

IN5.

Interview start time

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

[LABEL]



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Expires: 3/31/2013

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? Please select one or more. _____

- 1= White;
- 2= Black or African-American;
- 3= American Indian or Alaska Native;
- 4= Native Hawaiian or Other Pacific Islander; or,
- 5= Asian.

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.

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;
- 5= Disability Medicare; or,
- 7= Veterans Health Administration Benefits.

6= MULTIPLE TYPES [SPECIFY] _____

D8. What is your current 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;
- 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 [SPECIFY] _____

CALENDAR

	1	2	3	4	5	6	7	8	9	10	11	12
H0												
H1	W	O	L	I	D	A	Y	S				
H2	S	I	T	E	M	A	Y	S				
H3	W	H	E	N	A	R	E	V	E			
H4	S	I	M	P	A	R	I	N	E			
H5	P	A	S	T								
H6												
H7												
H8												
H9												
H10												
H11												

START CALENDAR 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.

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.

H0. In the past 12 months, how many places did you live in?

[TURN PAGE, COMPLETE EVER QUESTIONS]

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.

H1.

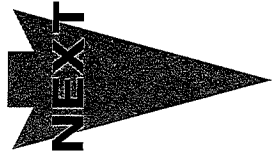
Starting in [month 1], where did you live most of the time?

- 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 1-8 FOR MONTHS 2-11]



CALENDAR

COUNT PRIOR TO 12 MONTHS

1	2	3	4	5	6	7	8	9	10	11	12
MON	TUE	WED	THUR	FRI	SAT	SUN	MON	TUE	WED	THUR	FRI
H1	H2	H3	H4	H5	H6	H7	H8	H9	H10	H11	

T4	T5	T6	T7	T8	T9	T10	T11	T12	T13	T14	T15	T16	T17
T18	T19	T20	T21	T22	T23	T24	T25	T26	T27	T28	T29	T30	T31
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.

[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?

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

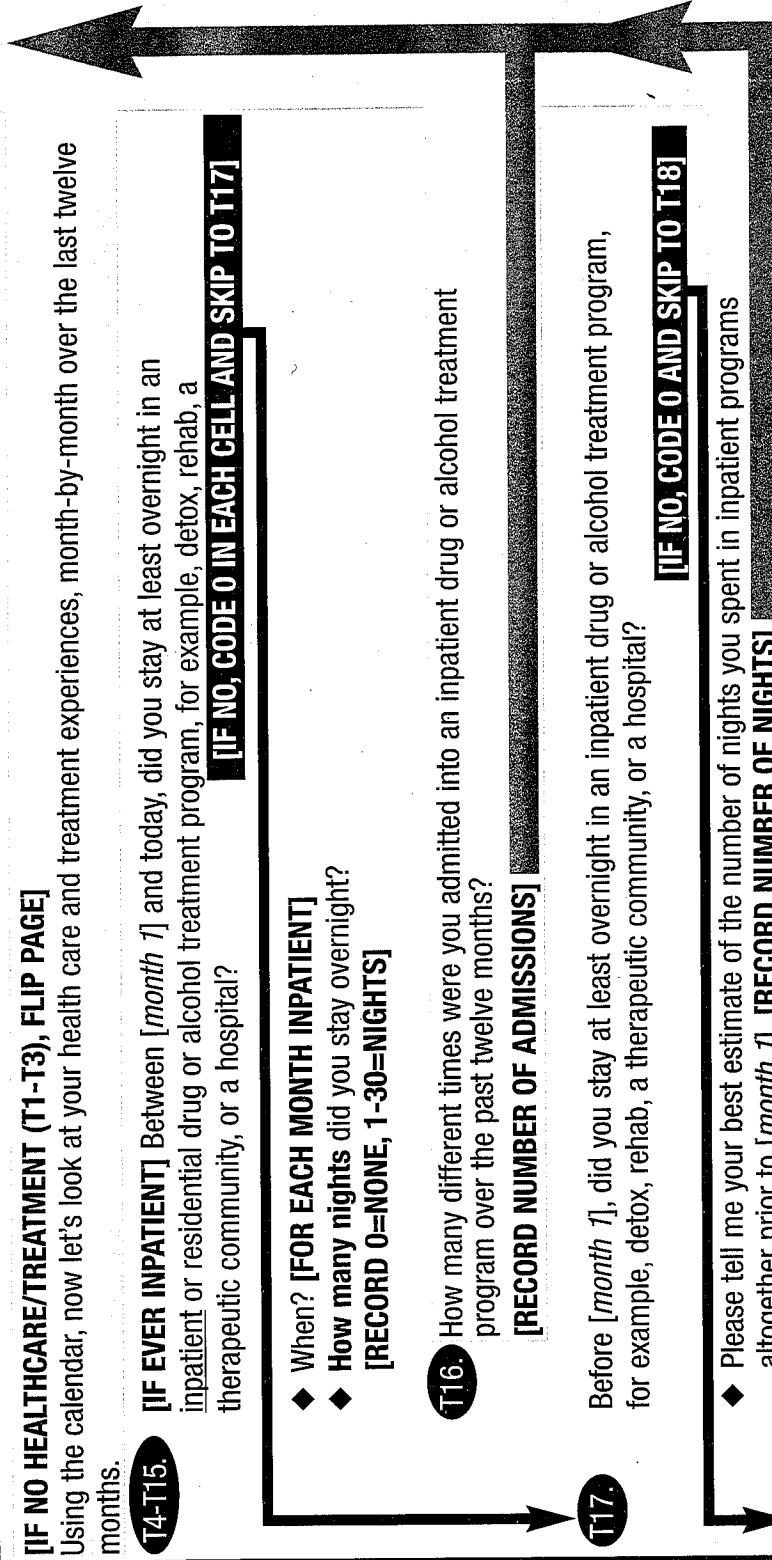
T16 How many different times were you admitted into an inpatient drug or alcohol treatment program over the past twelve months?

[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]**

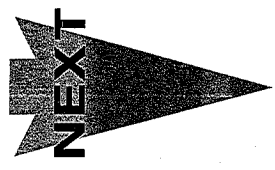


T2.

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.

[IF NO, CODE 0 IN EACH CELL AND SKIP TO T31]

◆ When? [CODE 0=NO, 1=IN PROGRAM FOR EACH MONTH]

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]

◆ 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]

T32-T43.

[IF EVER MENTAL HEALTH] Between [month 1] and today, were you in mental health treatment—not for drug or alcohol use—in a psychiatric unit of a hospital or other facility for at least one overnight stay?
[IF NO, CODE 0 IN EACH CELL AND SKIP TO T45]

◆ When? **[FOR EACH MONTH IN PSYCH UNIT]**

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

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]

◆ Please tell me your best estimate of the number of nights you spent in a psychiatric unit of a hospital or other facility—not for drug or alcohol use—altogether before [month 1].
[RECORD NUMBER OF NIGHTS]

CALENDAR

COUNT
PRIOR TO
12
MONTHS

					P	A	S	1	2	M	O	N	T	H	S				1	2

H0	
H1	
H2	
H3	
H4	
H5	
H6	
H7	
H8	
H9	
H10	
H11	

T4	T5	T6	T7	T8	T9	T10	T11	T12	T13	T14	T15	T16	T17
T18	T19	T20	T21	T22	T23	T24	T25	T26	T27	T28	T29	T30	T31
T32	T33	T34	T35	T36	T37	T38	T39	T40	T41	T42	T43	T44	T45
C3	C4	C5	C6	C7	C8	C9	C10	C11	C12	C13	C14	C15	
C16	C17	C18	C19	C20	C21	C22	C23	C24	C25	C26	C27	C28	

EVER [0=NO, 1=YES]

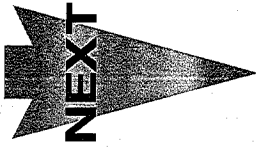
- Before this arrest, have you ever been arrested—that is, charged on a criminal offense or picked up on a warrant and booked at a holding facility like this one? Please do not include juvenile arrests.

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

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

- [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]**
- C3-C14.** 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]**

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?



C28. [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? **[IF NO, CODE 0 AND SKIP TO NEXT PAGE]**

- ◆ 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]**

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? IF NO →	S2. IF YES → Had at least 5 or more drinks on the same day? IF NO →	S3. Have 5 or more drinks on the same day?
S4. IF YES → Used any Marijuana or Hashish? IF NO →	S5. IF YES → Used Marijuana or Hashish? IF NO →	S6. Use Marijuana or Hashish?
S7. IF YES → Used any Crack or Rock Cocaine? IF NO →	S8. IF YES → Used Crack or Rock Cocaine? IF NO →	S9. Use Crack or Rock Cocaine?
S10. IF YES → Used any Powder Cocaine? IF NO →	S11. IF YES → Used Powder Cocaine? IF NO →	S12. Use Powder Cocaine?
S13. IF YES → Used any Heroin? IF NO →	S14. IF YES → Used Heroin? IF NO →	S15. Use Heroin?
S16. IF YES → Used any Methamphetamine like Crystal Meth? IF NO →	S17. IF YES → Used Methamphetamine? IF NO →	S18. Use Methamphetamine?
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? [IF NO, SKIP]	S20a. Which other drug did you use most often? [RECORD DRUG] S20b. How old were you the first time you used that drug?	S21. Did you use [drug] in the past 12 months--that is, between [month 1] and today?

FILL IN CALENDAR, H1-S125 AS APPLICABLE

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 S36]

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-S35. On how many of the past 30 days did you have 5 or more drinks?
During the past 7 days, on how many days did you have 5 or more drinks?
During the past 3 days, on how many days did you have 5 or more drinks?

S36-S125. **[FOR EACH DRUG USED IN PAST 12 MONTHS (S6-S21)]**
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]?
[RECORD LEVELS 0-3 FOR ALL MONTHS]

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

[FOR EACH DRUG USED IN THE PAST 12 MONTHS]
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?

TURN PAGE

Secondary Drug Use

0=NO
1=YES
2=YES, HAVE PRESCRIPTION

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

Dependence and Abuse

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

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

[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?

[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 DRUG 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.

Market and Use

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

MA1.	Did you get any Marijuana or Hashish? This could include harvesting Marijuana you grew yourself.	
CC1.	Did you get or make any Crack or Rock Cocaine?	
PC1.	Did you get any Powder Cocaine?	
HE1.	Did you get any Heroin?	
ME1.	Did you get or make any Methamphetamine like Crystal Meth?	

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

IF NO TO ALL, SKIP TO IN6.

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

...CASH...

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.

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.

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]

<p>☉ MARIJUANA OR HASHISH</p> <p>Cash <input type="checkbox"/> MA2 IF YES</p> <p>OBTAINED</p> <p>Noncash <input type="checkbox"/> MA3 IF YES ASK NONCASH</p>		MA4	MA5 OTHER SPECIFY MULTIPLE SPECIFY	MA6	MA7
<p>☉ CRACK OR ROCK COCAINE</p> <p>Cash <input type="checkbox"/> CC2 IF YES</p> <p>OBTAINED</p> <p>Noncash <input type="checkbox"/> CC3 IF YES ASK NONCASH</p>		CC4	CC5 OTHER SPECIFY MULTIPLE SPECIFY	CC6	CC7
<p>POWDER COCAINE</p> <p>Cash <input type="checkbox"/> PC2 IF YES</p> <p>OBTAINED</p> <p>Noncash <input type="checkbox"/> PC3 IF YES ASK NONCASH</p>		PC4	PC5 OTHER SPECIFY MULTIPLE SPECIFY	PC6	PC7
<p>HEROIN</p> <p>Cash <input type="checkbox"/> HE2 IF YES</p> <p>OBTAINED</p> <p>Noncash <input type="checkbox"/> HE3 IF YES ASK NONCASH</p>		HE4	HE5 OTHER SPECIFY MULTIPLE SPECIFY	HE6	HE7
<p>☉ METHAMPHETAMINE LIKE CRYSTAL METH</p> <p>Cash <input type="checkbox"/> ME2 IF YES</p> <p>OBTAINED</p> <p>Noncash <input type="checkbox"/> ME3 IF YES ASK NONCASH</p>		ME4	ME5 OTHER SPECIFY MULTIPLE SPECIFY	ME6	ME7

...CASH...

MU8.	MU9.	MU10.	MU11.
<p>Is the person you bought it from:</p> <p>1= Your regular source; 2= An occasional source; or, 3= A new source for [drug]?</p>	<p>The last time you bought [drug], how did you contact the person you bought from? Did you first:</p> <p>1= Send a text message or page the person; 2= Call the person on a phone 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; 5= Were you with the person already at work or in a social setting; or, 6= On the internet or in a chat room? 7= OTHER [SPECIFY]</p>	<p>That last time you bought [drug], at what type of place did you get it?</p> <p>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; 5= Other outdoor area such as a park; or, 6= Got it delivered. 7= OTHER [SPECIFY]</p>	<p>Did you buy it:</p> <p>1= In the neighborhood where you live; or, 2= Outside your neighborhood?</p>
<div data-bbox="76 856 172 955" style="border: 1px solid black; padding: 5px; width: 60px; height: 47px; margin: 0 auto;">MA8</div>	<div data-bbox="395 800 491 898" style="border: 1px solid black; padding: 5px; width: 60px; height: 47px; margin: 0 auto;">MA9</div> <div data-bbox="331 905 564 1010" style="border: 1px solid black; padding: 5px; width: 146px; height: 50px; margin: 0 auto; text-align: center;">SPECIFY</div>	<div data-bbox="735 800 831 898" style="border: 1px solid black; padding: 5px; width: 60px; height: 47px; margin: 0 auto;">MA10</div> <div data-bbox="671 905 904 1010" style="border: 1px solid black; padding: 5px; width: 146px; height: 50px; margin: 0 auto; text-align: center;">SPECIFY</div>	<div data-bbox="1018 863 1114 961" style="border: 1px solid black; padding: 5px; width: 60px; height: 47px; margin: 0 auto;">MA11</div>
<div data-bbox="76 1108 172 1207" style="border: 1px solid black; padding: 5px; width: 60px; height: 47px; margin: 0 auto;">CC8</div>	<div data-bbox="395 1052 491 1150" style="border: 1px solid black; padding: 5px; width: 60px; height: 47px; margin: 0 auto;">CC9</div> <div data-bbox="331 1157 564 1262" style="border: 1px solid black; padding: 5px; width: 146px; height: 50px; margin: 0 auto; text-align: center;">SPECIFY</div>	<div data-bbox="735 1052 831 1150" style="border: 1px solid black; padding: 5px; width: 60px; height: 47px; margin: 0 auto;">CC10</div> <div data-bbox="671 1157 904 1262" style="border: 1px solid black; padding: 5px; width: 146px; height: 50px; margin: 0 auto; text-align: center;">SPECIFY</div>	<div data-bbox="1018 1115 1114 1213" style="border: 1px solid black; padding: 5px; width: 60px; height: 47px; margin: 0 auto;">CC11</div>
<div data-bbox="76 1360 172 1459" style="border: 1px solid black; padding: 5px; width: 60px; height: 47px; margin: 0 auto;">PC8</div>	<div data-bbox="395 1304 491 1402" style="border: 1px solid black; padding: 5px; width: 60px; height: 47px; margin: 0 auto;">PC9</div> <div data-bbox="331 1409 564 1514" style="border: 1px solid black; padding: 5px; width: 146px; height: 50px; margin: 0 auto; text-align: center;">SPECIFY</div>	<div data-bbox="735 1304 831 1402" style="border: 1px solid black; padding: 5px; width: 60px; height: 47px; margin: 0 auto;">PC10</div> <div data-bbox="671 1409 904 1514" style="border: 1px solid black; padding: 5px; width: 146px; height: 50px; margin: 0 auto; text-align: center;">SPECIFY</div>	<div data-bbox="1018 1367 1114 1465" style="border: 1px solid black; padding: 5px; width: 60px; height: 47px; margin: 0 auto;">PC11</div>
<div data-bbox="76 1612 172 1711" style="border: 1px solid black; padding: 5px; width: 60px; height: 47px; margin: 0 auto;">HE8</div>	<div data-bbox="395 1556 491 1654" style="border: 1px solid black; padding: 5px; width: 60px; height: 47px; margin: 0 auto;">HE9</div> <div data-bbox="331 1661 564 1766" style="border: 1px solid black; padding: 5px; width: 146px; height: 50px; margin: 0 auto; text-align: center;">SPECIFY</div>	<div data-bbox="735 1556 831 1654" style="border: 1px solid black; padding: 5px; width: 60px; height: 47px; margin: 0 auto;">HE10</div> <div data-bbox="671 1661 904 1766" style="border: 1px solid black; padding: 5px; width: 146px; height: 50px; margin: 0 auto; text-align: center;">SPECIFY</div>	<div data-bbox="1018 1619 1114 1717" style="border: 1px solid black; padding: 5px; width: 60px; height: 47px; margin: 0 auto;">HE11</div>
<div data-bbox="76 1864 172 1963" style="border: 1px solid black; padding: 5px; width: 60px; height: 47px; margin: 0 auto;">ME8</div>	<div data-bbox="395 1808 491 1906" style="border: 1px solid black; padding: 5px; width: 60px; height: 47px; margin: 0 auto;">ME9</div> <div data-bbox="331 1913 564 2018" style="border: 1px solid black; padding: 5px; width: 146px; height: 50px; margin: 0 auto; text-align: center;">SPECIFY</div>	<div data-bbox="735 1808 831 1906" style="border: 1px solid black; padding: 5px; width: 60px; height: 47px; margin: 0 auto;">ME10</div> <div data-bbox="671 1913 904 2018" style="border: 1px solid black; padding: 5px; width: 146px; height: 50px; margin: 0 auto; text-align: center;">SPECIFY</div>	<div data-bbox="1018 1871 1114 1969" style="border: 1px solid black; padding: 5px; width: 60px; height: 47px; margin: 0 auto;">ME11</div>

...CASH...

<p>MU12.</p> <p>How much cash did you pay for [drug] that last time you bought it?</p>	<p>MU13.</p> <p>How much [drug] did you get for that amount of cash?</p> <p>a) # OF UNITS b) TYPE OF UNITS</p> <p>CODES:</p> <p>1= BAG OR BALLOON 2= CAPSULE 3= FOIL PACKET 4= GRAM 5= JOINT 6= LINE 7= OUNCE 8= POUND 9= ROCK 10= VIAL 11= EIGHT BALL 12= OTHER [SPECIFY]</p>		<p>MU14.</p> <p>How much of the [drug] you bought was for you to use yourself?</p>	<p>MU15.</p> <p>How many <u>times</u> did you buy [drug] on that same day?</p>	<p>MU16.</p> <p>Thinking about this last week, on how many of the past <u>7 days</u> did you buy [drug]?</p>
<p>MA12</p> <p>\$</p>	<p>MA13a</p>	<p>MA13b</p>	<p>MA14</p> <p>%</p>	<p>MA15</p>	<p>MA16</p> <p>7</p>
<p>SPECIFY</p>					
<p>CC12</p> <p>\$</p>	<p>CC13a</p>	<p>CC13b</p>	<p>CC14</p> <p>%</p>	<p>CC15</p>	<p>CC16</p> <p>7</p>
<p>SPECIFY</p>					
<p>PC12</p> <p>\$</p>	<p>PC13a</p>	<p>PC13b</p>	<p>PC14</p> <p>%</p>	<p>PC15</p>	<p>PC16</p> <p>7</p>
<p>SPECIFY</p>					
<p>HE12</p> <p>\$</p>	<p>HE13a</p>	<p>HE13b</p>	<p>HE14</p> <p>%</p>	<p>HE15</p>	<p>HE16</p> <p>7</p>
<p>SPECIFY</p>					
<p>ME12</p> <p>\$</p>	<p>ME13a</p>	<p>ME13b</p>	<p>ME14</p> <p>%</p>	<p>ME15</p>	<p>ME16</p> <p>7</p>
<p>SPECIFY</p>					

...CASH...

MU17.	MU18.	MU19.	MU20.	MU21.	MU22.
<p>On how many of the past <u>30 days</u> did you buy [drug]?</p>	<p>In the past 30 days, how many different people did you buy [drug] from?</p>	<p>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?</p> <p>0= NO 1= YES</p> <p style="background-color: black; color: white; padding: 2px; text-align: center;">[IF 0=NO, SKIP TO NON-CASH, TURN PAGE]</p>	<p>The last time that happened, why didn't you buy [drug]?</p> <p>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]</p>	<p>Did you buy another drug or alcohol instead?</p> <p>0= NO 1= YES</p> <p style="background-color: black; color: white; padding: 2px; text-align: center;">[IF 0=NO, SKIP TO NON-CASH, TURN PAGE]</p>	<p>What did you buy instead?</p> <p>1= ALCOHOL 2= MARIJUANA OR HASHISH 3= CRACK OR ROCK COCAINE 4= POWDER COCAINE 5= HEROIN 6= METHAMPHETAMINE 7= OTHER [SPECIFY] 8= MULTIPLE [SPECIFY]</p>
<div style="border: 1px solid black; padding: 5px; width: 50px; margin: 0 auto;">MA17</div> <div style="text-align: right; margin-top: 5px;">/30</div>	<div style="border: 1px solid black; padding: 5px; width: 50px; margin: 0 auto;">MA18</div>	<div style="border: 1px solid black; padding: 5px; width: 50px; margin: 0 auto;">MA19</div>	<div style="border: 1px solid black; padding: 5px; width: 50px; margin: 0 auto;">MA20</div> <div style="border: 1px solid black; padding: 5px; width: 100%; margin-top: 5px; text-align: center;">SPECIFY</div>	<div style="border: 1px solid black; padding: 5px; width: 50px; margin: 0 auto;">MA21</div>	<div style="border: 1px solid black; padding: 5px; width: 50px; margin: 0 auto;">MA22</div> <div style="border: 1px solid black; padding: 5px; width: 100%; margin-top: 5px; text-align: right;">OTHER SPECIFY</div> <div style="border: 1px solid black; padding: 5px; width: 100%; margin-top: 5px; text-align: right;">MULTIPLE SPECIFY</div>
<div style="border: 1px solid black; padding: 5px; width: 50px; margin: 0 auto;">CC17</div> <div style="text-align: right; margin-top: 5px;">/30</div>	<div style="border: 1px solid black; padding: 5px; width: 50px; margin: 0 auto;">CC18</div>	<div style="border: 1px solid black; padding: 5px; width: 50px; margin: 0 auto;">CC19</div>	<div style="border: 1px solid black; padding: 5px; width: 50px; margin: 0 auto;">CC20</div> <div style="border: 1px solid black; padding: 5px; width: 100%; margin-top: 5px; text-align: center;">SPECIFY</div>	<div style="border: 1px solid black; padding: 5px; width: 50px; margin: 0 auto;">CC21</div>	<div style="border: 1px solid black; padding: 5px; width: 50px; margin: 0 auto;">CC22</div> <div style="border: 1px solid black; padding: 5px; width: 100%; margin-top: 5px; text-align: right;">OTHER SPECIFY</div> <div style="border: 1px solid black; padding: 5px; width: 100%; margin-top: 5px; text-align: right;">MULTIPLE SPECIFY</div>
<div style="border: 1px solid black; padding: 5px; width: 50px; margin: 0 auto;">PC17</div> <div style="text-align: right; margin-top: 5px;">/30</div>	<div style="border: 1px solid black; padding: 5px; width: 50px; margin: 0 auto;">PC18</div>	<div style="border: 1px solid black; padding: 5px; width: 50px; margin: 0 auto;">PC19</div>	<div style="border: 1px solid black; padding: 5px; width: 50px; margin: 0 auto;">PC20</div> <div style="border: 1px solid black; padding: 5px; width: 100%; margin-top: 5px; text-align: center;">SPECIFY</div>	<div style="border: 1px solid black; padding: 5px; width: 50px; margin: 0 auto;">PC21</div>	<div style="border: 1px solid black; padding: 5px; width: 50px; margin: 0 auto;">PC22</div> <div style="border: 1px solid black; padding: 5px; width: 100%; margin-top: 5px; text-align: right;">OTHER SPECIFY</div> <div style="border: 1px solid black; padding: 5px; width: 100%; margin-top: 5px; text-align: right;">MULTIPLE SPECIFY</div>
<div style="border: 1px solid black; padding: 5px; width: 50px; margin: 0 auto;">HE17</div> <div style="text-align: right; margin-top: 5px;">/30</div>	<div style="border: 1px solid black; padding: 5px; width: 50px; margin: 0 auto;">HE18</div>	<div style="border: 1px solid black; padding: 5px; width: 50px; margin: 0 auto;">HE19</div>	<div style="border: 1px solid black; padding: 5px; width: 50px; margin: 0 auto;">HE20</div> <div style="border: 1px solid black; padding: 5px; width: 100%; margin-top: 5px; text-align: center;">SPECIFY</div>	<div style="border: 1px solid black; padding: 5px; width: 50px; margin: 0 auto;">HE21</div>	<div style="border: 1px solid black; padding: 5px; width: 50px; margin: 0 auto;">HE22</div> <div style="border: 1px solid black; padding: 5px; width: 100%; margin-top: 5px; text-align: right;">OTHER SPECIFY</div> <div style="border: 1px solid black; padding: 5px; width: 100%; margin-top: 5px; text-align: right;">MULTIPLE SPECIFY</div>
<div style="border: 1px solid black; padding: 5px; width: 50px; margin: 0 auto;">ME17</div> <div style="text-align: right; margin-top: 5px;">/30</div>	<div style="border: 1px solid black; padding: 5px; width: 50px; margin: 0 auto;">ME18</div>	<div style="border: 1px solid black; padding: 5px; width: 50px; margin: 0 auto;">ME19</div>	<div style="border: 1px solid black; padding: 5px; width: 50px; margin: 0 auto;">ME20</div> <div style="border: 1px solid black; padding: 5px; width: 100%; margin-top: 5px; text-align: center;">SPECIFY</div>	<div style="border: 1px solid black; padding: 5px; width: 50px; margin: 0 auto;">ME21</div>	<div style="border: 1px solid black; padding: 5px; width: 50px; margin: 0 auto;">ME22</div> <div style="border: 1px solid black; padding: 5px; width: 100%; margin-top: 5px; text-align: right;">OTHER SPECIFY</div> <div style="border: 1px solid black; padding: 5px; width: 100%; margin-top: 5px; text-align: right;">MULTIPLE SPECIFY</div>

•••NONCASH•••

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

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

MU2.

[0=NO, 1=YES]

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

MU3.

In the past 30 days, did you get [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.

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= Share as a group;
- 10= Receive it as a gift; or,
- 11= Trade Chemicals?
- 12= OTHER [SPECIFY]
- 13= 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= Send a text message or page the person;
- 2= Call the person on a phone 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;
- 5= Were you with the person already at work or in a social setting; or,
- 6= On the internet or in a chat room?
- 7= 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= EIGHT BALL
- 12= OTHER [SPECIFY]

MARIJUANA OR HASH

Cash

MA

OBTAINED

Noncash

MA3

IF YES

MA23

OTHER SPECIFY
MULTIPLE SPECIFY

MA24

SPECIFY

MA25a

MA25b

SPECIFY

CRACK OR ROCK COCAINE

Cash

CC

OBTAINED

Noncash

CC3

IF YES

CC23

OTHER SPECIFY
MULTIPLE SPECIFY

CC24

SPECIFY

CC25a

CC25b

SPECIFY

POWDER COCAINE

Cash

PC

OBTAINED

Noncash

PC3

IF YES

PC23

OTHER SPECIFY
MULTIPLE SPECIFY

PC24

SPECIFY

PC25a

PC25b

SPECIFY

HEROIN

Cash

HE

OBTAINED

Noncash

HE3

IF YES

HE23

OTHER SPECIFY
MULTIPLE SPECIFY

HE24

SPECIFY

HE25a

HE25b

SPECIFY

METHAMPHETAMINE LIKE CRYSTALS

Cash

ME

OBTAINED

Noncash

ME3

IF YES

ME23

OTHER SPECIFY
MULTIPLE SPECIFY

ME24

SPECIFY

ME25a

ME25b

SPECIFY

•••NONCASH•••

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 without 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?

MA26
%

MA27

MA28
/7

MA29
/30

CC26
%

CC27

CC28
/7

CC29
/30

PC26
%

PC27

PC28
/7

PC29
/30

HE26
%

HE27

HE28
/7

HE29
/30

ME26
%

ME27

ME28
/7

ME29
/30

[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]**

Response category change:

Addition of category reflecting new laws governing marijuana acquisitions:

MU10/MU24 [marijuana only]: 8=Bought it from a legal marijuana dispensary or store

Additional ADAM II Questions

PI1. In the past 30 days, did you get any prescription medication or drugs **without a valid prescription**? [A valid prescription is one given to you by a doctor or nurse practitioner for a medical problem]

0 No
1 Yes

PI2. In the past 30 days, did you pay any cash for the [pills]?

0 No
1 Yes [SKIP PATTERN HERE]

Cash only

PI3. The last time you bought prescription drugs without cash, what type of pill did you buy?

[SHOWCARD] _____

PI4. The last time you paid cash for [DRUG], how many pills did you buy?

PI5. How much cash did you pay for the pills that last time you bought them? \$ _____

PI6. That last time you bought [DRUG], at what type of place did you get it?

1=At a doctor's office or pharmacy;
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;
5=Other outdoor area such as a park;
6=Got it delivered or got it in the mail.
7=OTHER [SPECIFY] _____

PI7. 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?

PI7A. 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]_____

PI7B. Did you buy another drug instead?
[SPECIFY]_____

Noncash

PI8. In the past 30 days did you get any pills without paying cash for it?

PI9. What type of pill did you buy?
[SHOWCARD]_____

PI10. Think about the last time you got [DRUG] without paying any cash for it. Did you:

- 1=Get it on credit and 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;
- 8=Share as a group;
- 9=Receive it as a gift;
- 10=Got it from someone's medicine cabinet; or
- 11=OTHER[SPECIFY]_____

OTHER QUESTIONS

OTH1. Have you ever been on active duty in the United States' military?

- 0 No
- 1 Yes [SKIP PATTERN HERE]

OTH 1A. Are you currently on active duty in the armed forces, a reserves component, or now separated or retired from either reserves or active duty?

- 1 On active duty in the armed forces
- 2 In a reserves component
- 3 Now separated or retired from either reserves or active duty
- 4 Other _____

OTH1B. Have you ever been deployed to a combat zone?

- 0 No

1 Yes

OTH 2. Were you on probation at any time during the past 12 months?

0 No
1 Yes

OTH 3. Were you on parole or other supervised or conditional release from prison at any time during the past 12 months?

0 No
1 Yes

SHOWCARD

[HAVE RESPONDENT CHOOSE THE LAST PRESCRIPTION MEDICATION THEY OBTAINED IN PAST 30 DAYS]

Painkillers, sometimes called “Narcos”

Methadone

Codeine (including Tylenol with Codeine, Paracetamol) or morphine

Oxycodone (such as Oxycontin, Percocet, Percodan)

Oxymorphone (such as Opana)

Hydrocodone (like Vicodin)

Hydromorphone (like Dilaudid)

Buprenorphine (like Suboxone or Subutex)

Fentanyl or Demerol

Other painkiller _____

Tranquilizers and hypnotics

Barbiturates (like Seconal, Amytal or Fiorinal, sometimes called “blues” or “reds”)

Tranquilizers or sedatives (like Xanax, Valium, Rohypnol, Klonopin sometimes called “tranqs” or “roofies”)

Stimulants

Amphetamines (like Adderal, Ritalin, Concerta, or Dexedrine)