

IN5. Interview start time

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

[LABEL]



DEMOGRAPHICS

D1. How old are you? _____

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

b) Which background describes you best? _____

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

4= OTHER **[SPECIFY]** _____

D3. a) How would you describe your racial background? 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]** _____

[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]** _____

Methamphetamine

METHO. 0=NO
 1=YES

[REFER TO MU1 RESPONSE FOR METHAMPHETAMINE; 0=NO, SKIP TO IN6.
 1=YES, GO TO METH1

METH1. You said you've gotten meth in the past 30 days. The last time you got meth, was it meth you made yourself? [0= NO, 1= YES, SKIP TO METH2C]

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

[0= NO, SKIP TO METH1C, 1= YES]

b) [IF YES] Was it the person who sold it to you?

c) To the best of your knowledge, was the meth made in...

- 1= This city or county;
- 2= This state but not this city;
- 3= In another part of the country; or,
- 4= A different country? [SPECIFY] _____
- 5= DON'T KNOW

METH2. a) Have you ever made methamphetamine? By made, we mean cooked methamphetamine out of raw materials or chemicals.

[0= NO, SKIP TO METH3, 1= YES]

b) [IF YES] Have you made methamphetamine in the past 30 days?

[0= NO, SKIP TO METH3, 1= YES]

c) [IF YES] The last time you made meth, what ingredients did you use?
 [READ CHEMICALS ON LEFT; MARK ALL THAT APPLY, 0=NO, 1=YES]

[FOR EACH ITEM MARKED YES]
 Where did you get it?
 [ENTER 1-9 FROM SHOWCARD]

	[0=NO, 1=YES]	Y/N	WHERE? [1-9]	OTHER PLACE [SPECIFY]
a. Ephedrine	___	___	___	OTHER _____
b. Pseudoephedrine	___	___	___	OTHER _____
c. Freon	___	___	___	OTHER _____
d. Red phosphorous	___	___	___	OTHER _____
e. Caffeine	___	___	___	OTHER _____
f. Vitaflex	___	___	___	OTHER _____
g. Lactose	___	___	___	OTHER _____
h. MSM	___	___	___	OTHER _____
i. Iodine	___	___	___	OTHER _____
j. Hydrochloric gas/acid	___	___	___	OTHER _____
k. OTHER	___	___	___	OTHER _____

d) [IF YES TO METH2CA OR METH2CB]
 Was it hard to get the ephedrine/pseudoephedrine?

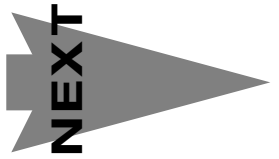
OK, let's start with where you have lived. We'll use the calendar to record where you lived each month over the last 12 months.

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]



cut
2.75"

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

EVER [0=NO, 1=YES]

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

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

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

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

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

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

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

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

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

...NONCASH...

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

<p>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]</p>	<p>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]</p>	<p>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]</p>
<p>MA23 OTHER SPECIFY MULTIPLE SPECIFY</p>	<p>MA24 SPECIFY</p>	<p>MA25a MA25b SPECIFY</p>
<p>CC23 OTHER SPECIFY MULTIPLE SPECIFY</p>	<p>CC24 SPECIFY</p>	<p>CC25a CC25b SPECIFY</p>
<p>PC23 OTHER SPECIFY MULTIPLE SPECIFY</p>	<p>PC24 SPECIFY</p>	<p>PC25a PC25b SPECIFY</p>
<p>HE23 OTHER SPECIFY MULTIPLE SPECIFY</p>	<p>HE24 SPECIFY</p>	<p>HE25a HE25b SPECIFY</p>
<p>ME23 OTHER SPECIFY MULTIPLE SPECIFY</p>	<p>ME24 SPECIFY</p>	<p>ME25a ME25b SPECIFY</p>

IF YES

IF YES

IF YES

IF YES

IF YES

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.

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?

◆ When? [CODE 0=NO, 1=IN PROGRAM FOR EACH MONTH] [IF NO, CODE 0 IN EACH CELL AND SKIP TO T31]

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.

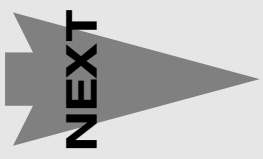
Before [month 1], were you admitted for mental health treatment—not for drug or alcohol use—to a psychiatric unit of a hospital or other facility? [IF NO, CODE 0 AND SKIP TO NEXT PAGE]



...CASH...

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

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



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

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

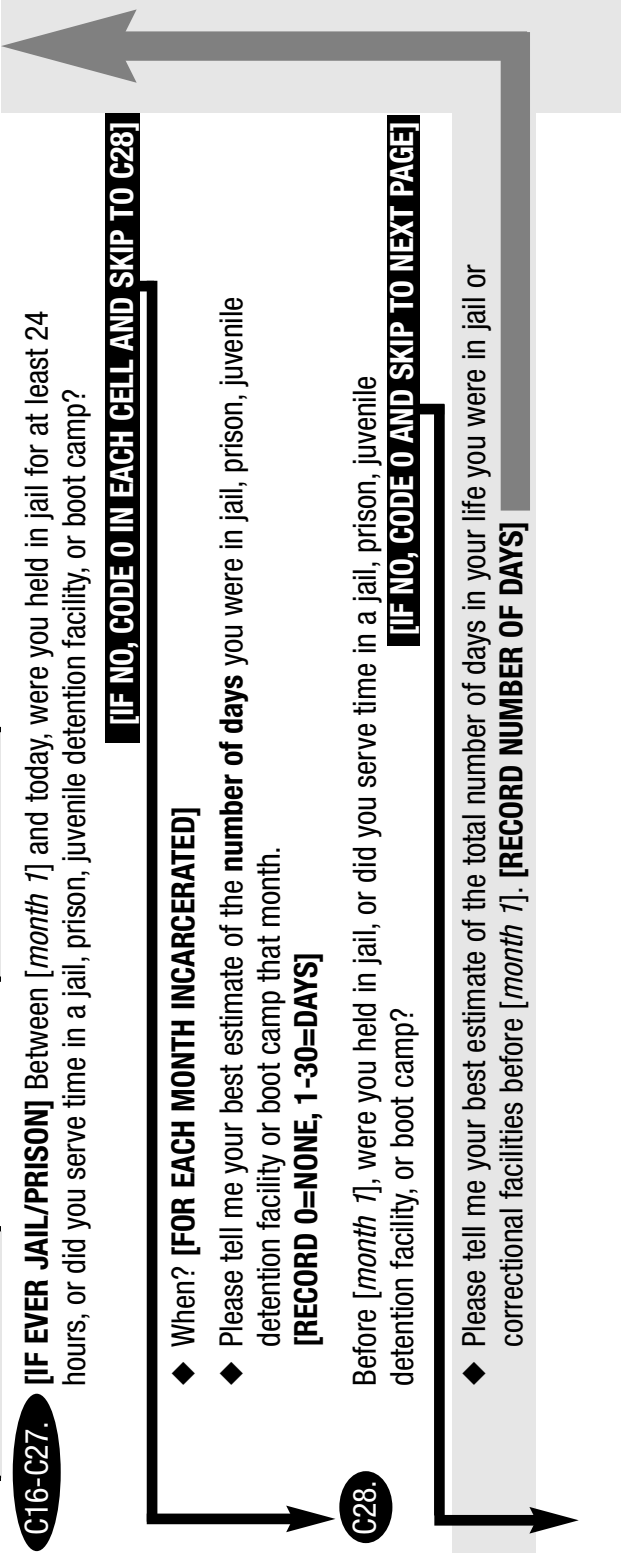
◆ When? [FOR EACH MONTH INCARCERATED]

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

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

[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]



...CASH...

S1	S2	S3	S4	S5	S6	S7	S8	S9	S10	S11	S12	S13	S14	S15	S16	S17	S18	S19	S20a
S35	S34	S33	S32	S31	S30	S29	S28	S27	S26	S25	S24	S23	S22	S21	S20b	S19	S18	S17	S16
S49	S48	S47	S46	S45	S44	S43	S42	S41	S40	S39	S38	S37	S36	S35	S34	S33	S32	S31	S30
S65	S64	S63	S61	S60	S59	S58	S57	S56	S55	S54	S53	S52	S51	S50	S49	S48	S47	S46	S45
S80	S79	S78	S76	S75	S74	S73	S72	S71	S70	S69	S68	S67	S66	S65	S64	S63	S62	S61	S60
S95	S94	S93	S91	S90	S89	S88	S87	S86	S85	S84	S83	S82	S81	S80	S79	S78	S77	S76	S75
S110	S109	S108	S106	S105	S104	S103	S102	S101	S100	S99	S98	S97	S96	S95	S94	S93	S92	S91	S90
S125	S124	S123	S121	S120	S119	S118	S117	S116	S115	S114	S113	S112	S111	S110	S109	S108	S107	S106	S105

MU8.

Is the person you bought it from:

- 1= Your regular source;
- 2= An occasional source; or,
- 3= A new source for [drug]?

MU9.

The last time you bought [drug], how did you contact the person you bought from? Did you first:

- 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]

MU10.

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

- 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]

MU11.

Did you buy it:

- 1= In the neighborhood where you live; or,
- 2= Outside your neighborhood?

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

MU2. [0=NO, 1=YES]
In the past 30 days, did you pay any cash for [drug]?

MU3.
In the past 30 days, did you get any [drug] without paying cash for it?

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

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

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

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

MU5.
What else, besides cash, was exchanged or traded the last time you bought [drug]? Did you also:
1= Get it on credit and will pay cash later;
2= Get it fronted to sell;
3= Trade other drugs;
4= Trade property/merchandise;
5= Transport drugs;
6= Steal the drug;
7= Trade sex; or,
8= Trade Chemicals?
9= OTHER [SPECIFY]
10= MULTIPLE [SPECIFY]

MU6.
That last time you bought [drug], did you:
1= Buy it directly yourself; or,
2= Give someone the cash to buy it for you?
[IF MU6=1, SKIP TO MU8]

MU7.
Is the person you gave the cash to:
1= Someone working with a dealer; or,
2= Someone not working with a dealer?
[IF MU7=2, SKIP TO MU12, TURN PAGE]

MARIJUANA OR HASHISH		IF YES	
Cash	MA2	IF YES	MA4
Noncash	MA3	IF YES ASK NONCASH	MA5
CRACK OR ROCK COCAINE		IF YES	
Cash	CC2	IF YES	CC4
Noncash	CC3	IF YES ASK NONCASH	CC5
POWDER COCAINE		IF YES	
Cash	PC2	IF YES	PC4
Noncash	PC3	IF YES ASK NONCASH	PC5
HEROIN		IF YES	
Cash	HE2	IF YES	HE4
Noncash	HE3	IF YES ASK NONCASH	HE5
METHAMPHETAMINE LIKE CRYSTAL METH		IF YES	
Cash	ME2	IF YES	ME4
Noncash	ME3	IF YES ASK NONCASH	ME5

MA5	MA6	MA7
OTHER SPECIFY		
MULTIPLE SPECIFY		
CC5	CC6	CC7
OTHER SPECIFY		
MULTIPLE SPECIFY		
PC5	PC6	PC7
OTHER SPECIFY		
MULTIPLE SPECIFY		
HE5	HE6	HE7
OTHER SPECIFY		
MULTIPLE SPECIFY		
ME5	ME6	ME7
OTHER SPECIFY		
MULTIPLE SPECIFY		

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]

...CASH...

[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]

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

IN THE PAST 12 MONTHS (THAT IS, BETWEEN [MONTH 1] AND TODAY) DID YOU...?

HOW OLD WERE YOU THE FIRST TIME YOU...?

HAVE YOU EVER...?

S3. Have 5 or more drinks on the same day?
S6. Use Marijuana or Hashish?
S9. Use Crack or Rock Cocaine?
S12. Use Powder Cocaine?
S15. Use Heroin?
S18. Use Methamphetamine?
S21. Did you use [drug] in the past 12 months—that is, between [month 1] and today?
S20a. Which other drug did you use most often? [RECORD DRUG]
S20b. How old were you the first time you used that drug?

S1. IF YES Had 5 or more drinks of beer, wine, or any other type of alcohol on the same day?
S4. IF YES Used any Marijuana or Hashish?
S7. IF YES Used any Crack or Rock Cocaine?
S10. IF YES Used any Powder Cocaine?
S13. IF YES Used any Heroin?
S16. IF YES Used any Methamphetamine like Crystal Meth?
S19. IF YES Not including alcohol and these five drugs, have you ever used any other drug, not counting drugs for which you have a prescription or over the counter drugs? [IF NO, SKIP]

DRUG GATEWAY
[IF NO TWELVE MONTH DRUG USE AND NO 5 DRINKS A DAY ALCOHOL USE (S3=0), TURN PAGE AND GO TO "SECONDARY DRUG USE" SECTION]
[IF NO TWELVE MONTH DRUG USE, BUT YES 5 DRINKS A DAY ALCOHOL USE (S3=1), SKIP TO AL1.]

AL1.

AL2.

AL1. In the past 30 days, did you have five or more drinks of beer, wine, or any other type of alcohol on the same day?

AL2. Please tell me your best estimate of the number of days you had five or more drinks on the same day in the past 30 days. [RECORD NUMBER OF DAYS (1-30)]

TURN PAGE ↑

[IF ANY 12 MONTH DRUG USE (S6 - S21), FILL IN CALENDAR, H1-C28 AS APPLICABLE]

Secondary Drug Use

0=NO
1=YES

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)]

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

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

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

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

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

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

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

DA7b. You said that, in the past 12 months, you [READ ALL 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

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

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

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?	

IF NO TO ALL, SKIP TO IN6.