interview Type (Select one)

Baseline Exit Follow-up

Intervention Duration (Select one)

- Single Session Intervention
- Multiple Session Brief Intervention (less than 30 day duration)
- Multiple Session Long Intervention (30 days or longer duration)

Intervention Name(s) (If the participant is receiving services for more than one intervention, please list each intervention below)

1.	
2.	

Section One: Facts About You

First, we'd like to ask some basic questions about you. Your answers will not be used to identify you in any way. Instead, your answers will help us understand how different groups (like men or women, or people of similar ages) feel about substance abuse and HIV prevention.

1. How would you describe yourself? (Gender)

- Male
- Female
- Transgender
 - Male to female
 - Female to male

2. In what year were you born? (Enter all four digits of the year in the boxes below, and fill in corresponding circles)

--	--	--	--

1	0	0	0
2	1	1	1
	2	2	2
	3	3	3
	4	4	4
	5	5	5
	6	6	6
	7	7	7
	8	8	8
	9	9	9

3. In what month were you born?

- | | | |
|-----------------------------------|---------------------------------|------------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> May | <input type="checkbox"/> September |
| <input type="checkbox"/> February | <input type="checkbox"/> June | <input type="checkbox"/> October |
| <input type="checkbox"/> March | <input type="checkbox"/> July | <input type="checkbox"/> November |
| <input type="checkbox"/> April | <input type="checkbox"/> August | <input type="checkbox"/> December |

4. Are you Hispanic or Latino?

- Yes
 - No
- States?**

Less than a year

- 1 to 2 years
- 3 to 4 years
- 5 or more years
- All my life

5. What is your race? (Select one or more)

- White
- Black or African American
- American Indian
- Native Hawaiian or Other Pacific Islander
- Asian
- Alaska Native
- Other

6. How would you describe yourself? (Sexual orientation)

- Straight or heterosexual
- Bisexual
- Gay or lesbian
- Unsure

7. What is your primary spoken language?

- English
- Spanish
- Asian (Chinese, Japanese, or other)
- American Indian (Apache, Blackfoot, Navajo, or other)
- Other

8. How long have you lived in the United

9. What is the highest level of education you have finished, whether or not you received a degree? (Mark the highest grade you have completed.)

- | | |
|---|---|
| <input type="checkbox"/> 1 st grade | <input type="checkbox"/> College freshman |
| <input type="checkbox"/> 2 nd grade | <input type="checkbox"/> College sophomore |
| <input type="checkbox"/> 3 rd grade | <input type="checkbox"/> College junior |
| <input type="checkbox"/> 4 th grade | <input type="checkbox"/> College completion |
| <input type="checkbox"/> 5 th grade | <input type="checkbox"/> Some graduate school, but no degree received |
| <input type="checkbox"/> 6 th grade | <input type="checkbox"/> Master's degree |
| <input type="checkbox"/> 7 th grade | <input type="checkbox"/> Some professional school, (such as medical or law school) but no degree received or doctoral program |
| <input type="checkbox"/> 8 th grade | <input type="checkbox"/> Doctorate or professional degree |
| <input type="checkbox"/> 9 th grade | |
| <input type="checkbox"/> 10 th grade | |
| <input type="checkbox"/> 11 th grade | |
| <input type="checkbox"/> 12 th grade | |

10. If less than 12 years of education, do you

have a GED (General Equivalency Diploma)?

- Yes
- No

11. Have you completed a technical or trade school program (such as beautician, cosmetology, business, appliance repair, computer etc.)?

- Yes
- No

12. Which of the following best describes you?
(Mark the one that fits best)

- Employed full time (35+ hours per week)
- Employed part time
- Unemployed (looking for work)
- Unemployed (disabled)
- Unemployed (volunteer work)
- Unemployed (retired)
- Unemployed (full-time student)
- Unemployed (full-time homemaker)
- Unemployed (other reason)

13. During the past 12 months, have you driven a vehicle while you were under the influence of alcohol?

- Yes
- No
- Don't know or can't say

14. Have you ever been in juvenile/adult detention, jail, or prison for more than 3 days?

- Yes
- No

15. If YES to question 14, how long has it been since you last got out of juvenile/adult detention, jail, or prison?

- Never in juvenile/adult detention, jail, or prison for more than 3 days
- Fewer than 30 days
- Between 30 days and 1 year
- Between 1 and 2 years
- Between 2 and 3 years
- Between 3 and 4 years
- Between 4 and 5 years
- More than 5 years

16. Have you ever served in the Armed Forces, in the Reserves, or the National Guard [select all that apply]?

- No, (Skip to #17)
- Yes, in the Armed Forces
- Yes, in the Reserves
- Yes, in the National Guard

16a. Are you currently on active duty in the Armed Forces, in the Reserves, or the National Guard [select all that apply]?

- Yes, in the Armed Forces
- Yes, in the Reserves
- Yes, in the National Guard
- No, separated or retired from Armed Forces, Reserves, or National Guard

16b. Have you even been deployed to a combat zone [select all that apply]?

- Never deployed
- Iraq or Afghanistan (e.g., Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn)
- Persian Gulf (Operation Desert Shield or Desert Storm)
- Vietnam/Southeast Asia
- Korea
- WWII
- Deployed to a combat zone not listed above (e.g., Somalia, Bosnia, Kosovo)

17. Is anyone in your family or someone close to you on active duty in the Armed Forces, in the Reserves, or the National Guard, or separated or retired from Armed Forces, Reserves, or the National Guard?

- No, (Skip to #19)
- Yes, 1 person
- Yes, 2 people
- Yes, 3 people
- Yes, 4 people
- Yes, 5 people
- Yes, 6 or more people

18. If yes, answer the following questions for each person you marked in question 17 (up to six people).

	Service Member #1	Service Member #2	Service Member #3	Service Member #4	Service Member #5	Service Member #6
Service Member's relationship to you:						
Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother/Sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aunt/Uncle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandparent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the Service Member experienced any of the following (select all that apply)?						
18a. Deployed in support of combat operations (e.g., Iraq or Afghanistan) ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Can't Say	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Can't Say	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Can't Say	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Can't Say	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Can't Say	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Can't Say
18b. Was physically injured during combat operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Can't Say	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Can't Say	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Can't Say	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Can't Say	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Can't Say	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Can't Say
18c. Developed combat stress symptoms/difficulties adjusting following deployment, including PTSD, depression, or suicidal thoughts?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Can't Say	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Can't Say	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Can't Say	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Can't Say	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Can't Say	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Can't Say
18d. Died or was killed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Can't Say	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Can't Say	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Can't Say	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Can't Say	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Can't Say	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Can't Say

End of Section One

Section Two: Attitudes & Knowledge

Next, we'd like to ask you how you feel about substance use and sexual behavior, as well as what you know about HIV/AIDS. Again, your answers are private and will not be used to identify you.

The next few questions ask about HOW MUCH you think people RISK HARMING themselves physically or in other ways by using alcohol, tobacco, and drugs.

- o risk
ight risk
19. **How much do people risk harming themselves physically or in other ways when they smoke one or more packs of cigarettes per day?**
- Moderate risk
 Great risk
 Don't know or can't say
20. **How much do people risk harming themselves physically or in other ways when they smoke marijuana once or twice a week?**
- o risk
ight risk
- Moderate risk
 Great risk
 Don't know or can't say
21. **How much do 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?**
- o risk
ight risk
- Moderate risk
 Great risk
 Don't know or can't say

The next questions are about your beliefs and attitudes toward **SEX**.

Some of the questions ask about having sex. By sex or *sexual activity*, we mean a situation where two partners get sexually excited or aroused (turned on) by touching each other's genitals (penis or vagina) or anus (butt) with their own genitals, hands, or mouth.

When a male inserts his penis into his female partner's vagina, the partners are considered to be having *vaginal sex*.

When one partner's mouth is in contact with the other partner's genitals (penis or vagina) or anus during sex, the partners are considered to be having *oral sex*.

When a male's penis is inserted into his male or female partner's anus, the partners are considered to be having *anal sex*.

Some questions ask about *sexual partners*. A sexual partner is someone with whom you have sex, that is, engage in sexual activity.

Some questions refer to *protected sex* and *unprotected sex*. Protected sex is when a latex or polyurethane condom (rubber) is used to cover the penis; a female condom is used to cover the vagina; or a dental dam is used to cover the anus. By unprotected sex, we mean vaginal, oral, or anal sex without a barrier such as a condom or dental dam.

How much do you think people risk harming themselves physically:

22. **If they have oral sex without a condom or dental dam?**
- No risk
 Slight risk
 Moderate risk
 Great risk

23. If they have vaginal sex without a condom?

- No risk
- Slight risk
- Moderate risk
- Great risk

24. If they have anal sex without a condom?

- No risk
- Slight risk
- Moderate risk
- Great risk

25. If they have sex under the influence of alcohol?

- No risk
- Slight risk
- Moderate risk
- Great risk

26. If they have sex while high on drugs?

- No risk
- Slight risk
- Moderate risk
- Great risk

27. If they share nonsanitized needles or works when using drugs? ("Works" refer to supplies used for injecting drugs)

- No risk
- Slight risk
- Moderate risk
- Great risk

The next questions ask more about your attitudes and beliefs about sex.

In your relationship with your PRIMARY (MAIN) partner, how confident are you that you could:

28. Refuse to have sex with your partner because you weren't in the mood?

- Not at all
- A little
- Somewhat
- Very much

29. Ask your partner to wait while you got a condom or dental dam?

- Not at all
- A little

- Somewhat
- Very much

30. Tell your partner how to treat you sexually?

- Not at all
- A little
- Somewhat
- Very much

31. Refuse to engage in sexual practices you didn't like?

- Not at all
- A little
- Somewhat
- Very much

32. Ask your partner to use a condom or dental dam?

- Not at all
- A little
- Somewhat
- Very much

33. Refuse to have sex because your partner did not want to use a condom or dental dam?

- Not at all
- A little
- Somewhat
- Very much

The next set of questions ask how likely you are to do certain behaviors in the future.

In the next 6 months, how likely are you...

34. To drink five or more alcoholic drinks in one sitting?

- Not at all likely
- A little likely
- Somewhat likely
- Very likely

35. To use any illegal drugs (including prescription drugs) to get high?

- Not at all likely
- A little likely
- Somewhat likely
- Very likely

36. To use injection drugs without a doctor's orders, just to feel good or to get high?

- Not at all likely
- A little likely
- Somewhat likely

Very likely
37. **To use clean needles when injecting drugs?**

I do not use injected drugs

- Not at all likely
- A little likely
- Somewhat likely
- Very likely

38. **To practice safe sex?**

Not intending to have sex during the next 6 months

- Not at all likely
- A little likely
- Somewhat likely
- Very likely

HIV/AIDS – What You Know

Please indicate whether you think each of the following statements about HIV/AIDS is true or false, or if you don't know.

39. **Only people who look sick can spread the HIV/AIDS virus.**

- True
- False
- Don't know

40. **Only people who have sexual intercourse with gay (homosexual) people get HIV/AIDS.**

- True
- False
- Don't know

41. **Birth control pills protect women from getting the HIV/AIDS virus.**

- True
- False
- Don't know

42. **There are drugs available to treat HIV that can lengthen the life of a person infected with the virus.**

- True
- False
- Don't know

43. **There is no cure for AIDS.**

- True
- False
- Don't know

44. **Young people under age 18 need their parents' permission to get an HIV test.**

- True
- False
- Don't know

The next questions ask about health care services.

45. **Would you know where to go in your neighborhood to see a health care professional regarding HIV/AIDS or other sexually transmitted health issues?**

- Yes
- No

46. **Would you know where to go in your neighborhood to see a health care professional regarding a drug or alcohol problem?**

- Yes
- No

47. **Have you ever been tested for the HIV virus that causes AIDS?**

- Yes
- No

48. **If YES to Question 47, what type of HIV test was it?**

- Never tested for HIV/AIDS
- Oral (Mouth) test (OraSure/OraQuick Rapid Saliva Test or other)
- Urine test
- Blood test in a clinic or doctor's office (Western Blot or other)
- More than one test conducted in a clinic or doctor's office
- Home test kit
- Don't know

49. **If YES to question 47, did you receive or go back to get your results?**

- Never tested for HIV/AIDS
- Yes
- No

The following questions ask about your relationships.

Thinking about all the people you know...

50. Are there any people you could go to when you want to talk about things having to do with your own health?

- Yes, there are people I can talk with
- No, there is no one I can talk with

51. Are there any people you could talk with about personal issues having to do with sex?

- Yes, there are people I can talk with
- No, there is no one I can talk with

52. Are there any people you could talk with about personal issues having to do with alcohol or drug use?

- Yes, there are people I can talk with
- No, there is no one I can talk with

53. Are there certain people you could go to if you need to talk about other personal matters that you wouldn't tell just anyone?

- Yes, there are people I can talk with
- No, there is no one I can talk with

The next few questions ask about your religious or spiritual beliefs and how they may affect your daily life.

54. In general, how important are religious or spiritual beliefs in your day-to-day life?

- Not at all important
- Not too important
- Fairly important
- Very important

55. When you have problems or difficulties with your school (education), work, family, friends, or personal life, how often do you seek spiritual guidance and support?

- Never
- Rarely
- Sometimes
- Often
- Almost always

56. How spiritual or religious would you say you are?

- Not spiritual or religious at all
- Not too spiritual or religious
- Fairly spiritual or religious
- Very spiritual or religious

End of Section Two

Section Three: Behavior & Relationships

Cigarettes, Alcohol and Drugs

The next two questions are about **CIGARETTES and OTHER TOBACCO PRODUCTS**.

Think back over the past 30 days and record on how many days, if any, you used cigarettes and/or other tobacco products.

57. During the past 30 days, on how many days did you smoke part or all of a cigarette?
(Includes menthol and regular cigarettes and loose tobacco rolled into cigarettes)

- | | | |
|----------------------------------|---------------------------------------|----------------------------------|
| <input type="checkbox"/> 0 days | <input type="checkbox"/> 12 days | <input type="checkbox"/> 24 days |
| <input type="checkbox"/> 1 day | <input type="checkbox"/> 13 days | <input type="checkbox"/> 25 days |
| <input type="checkbox"/> 2 days | <input type="checkbox"/> 14 days | <input type="checkbox"/> 26 days |
| <input type="checkbox"/> 3 days | <input type="checkbox"/> 15 days | <input type="checkbox"/> 27 days |
| | <input type="checkbox"/> 4 days | <input type="checkbox"/> 16 days |
| | <input type="checkbox"/> 5 days | <input type="checkbox"/> 17 days |
| | | <input type="checkbox"/> 28 days |
| | | <input type="checkbox"/> 29 days |
| <input type="checkbox"/> 18 days | <input type="checkbox"/> 30 days | |
| <input type="checkbox"/> 19 days | <input type="checkbox"/> Don't know | |
| <input type="checkbox"/> 20 days | <input type="checkbox"/> or can't say | |
| <input type="checkbox"/> 21 days | | |
| <input type="checkbox"/> 22 days | | |
| <input type="checkbox"/> 11 days | <input type="checkbox"/> 23 days | |

58. During the past 30 days, on how many days did you use other tobacco products?
(Includes any tobacco product other than cigarettes such as snuff, chewing tobacco, and smoking tobacco from a pipe)

- | | | |
|----------------------------------|---------------------------------------|----------------------------------|
| <input type="checkbox"/> 0 days | <input type="checkbox"/> 12 days | <input type="checkbox"/> 24 days |
| <input type="checkbox"/> 1 day | <input type="checkbox"/> 13 days | <input type="checkbox"/> 25 days |
| <input type="checkbox"/> 2 days | <input type="checkbox"/> 14 days | <input type="checkbox"/> 26 days |
| <input type="checkbox"/> 3 days | <input type="checkbox"/> 15 days | <input type="checkbox"/> 27 days |
| | <input type="checkbox"/> 4 days | <input type="checkbox"/> 16 days |
| | <input type="checkbox"/> 5 days | <input type="checkbox"/> 17 days |
| | | <input type="checkbox"/> 28 days |
| | | <input type="checkbox"/> 29 days |
| <input type="checkbox"/> 18 days | <input type="checkbox"/> 30 days | |
| <input type="checkbox"/> 19 days | <input type="checkbox"/> Don't know | |
| <input type="checkbox"/> 20 days | <input type="checkbox"/> or can't say | |
| <input type="checkbox"/> 21 days | | |
| <input type="checkbox"/> 22 days | | |
| <input type="checkbox"/> 23 days | | |

The next two questions are about **ALCOHOL**.
By alcohol, we mean BEER, WINE, WINE COOLERS, MALT BEVERAGES or HARD LIQUOR.

Different groups of people in the United States may use alcohol for religious reasons. For example, some churches serve wine during a church service. If you drink wine at church or for some other religious reason, **do not** count these times in your answers to the questions below.

Think back over the past 30 days and record on how many days, if any, you consumed alcohol.

59. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?

- | | | |
|----------------------------------|---------------------------------------|----------------------------------|
| <input type="checkbox"/> 0 days | <input type="checkbox"/> 12 days | <input type="checkbox"/> 24 days |
| <input type="checkbox"/> 1 day | <input type="checkbox"/> 13 days | <input type="checkbox"/> 25 days |
| <input type="checkbox"/> 2 days | <input type="checkbox"/> 14 days | <input type="checkbox"/> 26 days |
| <input type="checkbox"/> 3 days | <input type="checkbox"/> 15 days | <input type="checkbox"/> 27 days |
| | <input type="checkbox"/> 4 days | <input type="checkbox"/> 16 days |
| | <input type="checkbox"/> 5 days | <input type="checkbox"/> 17 days |
| | | <input type="checkbox"/> 28 days |
| | | <input type="checkbox"/> 29 days |
| <input type="checkbox"/> 18 days | <input type="checkbox"/> 30 days | |
| <input type="checkbox"/> 19 days | <input type="checkbox"/> Don't know | |
| <input type="checkbox"/> 20 days | <input type="checkbox"/> or can't say | |
| <input type="checkbox"/> 21 days | | |
| <input type="checkbox"/> 22 days | | |
| <input type="checkbox"/> 23 days | | |

60. During the past 30 days, on how many days did you have 4 or more drinks on the same occasion? [By 'occasion,' we mean at the same time or within a couple of hours of each other].

- | | | |
|----------------------------------|---------------------------------------|----------------------------------|
| <input type="checkbox"/> 0 days | <input type="checkbox"/> 12 days | <input type="checkbox"/> 24 days |
| <input type="checkbox"/> 1 day | <input type="checkbox"/> 13 days | <input type="checkbox"/> 25 days |
| <input type="checkbox"/> 2 days | <input type="checkbox"/> 14 days | <input type="checkbox"/> 26 days |
| <input type="checkbox"/> 3 days | <input type="checkbox"/> 15 days | <input type="checkbox"/> 27 days |
| | <input type="checkbox"/> 4 days | <input type="checkbox"/> 16 days |
| | <input type="checkbox"/> 5 days | <input type="checkbox"/> 17 days |
| | | <input type="checkbox"/> 28 days |
| | | <input type="checkbox"/> 29 days |
| <input type="checkbox"/> 18 days | <input type="checkbox"/> 30 days | |
| <input type="checkbox"/> 19 days | <input type="checkbox"/> Don't know | |
| <input type="checkbox"/> 20 days | <input type="checkbox"/> or can't say | |
| <input type="checkbox"/> 21 days | | |
| <input type="checkbox"/> 22 days | | |
| <input type="checkbox"/> 11 days | <input type="checkbox"/> 23 days | |

61. 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].

- 12 days 24 days
- 13 days 25 days
- 14 days 26 days
- 15 days 27 days
- 4 days 16 days 28 days
- 5 days 17 days 29 days
- 18 days 30 days
- 19 days Don't know
- 20 days or can't say
- 21 days
- 22 days
- 11 days 23 days

62. During the past 30 days, on how many days have you been drunk or very high from drinking alcoholic beverages?

- 12 days 24 days
- 13 days 25 days
- 14 days 26 days
- 15 days 27 days
- 4 days 16 days 28 days
- 5 days 17 days 29 days
- 18 days 30 days
- 19 days Don't know
- 20 days or can't say
- 21 days
- 22 days
- 23 days

The next question is about **MARIJUANA or HASHISH**. Marijuana is sometimes called weed, blunt, hydro, grass, or pot. Hashish is sometimes called hash or hash oil.

Think back over the past 30 days and record on how many days, if any, you used marijuana or hashish.

63. During the past 30 days, on how many days did you use marijuana or hashish?

- 12 days 24 days
- 13 days 25 days
- 14 days 26 days
- 15 days 27 days
- 4 days 16 days 28 days
- 5 days 17 days 29 days
- 18 days 30 days
- 19 days Don't know
- 20 days or can't say

- 21 days
- 22 days
- 23 days

The next question is about **OTHER ILLEGAL DRUGS**, excluding marijuana or hashish.

These include substances like inhalants or sniffed substances such as glue, gasoline, paint thinner, cleaning fluid, or shoe polish (used to feel good or get high), heroin, crack, or cocaine, methamphetamine, hallucinogens (drugs that cause people to see or experience things that are not real) such as LSD (sometimes called acid), Ecstasy (MDMA), PCP, peyote (sometimes called angel dust), and prescription drugs used without a doctor's orders, just to feel good or to get high.

Think back over the past 30 days and record on how many days, if any, you used other illegal drugs.

64. During the past 30 days, on how many days did you use any other illegal drug?

- 12 days 24 days
- 13 days 25 days
- 14 days 26 days
- 15 days 27 days
- 4 days 16 days 28 days
- 5 days 17 days 29 days
- 18 days 30 days
- 19 days Don't know
- 20 days or can't say
- 21 days
- 22 days
- 23 days

Now we would like to ask about your use of several specific drugs during the past 30 days.

65. During the past 30 days, on how many days did you use cocaine or crack?

- 12 days 24 days
- 13 days 25 days
- 14 days 26 days
- 15 days 27 days
- 4 days 16 days 28 days
- 5 days 17 days 29 days
- 18 days 30 days
- 19 days Don't know
- 20 days or can't say
- 21 days
- 22 days
- 23 days

66. During the past 30 days, on how many days did you use **methamphetamine**? (Also called meth, crystal meth, crank, go, and speed)

- 12 days
- 13 days
- 14 days
- 15 days
- 4 days
- 5 days
- 24 days
- 25 days
- 26 days
- 27 days
- 16 days
- 17 days
- 28 days
- 29 days
- 18 days
- 19 days
- 20 days
- 21 days
- 22 days
- 23 days
- 30 days
- Don't know or can't say

67. During the past 30 days, on how many days have you used prescription drugs without a doctor's orders, in order to feel good or to get high?

- 12 days
- 13 days
- 14 days
- 15 days
- 4 days
- 5 days
- 24 days
- 25 days
- 26 days
- 27 days
- 16 days
- 17 days
- 28 days
- 29 days
- 18 days
- 19 days
- 20 days
- 21 days
- 22 days
- 23 days
- 30 days
- Don't know or can't say

68. During the past 30 days, on how many days have you injected any drugs? (Count only injections without a doctor's orders you used to feel good or to get high.)

- 12 days
- 13 days
- 14 days
- 15 days
- 4 days
- 5 days
- 24 days
- 25 days
- 26 days
- 27 days
- 16 days
- 17 days
- 28 days
- 29 days
- 18 days
- 19 days
- 20 days
- 21 days
- 22 days
- 23 days
- 30 days
- Don't know or can't say

69. During the past 30 days, how stressful have things been for you because of your use of alcohol or drugs?

- I have not used alcohol or drugs in the past 30 days
- Not at all
- Somewhat
- Considerably
- Extremely

70. During the past 30 days, has your use of alcohol or drugs caused you to have emotional problems?

- I have not used alcohol or drugs in the past 30 days
- Not at all
- Somewhat
- Considerably
- Extremely

The next few questions ask about the **FIRST TIME** you used a substance.

Think back whether you have EVER used any substances. If so, what was your age the FIRST TIME you used the following substances.

71. How old were you the first time you smoked part or all of a cigarette? (Includes menthol and regular cigarettes and loose tobacco rolled into cigarettes)

- I have never smoked part or all of a cigarette
- 5 years old or younger
- 6 years old
- 7 years old
- 8 years old
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old
- 19 years old
- 20 years old
- 21 years old
- 22 years old
- 23 years old
- 24 years old
- 25 years old
- 26 years old
- 27 years old
- 28 years old
- 29 years old
- 30 years old
- Over 30 years old
- Don't know or can't say

72. How old were you the first time you used any other tobacco product? (Includes any tobacco product other than cigarettes such as snuff, chewing tobacco, and smoking tobacco from a pipe)

I have never used any other tobacco products

- 5 years old or younger
- 6 years old
- 7 years old
- 8 years old
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old
- 19 years old
- 20 years old
- 21 years old
- 22 years old
- 23 years old

- 24 years old
- 25 years old
- 26 years old
- 27 years old
- 28 years old
- 29 years old
- 30 years old
- Over 30 years old
- Don't know or can't say

73. How old were you the first time you had a drink of an alcoholic beverage? (Includes beer, wine, wine coolers, malt beverages, and liquor) DO NOT include any time when you only had a sip or two from a drink.

I have never had a drink of an alcoholic beverage

- 5 years old or younger
- 6 years old
- 7 years old
- 8 years old
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old
- 19 years old
- 20 years old
- 21 years old
- 22 years old
- 23 years old

- 24 years old
- 25 years old
- 26 years old
- 27 years old
- 28 years old
- 29 years old
- 30 years old
- Over 30 years old
- Don't know or can't say

74. How old were you the first time you used marijuana or hashish? (Also known as grass, pot, hash, or hash oil)

I have never used marijuana or hashish

- 5 years old or younger
- 6 years old
- 7 years old
- 8 years old
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old
- 19 years old
- 20 years old
- 21 years old
- 22 years old
- 23 years old
- 24 years old
- 25 years old
- 26 years old
- 27 years old
- 28 years old
- 29 years old
- 30 years old
- Over 30 years old
- Don't know or can't say

75. How old were you the first time you used any other illegal drug?

I have never used any other illegal drugs

- 5 years old or younger
- 6 years old
- 7 years old
- 8 years old
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old
- 19 years old
- 20 years old
- 21 years old
- 22 years old
- 23 years old
- 24 years old
- 25 years old
- 26 years old
- 27 years old
- 28 years old
- 29 years old
- 30 years old
- Over 30 years old
- Don't know or can't say

Sexual Behavior

Now we'd like to ask you about your experience with sex. If you cannot remember what we mean by sex, please refer to the definitions on page 4. Remember, your answers are private.

76. Have you ever had sex (either vaginal, oral, or anal)?

- Yes
- No

77. Have you had oral sex in the past 30 days?

- Yes
- No

78. The last time you had oral sex, was it protected or unprotected?

- I have never had oral sex
- Protected
- Unprotected

79. Have you had vaginal sex in the past 30 days?

- Yes
- No

80. The last time you had vaginal sex, was it protected or unprotected?

- I have never had vaginal sex
- Protected
- Unprotected

81. Have you had anal sex in the past 30 days?

- Yes
- No

82. The last time you had anal sex, was it protected or unprotected?

- I have never had anal sex
- Protected
- Unprotected

The next set of questions asks more specifically about your sexual behavior. Some questions refer to the **past 3 months** and others to your experience **ever**.

83. In the past 3 months, have you had sex with any men?

- Yes
- No

84. Are you a woman who has sex with men?

- Yes
- No

85. Are you a man who has sex with men?

- Yes
- No

86. In the past 3 months, have you had sex with any women?

- Yes
- No

87. Are you a man who has sex with women?

- Yes
- No

88. Are you a woman who has sex with women?

- Yes
- No

89. During the past 3 months, how many sexual partners have you had?

- None
- 1 person
- 2 people
- 3 people
- 4 people
- 5 people
- 6 people
- 7 people
- 8 people
- 9 people
- 10 people or more

90. Have you ever had unprotected sex (vaginal, anal, or oral) with someone in exchange for money, drugs, or shelter?

- Yes
- No

91. In the **past 3 months**, have you had unprotected sex (vaginal, anal, or oral) with someone in exchange for money, drugs, or shelter?

- Yes
- No

92. Have you **ever** had unprotected sex (vaginal, anal, or oral) with a partner you know had, or suspected of having a sexually transmitted disease (STD)?

- Yes
- No

93. In the **past 3 months**, have you had unprotected sex (vaginal, anal, or oral) with a partner you know had, or suspected of having a sexually transmitted disease (STD)?

- Yes
- No

94. Have you **ever** had unprotected sex (vaginal, anal, or oral) with a partner you know had, or suspected of having HIV/AIDS?

- Yes
- No

95. In the **past 3 months**, have you had unprotected sex (vaginal, anal, or oral) with a partner you know had, or suspected of having HIV/AIDS?

- Yes
- No

96. Have you **ever** had unprotected sex (vaginal, anal, or oral) with someone whom you knew was, or suspected of being an injected drug user?

- Yes
- No

97. In the **past 3 months**, have you had unprotected sex (vaginal, anal, or oral) with someone whom you knew was, or suspected of being an injected drug user?

- Yes
- No

98. Have you **ever** had sex while you were under the influence of drugs or alcohol?

- Yes
- No

99. In the **past 3 months**, have you had sex while you were under the influence of drugs or alcohol?

- Yes
- No

The next few questions ask about abuse you might have experienced.

In the **past 3 months**, how often has anyone with whom you had an intimate relation, sexual or not...

100. Emotionally abused you (swore at you, called you negative names, kept you from seeing family or friends)?

- Never
- Rarely
- Sometimes
- Often
- Very often

101. Physically abused you (slapped, beat, kicked, or choked you; threatened you with a knife or a gun)?

- Never
- Rarely
- Sometimes
- Often
- Very often

102. Sexually abused you (forced you to have sex, physically hurt the sexual parts of your body)?

- Never
- Rarely
- Sometimes
- Often
- Very often

103. Forced you to use drugs or alcohol?

- Never
- Rarely
- Sometimes
- Often
- Very often

Family, Relationships and Work

104. Describe your current relationship status.

- Single (never married) 1 to 2 times
 - Informally married or living with a permanent partner A few times
 - Legally married Don't know or can't say
 - Separated
 - Divorced or broken up from an informal marriage
 - Widowed
- Many times

105. With whom do you live?
(Mark all that apply)

- One
- With my mother
- With my father
- With my brother(s) and/or sister(s)
- With my grandparent(s)
- Grandchild
- With my spouse or significant other
- With my child or my children

106. Describe where you live.

- In my own home or apartment
- In a relative's home
- In a group home
- In a foster home
- Homeless or in a shelter
- Other

107. At what age did you have your first child?

- No children
- 9 to 13 years old
- 14 to 18 years old
- 19 to 25 years old
- 26 to 34 years old
- 35 years old or older

108. How many children under the age of 18 are living with you?

- 0
- 1 to 2
- 3 to 4
- 5 to 6
- More than 6

109. If you have children, during the past 12 months, how many times have you talked with your children about the dangers or problems associated with the use of tobacco, alcohol, or drugs?

- I don't have any children

110. Think about the household members that live with you right now. About how much income have you and/or your family members made in the last year before taxes? (Include child support and/or cash payments from the government, for example, welfare [TANF], SSI, or unemployment compensation)

- \$0–\$10,000
- \$10,001–\$20,000
- \$20,001–\$30,000
- \$30,001–\$40,000
- \$40,001–\$50,000
- \$50,001–\$60,000
- More than \$60,000

111. Do you have health care or medical insurance?

- Yes
- No

112. Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? Would you say more likely, less likely, or would it make no difference to you? (Mark one)

- More likely
- Less likely
- Would make no difference
- Don't know or can't say

The next set of questions asks about your family's relationships.

113. I'm available when others in my family want to talk to me.

- I don't have any family
- Not true
- Sometimes true
- Usually true
- Always true

114. I listen to what other family members have to say, even when I disagree.

- I don't have any family
- Not true
- Sometimes true
- Usually true
- Always true

115. Members of my family ask each other for help.

- I don't have any family
- Not true
- Sometimes true
- Usually true
- Always true

116. Members of my family like to spend free time with each other.

- I don't have any family
- Not true
- Sometimes true
- Usually true
- Always true

117. Members of my family feel very close to each other.

- I don't have any family
- Not true
- Sometimes true
- Usually true
- Always true

118. We can easily think of things to do together as a family.

- I don't have any family
- Not true
- Sometimes true
- Usually true
- Always true

The next two questions ask about programs or classes you may have attended recently.

119. In the past 30 days, have you been in any classes or programs where they talked about prevention of drug or alcohol abuse?

- Yes
- No

120. In the past 30 days, have you been in any classes or programs where they talked about preventing HIV/AIDS?

- Yes
- No

The last two questions ask about your experience with this survey.

121. How comfortable was it for you to answer the questions in this survey?

- Very comfortable
- Somewhat comfortable
- Somewhat uncomfortable
- Very uncomfortable

122. How truthful were you when answering the questions?

- Very truthful
- Somewhat truthful
- Somewhat untruthful
- Very untruthful

YOU ARE DONE!
Thank you for your help!