

Interview [Adult]—Too Busy/No Time (I1)

[DATE]

Resident

[STREET ADDRESS]

[CITY], [STATE] [ZIPCODE]

Attention: [age] year old [gender] resident

Dear Resident:

Recently, a Field Interviewer from Research Triangle Institute came to your home and asked you to participate in the National Survey on Drug Use and Health. At the time, you expressed some reluctance about spending the time necessary to do the interview.

A limited number of people were randomly selected to represent the population of the U.S. You cannot be replaced. If you choose not to participate, your experiences and views—as well as the thousands of people you represent—will not be heard.

As you know, this nation is made up of all kinds of people, and so we are interviewing all kinds of people—including busy people like you. If we only interviewed people who have a lot of free time, then active people like yourself would not be fairly represented. Your participation is critical to the success of this study, and we are happy to make a special effort to work around your schedule so that you can be included.

We appreciate that your time is a precious commodity. **As a token of our appreciation, you will receive \$30 in cash at the end of the interview.**

We combine your answers with the answers of thousands of other people and report them only as overall numbers. The survey is set up so that you record most of your own answers—the interviewer never sees or hears them. Also, the option to refuse to answer any question is always available.

The results of this study help state and national policymakers learn about health issues—including information on alcohol, tobacco, and drug use, non-use, and opinions—so that informed decisions about policies and programs can be made. By participating in this study, you will make a direct impact on important health-related decisions.

Thank you for your time. I hope you'll reconsider and choose to participate in this extremely beneficial study.

Sincerely,

[FS NAME], Field Supervisor

P.S. Please, if you have any questions or would like to set up an appointment, telephone me toll-free at [TOLL FREE NUMBER].

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Interview [Adult]—Surveys/Government Too Invasive (I2)

[DATE]

Resident
[STREET ADDRESS]
[CITY], [STATE] [ZIPCODE]

Attention: [age] year old [gender] resident

Dear Resident,

Recently, a Field Interviewer from Research Triangle Institute came to your home and asked you to participate in the National Survey on Drug Use and Health. At the time, you expressed some concerns about participating in the study.

We understand that your privacy is important—Research Triangle Institute protects your privacy by not providing any individual answers to anyone. Your answers are combined with the answers of thousands of other people and reported only as overall numbers. Also, we never ask for your name.

To further protect your privacy, the survey is set up so that you record most of your own answers—the interviewer never sees or hears them. Also, the option to refuse to answer any question is always available.

A limited number of people were randomly selected to represent the population of the U.S. You cannot be replaced. If you choose not to participate, your experiences and views—as well as the thousands of people you represent—will not be heard.

We also appreciate that your time is a precious commodity. **As a token of our appreciation, you will receive \$30 in cash at the end of the interview.**

The results of this study help state and national policymakers learn about health issues—including information on alcohol, tobacco, and drug use, non-use, and opinions—so that informed decisions about policies and programs can be made. By participating in this study, you will make a direct impact on important health-related decisions.

Thank you for your time. I hope you'll reconsider and choose to participate in this extremely important and beneficial study.

Sincerely,

[FS NAME], Field Supervisor

P.S. Please, if you have any questions, telephone me toll-free at [TOLL FREE NUMBER].

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Interview [Adult]—Needs Clarification (I3)

[DATE]

Resident
[STREET ADDRESS]
[CITY], [STATE] [ZIPCODE]

Attention: [age] year old [gender] resident

Dear Resident,

Recently, a Field Interviewer from Research Triangle Institute came to your home and asked you to participate in the National Survey on Drug Use and Health. At the time, you expressed some concerns about the study.

A limited number of people were randomly selected to represent the population of the U.S. You cannot be replaced. If you choose not to participate, your experiences and views—as well as the thousands of people you represent—will not be heard.

Your answers to the survey questions are combined with the answers of thousands of other people and reported only as overall numbers. To further protect your privacy, the survey is set up so that you record most of your own answers—the interviewer never sees or hears them. Also, the option to refuse to answer any question is always available.

The results of this study help state and national policymakers learn about health issues—including information on alcohol, tobacco, and drug use, non-use, and opinions—so that informed decisions about policies and programs can be made. By participating in this study, you will make a direct impact on important health-related decisions.

Your participation is critical to the success of this study, and we are happy to make a special effort to work around your schedule so that you can be included.

We appreciate that your time is a precious commodity. **As a token of our appreciation, you will receive \$30 in cash at the end of the interview.**

Thank you for your time. I hope you'll reconsider and choose to participate in this extremely important and beneficial study.

Sincerely,

[FS NAME], Field Supervisor

P.S. Please, if you have any questions or would like to set up an appointment, telephone me toll-free at [TOLL FREE NUMBER].

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Interview [Adult]—"Nothing in it for me"/Uncooperative (I4)

[DATE]

Resident
[STREET ADDRESS]
[CITY], [STATE] [ZIPCODE]

Attention: [age] year old [gender] resident

Dear Resident,

Recently, a Field Interviewer from Research Triangle Institute came to your home and asked you to participate in the National Survey on Drug Use and Health. At the time, you were not interested in participating. We are writing this letter to ask you to reconsider.

The results of this study help state and national policymakers learn about health issues—including information on alcohol, tobacco, and drug use, non-use, and opinions—so that informed decisions about policies and programs can be made. By participating in this study, you will make a direct impact on important health-related decisions.

Without adequate levels of participation, these health-related decisions might not be as informed, and money for programs that might be needed in your state or community could be directed elsewhere.

A limited number of people were randomly selected to represent the population of the U.S.—and you were one of them! You cannot be replaced. If you choose not to participate, your experiences and views—as well as the thousands of people you represent—will not be heard.

We appreciate that your time is a precious commodity. **As a token of our appreciation, you will receive \$30 in cash at the end of the interview.**

Thank you for your time. I hope you'll reconsider and choose to participate in this extremely important and beneficial study.

Sincerely,

[FS NAME], Field Supervisor

P.S. Please, if you have any questions, telephone me toll-free at [TOLL FREE NUMBER].

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Interview [Adult]—Spouse/HH Member will not allow Participation (I5)

[DATE]

Resident
[STREET ADDRESS]
[CITY], [STATE] [ZIPCODE]

Attention: [age] year old [gender] resident

Dear Resident,

Recently, a Field Interviewer from Research Triangle Institute came to your home and asked you to participate in the National Survey on Drug Use and Health. At the time, you expressed some concerns about participating in the study.

We understand that your privacy is important—Research Triangle Institute protects your privacy by not providing any individual answers to anyone. Your answers are combined with the answers of thousands of other people and reported only as overall numbers. Also, we never ask for your name.

To further protect your privacy, the survey is set up so that you record most of your own answers—the interviewer never sees or hears them. Also, the option to refuse to answer any question is always available.

A limited number of people were randomly selected to represent the population of the U.S. You cannot be replaced. If you choose not to participate, your experiences and views—as well as the thousands of people you represent—will not be heard.

Your participation is critical to the success of this study, and we are happy to make a special effort to work around your schedule so that you can be included. Please feel free to call me to set up an appointment at a time that would be convenient for you.

We also appreciate that your time is a precious commodity. **As a token of our appreciation, you will receive \$30 in cash at the end of the interview.**

Thank you for your time. I hope you'll reconsider and choose to participate in this extremely important and beneficial study.

Sincerely,

[FS NAME], Field Supervisor

P.S. Please, if you have any questions, telephone me toll-free at [TOLL FREE NUMBER].

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Interview [Teen]—Too Busy/No Time (M1)

[DATE]

Resident

[STREET ADDRESS]

[CITY], [STATE] [ZIPCODE]

Attention: [age] year old [gender] resident

Dear Resident,

Recently, a Field Interviewer from Research Triangle Institute came to your home and asked you to participate in the National Survey on Drug Use and Health. At the time, you expressed some reluctance about spending the time necessary to do the interview.

A limited number of teenagers were randomly selected to represent the teenage population of the U.S. You cannot be replaced. If you choose not to participate, your experiences and views—as well as a thousand other teenagers you represent—will not be heard.

We understand that you have many demands on your time. However, if we only interviewed teenagers who had lots of free time, then active teenagers like yourself would not be fairly represented. Your participation is critical to the success of this study, and we are happy to make a special effort to work around your schedule so that you can be included.

We appreciate that your time is precious to you. **As a token of our appreciation, you will receive \$30 in cash at the end of the interview.**

Please know that your privacy will be protected. Your answers cannot be looked at by anyone—including your parents. We combine your answers with the answers of thousands of other teenagers and report them only as overall numbers. Also, the survey is set up so that you record most of your own answers—the interviewer never sees or hears them. The option to refuse to answer any question is always available.

Thank you for your time. I hope you'll reconsider and choose to participate in this extremely important and beneficial survey.

Sincerely,

[FS NAME], Field Supervisor

P.S. Please, if you have any questions or would like to set up an appointment, telephone me toll-free at [TOLL FREE NUMBER].

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Interview [Parent]—Teen Exposure (M2)

[DATE]

Resident
[STREET ADDRESS]
[CITY], [STATE] [ZIPCODE]

Attention: Parent/Guardian of [age] year old [gender] resident

Dear Resident,

Recently, a Field Interviewer from Research Triangle Institute asked permission for a young person in your home to participate in the National Survey on Drug Use and Health. At the time, you expressed some reluctance about exposing your teen to questions related to substance use.

We understand your concern. Please know that if you allow your teen to participate, the option is always available for him or her to answer “I don’t know” to any question.

The survey also includes other questions related to school and community topics, such as participation in different types of school-based activities.

A limited number of teens were randomly selected to represent the teenage population of the U.S. Your teenager cannot be replaced. We need responses from everyone selected to get an accurate picture of teenage health issues. For example, in order to know how many teens are using various substances, we need to hear from the thousands of teens who are not using any substances.

We also appreciate that your teen’s time is a precious commodity. **As a token of our appreciation, your teen will receive \$30 in cash at the end of the interview.** Also, the interviewer can give your teen a Certificate of Participation—some participants have been able to go to their schools with this certificate and get class or community service credit for participating in the survey.

Thank you for your time. I hope you’ll reconsider and choose to let your teenager participate in this extremely important and beneficial study.

Sincerely,

[FS NAME], Field Supervisor

P.S. Please, if you have any questions or would like to set up an appointment, telephone me toll-free at [TOLL FREE NUMBER].

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Interview [Teen]—Needs Clarification (M3)

[DATE]

Resident
[STREET ADDRESS]
[CITY], [STATE] [ZIPCODE]

Attention: [age] year old [gender] resident

Dear Resident,

Recently, a Field Interviewer from Research Triangle Institute came to your home and asked you to participate in the National Survey on Drug Use and Health. At the time, you expressed some concerns about the study.

The results of this study help state and national policymakers learn about health issues—including information on alcohol, tobacco, and drug use, non-use, and opinions—so that informed decisions about policies and programs can be made. By participating in this study, you will make a direct impact on important health-related decisions.

A limited number of teenagers were randomly selected to represent the teenage population of the U.S. You cannot be replaced. If you choose not to participate, your experiences and views—as well as a thousand other teenagers you represent—will not be heard.

Please know that your privacy will be protected. Your answers cannot be looked at by anyone—including your parents. We combine your answers with the answers of thousands of other teenagers and report them only as overall numbers. Also, the survey is set up so that you record most of your own answers—the interviewer never sees or hears them. The option to refuse to answer any question is always available.

Your participation is critical to the success of this study, and we are happy to make a special effort to work around your schedule so that you can be included.

We appreciate that your time is a precious commodity. **As a token of our appreciation, you will receive \$30 in cash at the end of the interview.**

Thank you for your time. I hope you'll reconsider and choose to participate in this extremely important and beneficial study.

Sincerely,

[FS NAME], Field Supervisor

P.S. Please, if you have any questions or would like to set up an appointment, telephone me toll-free at [TOLL FREE NUMBER].

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Interview [Teen]—"Nothing in it for me"/Uncooperative (M4)

[DATE]

Resident
[STREET ADDRESS]
[CITY], [STATE] [ZIPCODE]

Attention: [age] year old [gender] resident

Dear Resident,

Recently, a Field Interviewer from Research Triangle Institute came to your home and asked you to participate in the National Survey on Drug Use and Health. At the time, you were not interested in participating. We are writing this letter to ask you to reconsider.

A limited number of teenagers were randomly selected to represent the teenage population of the U.S.—and you were one of them! You cannot be replaced. If you choose not to participate, your experiences and views—as well as a thousand other teenagers you represent—will not be heard.

The results of this study help state and national policymakers learn about health issues—including information on alcohol, tobacco, and drug use, non-use, and opinions—so that informed decisions about policies and programs can be made. By participating in this study, you will make a direct impact on important health-related decisions.

We appreciate that your time is a precious commodity. **As a token of our appreciation, you will receive \$30 in cash at the end of the interview.** Also, your interviewer can give you a Certificate of Participation—some participants have been able to go to their schools with this certificate and get class or community service credit for participating in the survey.

Thank you for your time. I hope you'll reconsider and choose to participate in this extremely important and beneficial study.

Sincerely,

[FS NAME], Field Supervisor

P.S. Please, if you have any questions, telephone me toll-free at [TOLL FREE NUMBER].

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Screening—Too Busy/No Time (S1)

[DATE]

Resident
[STREET ADDRESS]
[CITY], [STATE] [ZIPCODE]

Dear Resident,

Recently, a Field Interviewer from Research Triangle Institute contacted someone in your household about participating in the National Survey on Drug Use and Health. We are sorry we called on your household at an inconvenient time.

The initial questions for the study only take about five minutes and ask for very general information. After these initial questions, someone in your household may or may not be randomly selected to participate in the full interview.

If anyone is selected for the full interview, that person will receive \$30 in cash at the end of the interview as a token of appreciation for participating.

A limited number of households were randomly selected to represent the population of the U.S. Your household cannot be replaced. If you choose not to participate, your experiences and views—as well as the thousands of people you represent—will not have a chance to be heard.

As you know, this nation is made up of all kinds of people, and so we are talking to all kinds of people—including busy people like you. If we only interviewed people who have a lot of free time, then active people like yourself would not be fairly represented. Your participation is critical to the success of this study, and we are happy to make a special effort to work around your schedule so that you can be included.

Thank you for your time. I hope you'll reconsider and choose to participate in this extremely important and beneficial study.

Sincerely,

[FS NAME], Field Supervisor

P.S. Please, if you have any questions or would like to set up an appointment, telephone me toll-free at [TOLL FREE NUMBER].

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Screening—Surveys /Government Too Invasive (S2)

[DATE]

Resident
[STREET ADDRESS]
[CITY], [STATE] [ZIPCODE]

Dear Resident,

Recently, a Field Interviewer from Research Triangle Institute contacted someone in your household about participating in the National Survey on Drug Use and Health. We understand that at the time, some concerns were expressed about participating in the study.

Your privacy is important—Research Triangle Institute protects your privacy by not providing any individual answers to anyone. Your answers are combined with the answers of thousands of other people and reported only as overall numbers. Also, we never ask for your full name. To further protect your privacy, the interview is set up so that you record most of your own answers—the interviewer never sees or hears them.

A limited number of households were randomly selected to represent the population of the U.S. Your household cannot be replaced. If you choose not to participate, your experiences and views—as well as the thousands of people you represent—will not have a chance to be heard.

If you agree to participate, the option to refuse to answer any question is always available. The initial questions for the study only take about five minutes and ask for very general information. After these initial questions, someone in your household may or may not be randomly selected to participate in the full interview.

If anyone is selected for the full interview, that person will receive \$30 in cash at the end of the interview as a token of appreciation for participating.

Thank you for your time. I hope you'll reconsider and choose to participate in this extremely important and beneficial study.

Sincerely,

[FS NAME], Field Supervisor

P.S. Please, if you have any questions, telephone me toll-free at [TOLL FREE NUMBER].

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Screening—Needs Clarification (S3)

[DATE]

Resident

[STREET ADDRESS]

[CITY], [STATE] [ZIPCODE]

Dear Resident,

Recently, a Field Interviewer from Research Triangle Institute contacted someone in your household about participating in the National Survey on Drug Use and Health. We understand that at the time, some concerns were expressed about participating in the study.

A limited number of households were randomly selected to represent the population of the U.S. Your household cannot be replaced. If you choose not to participate, your experiences and views—as well as the thousands of people you represent—will not have a chance to be heard.

If you agree to participate, the option to refuse to answer any question is always available. The initial questions for the study only take about five minutes and ask for very general information. After these initial questions, someone in your household may or may not be randomly selected to participate in the full interview.

Your answers are combined with the answers of thousands of other people and reported only as overall numbers. Also, we never ask for your full name. To further protect privacy, the interview is set up so that the participant records most answers—the interviewer never sees or hears them.

If anyone is selected for the full interview, that person will receive \$30 in cash at the end of the interview as a token of appreciation for participating.

Thank you for your time. I hope you'll reconsider and choose to participate in this extremely important and beneficial study.

Sincerely,

[FS NAME], Field Supervisor

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Screening—"Nothing in it for me"/Uncooperative (S4)

[DATE]

Resident
[STREET ADDRESS]
[CITY], [STATE] [ZIPCODE]

Dear Resident,

Recently, a Field Interviewer from Research Triangle Institute contacted someone in your household about participating in the National Survey on Drug Use and Health. We understand that at the time, there was no interest in participating. We are writing to ask you to reconsider.

The initial questions for the study only take about five minutes and ask for very general information. After these initial questions, someone in your household may or may not be randomly selected to participate in the full interview.

If anyone is selected for the full interview, that person will receive \$30 in cash at the end of the interview as a token of appreciation for participating.

A limited number of households were randomly selected to represent the population of the U.S. Your household cannot be replaced. If you choose not to participate, your experiences and views—as well as the thousands of people you represent—will not have a chance to be heard.

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Thank you for your time. I hope you'll reconsider and choose to participate in this extremely important and beneficial study.

Sincerely,

[FS NAME], Field Supervisor

P.S. Please, if you have any questions, telephone me toll-free at [TOLL FREE NUMBER].

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Screening—Spouse/HH Member will not allow Participation (S5)

[DATE]

Resident
[STREET ADDRESS]
[CITY], [STATE] [ZIPCODE]

Dear Resident,

Recently, a Field Interviewer from Research Triangle Institute contacted someone in your household about participating in the National Survey on Drug Use and Health. We understand that at the time, some concerns were expressed about participating in the study.

Your privacy is important—Research Triangle Institute protects your privacy by not providing any individual answers to anyone. Your answers are combined with the answers of thousands of other people and reported only as overall numbers. Also, we never ask for anyone’s full name. To further protect privacy, the interview is set up so that the participant records most answers—the interviewer never sees or hears them.

If you agree to participate, the option to refuse to answer any question is always available. The initial questions for the study only take about five minutes and ask for very general information. After these initial questions, someone in your household may or may not be randomly selected to participate in the full interview.

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Your participation is critical to the success of this study, and we are happy to make a special effort to work around your schedule so that you can be included. Please feel free to call me to set up an appointment at a time that would be convenient for you.

Thank you for your time. I hope you’ll reconsider and choose to participate in this extremely important and beneficial study.

Sincerely,

[FS NAME], Field Supervisor

P.S. Please, if you have any questions, telephone me toll-free at [TOLL FREE NUMBER].

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Interview Incentive Receipt

United States Public Health Service
and
Research Triangle Institute

thank you for participating in the 2014 National Survey on Drug Use and Health.

In appreciation of your participation in this important study, you are eligible to receive \$30 in cash.

Since maintaining the confidentiality of your information is important to us, your name will not be

_____ Interviewer	_____ Date	_____ Case ID
<input type="checkbox"/> Accepted Cash Incentive		<input type="checkbox"/> Declined Cash

If you ever feel that you need to talk to someone about mental health issues, you can call the National Lifeline Network. Counselors are available to talk at any time of the day or night and they can give you information about services in your area.

1-800-273-TALK or 1-800-273-8255

1-888-628-9454 (Spanish)

<http://suicidepreventionlifeline.org/>

If you ever feel that you need to talk to someone about drug use issues, you can call the Substance Abuse and Mental Health Services Administration's Treatment Referral Helpline. This is a 24-hour service that will help you locate treatment options near you.

1-800-662-HELP or 1-800-662-4357

1-800-487-4889 (TDD)

<http://findtreatment.samhsa.gov>

Disposition: Top copy to Respondent, yellow to Field Supervisor, pink to Field Interviewer.

Interview Incentive Receipt

United States Public Health Service
and
Research Triangle Institute

thank you for participating in the 2014 National Survey on Drug Use and Health.

In appreciation of your participation in this important study, you are eligible to receive \$30 in cash.

Since maintaining the confidentiality of your information is important to us, your name will not be

_____ Interviewer	_____ Date	_____ Case ID
<input type="checkbox"/> Accepted Cash Incentive		<input type="checkbox"/> Declined Cash

If you ever feel that you need to talk to someone about mental health issues, you can call the National Lifeline Network. Counselors are available to talk at any time of the day or night and they can give you information about services in your area.

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1-888-628-9454 (Spanish)

<http://suicidepreventionlifeline.org/>

If you ever feel that you need to talk to someone about drug use issues, you can call the Substance Abuse and Mental Health Services Administration's Treatment Referral Helpline. This is a 24-hour service that will help you locate treatment options near you.

1-800-662-HELP or 1-800-662-4357

1-800-4874889 (TDD)

<http://findtreatment.samhsa.gov>

Disposition: Top copy to Respondent, yellow to Field Supervisor, pink to Field Interviewer.

[New Search](#)Return to: [Search Results](#)

IRB Organization Information

IORG0000380 - Research Triangle Inst (RTI International) (Active)

Located at: Research Triangle Park, NORTH CAROLINA
Expires: 01/16/2016

IRBs for this Organization: 3

[Agency Only Access](#)

IRB#	IRB Name	City	State/Country	Status	IRB Type
IRB00000653	Research Triangle Inst IRB #1	Research Triangle Park	NORTH CAROLINA	Active	OHRP/FDA
IRB00000654	Research Triangle Inst IRB #2	Research Triangle Park	NORTH CAROLINA	Active	OHRP/FDA
IRB00000655	Research Triangle Inst IRB #3	Research Triangle Park	NORTH CAROLINA	Active	OHRP/FDA

Department of Health and Human Services (DHHS) | Office for Human Research Protections (OHRP)

2014 National Survey on Drug Use and Health

SHOWCARD BOOKLET

RESEARCH TRIANGLE INSTITUTE

RTI Telephone Numbers

Tech Support (877) 419-1768

Headway..... (800) 208-7043

To reach other RTI staff, call toll-free 1-800-848-4079 then ask the operator for the employee with whom you wish to speak.

Website Addresses

NSDUH..... <http://nsduhweb.rti.org>

RTI <http://www.rti.org>

SAMHSA..... <http://www.samhsa.gov>



DEPARTMENT OF HEALTH & HUMAN SERVICES

U.S. Public Health Service

Center for Behavioral Health Statistics and Quality
Rockville, MD 20857

_____, 2014

Dear Resident:

To better serve all people across the nation, the United States Public Health Service (USPHS) is conducting a national study on health-related issues. Your address was randomly chosen along with more than 200,000 others. Research Triangle Institute (RTI) is under contract to carry out this study for the USPHS. Soon, an RTI interviewer will be in your neighborhood to give you more information.

When the interviewer arrives, please ask to see his or her personal identification card. An example of the ID card is shown below. The interviewer will ask you a few questions, and then may ask one or two members of your household to complete an interview. It is possible that no one from your household will be chosen to be interviewed. You may choose not to take part in this study, but no one else can take your place. Every person who is chosen and completes the interview will receive \$30 in cash.

All the information collected is confidential and will be used only for statistical purposes. This is assured by federal law. This letter is addressed to "Resident" because your address was selected, and we do not know your name. Feel free to ask the interviewer any questions you have about the study.

Your help is very important to this study's success. Thank you for your cooperation.

Sincerely,

Handwritten signature of Joel Kennet

Joel Kennet, Ph.D.
National Study Director,
Center for Behavioral Health Statistics
and Quality

Handwritten signature of Ilona S. Johnson

Ilona S. Johnson
National Field Director, RTI
(800) 848-4079



Assigned Field Interviewer



Study Description

U.S. Public Health Service Center for Behavioral Health Statistics and Quality

Your address is one of several in this area randomly chosen for the 2014 National Survey on Drug Use and Health. This study, sponsored by the United States Public Health Service, collects information for research and program planning by asking about:

- tobacco, alcohol, and drug use or non-use,
- knowledge and attitudes about drugs,
- mental health, and
- other health issues.

You cannot be identified through any information you give us. Your name and address will never be connected to your answers. Also, federal law requires us to keep all of your answers confidential. Any data that you provide will only be used by authorized personnel for statistical purposes according to the Confidential Information Protection and Statistical Efficiency Act of 2002.

The screening questions take just a few minutes. If anyone is chosen, the interview will take about an hour. You can refuse to answer any questions, and you can quit at any time. **Each person who is chosen and completes the interview will receive \$30 in cash.**

If you have questions about the study, call the Project Representative at 1-800-848-4079. If you have questions about your rights as a study participant, call RTI's Office of Research Protection at 1-866-214-2043 (a toll-free number). You can also visit our project website: <http://nsduhweb.rti.org/> for more information.

Thank you for your cooperation and time.

Peter Tice, Ph.D.
Project Officer
Center for Behavioral Health Statistics and Quality
Substance Abuse and Mental Health Services Administration (SAMHSA)
U.S. Public Health Service
Department of Health and Human Services

Your confidentiality is protected by the Confidential Information Protection and Statistical Efficiency Act of 2002 (CIPSEA, PL 107-347). Any project staff or authorized data user who violates CIPSEA may be subject to a jail term of up to 5 years, a fine of up to \$250,000, or both.

NOTICE: Public reporting burden for this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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, Paperwork Reduction Project (0930-0110); Room 2-1057; 1 Choke Cherry Road, Rockville, MD 20857. 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 0930-0110, expiration date xx/xx/xx.

INTRODUCTION AND INFORMED CONSENT FOR INTERVIEW RESPONDENTS AGE 18+

IF INTERVIEW RESPONDENT IS NOT SCREENING RESPONDENT,
INTRODUCE YOURSELF AND STUDY AS NECESSARY: Hello, I'm _____,
and I'm working on a nationwide study sponsored by the U.S. Public Health
Service. You should have received a letter about this study. (SHOW LEAD
LETTER, IF NECESSARY.)

READ THE BOXED INFORMATION BELOW BEFORE STARTING EVERY INTERVIEW

This year, we are interviewing about 70,000 people across the nation. You have been randomly chosen to take part. You will represent over 4,500 other people who are similar to you. You may choose not to take part in this study, but no one else can take your place. We will give you \$30 when you finish the interview.

GIVE STUDY DESCRIPTION TO R IF YOU HAVE NOT ALREADY DONE SO.

This study asks about tobacco, alcohol, and drug use or non-use, knowledge and attitudes about drugs, mental health, and other health issues. It takes about an hour. You will answer most of the questions on the computer, so I will not see your answers. We are only interested in the combined responses from all 70,000 people, not just one person's answers. This is why we do not ask for your name and we keep your answers separate from your address. RTI may contact you by phone or mail to ask a few questions about the quality of my work. This is why we ask for your phone number and current address at the end of the interview.

While the interview has some personal questions, federal law keeps your answers private. We hope that protecting your privacy will help you to give accurate answers. You can quit the interview at any time and you can refuse to answer any questions.

If it is all right with you, let's get started.

(Can we find a private place to complete the interview?)

INTRODUCTION AND INFORMED CONSENT FOR INTERVIEW RESPONDENTS AGE 12-17

**FIRST, READ THE PARENTAL PERMISSION SCRIPT BELOW AND
OBTAIN PERMISSION FROM THE PARENT**

Your (AGE) year-old child has been selected to be in this study. Your child's participation is voluntary. This interview asks about tobacco, alcohol, and drug use or non-use, knowledge and attitudes about drugs, mental health, and other health related issues. All of your child's answers will be confidential and used only for statistical purposes. Since your child will answer most of the questions on the computer, I will never see the answers, and you are not allowed to see them either. If it is all right with you, we'll get started.

(Can we find a private place to complete the interview?)

**THEN, READ THE BOXED INFORMATION BELOW BEFORE STARTING EVERY
INTERVIEW WITH A 12-17 YEAR OLD**

This year, we are interviewing about 70,000 people across the nation. You have been randomly chosen to take part. You will represent over 1,000 young people in this country who are similar to you. You may choose not to take part in this study, but no one else can take your place. We will give you \$30 when you finish the interview.

GIVE STUDY DESCRIPTION TO R IF YOU HAVE NOT ALREADY DONE SO.

This study asks about tobacco, alcohol, and drug use or non-use, knowledge and attitudes about drugs, mental health, and other health issues. It takes about an hour. You will answer most of the questions on the computer, so I will not see your answers. Your answers will never be seen by either your parents or your school. We are only interested in the combined responses from all 70,000 people, not just one person's answers. This is why we do not ask for your name and we keep your answers separate from your address. RTI may contact you by phone or mail to ask a few questions about the quality of my work. This is why we ask for your phone number and current address at the end of the interview.

While the interview has some personal questions, federal law keeps your answers private. We hope that protecting your privacy will help you to give accurate answers. You can quit the interview at any time and you can refuse to answer any questions.

If it is all right with you, let's get started.

SHOWCARD 1

- 1 MEXICAN, MEXICAN AMERICAN, MEXICANO OR CHICANO
- 2 PUERTO RICAN
- 3 CENTRAL OR SOUTH AMERICAN
- 4 CUBAN OR CUBAN AMERICAN
- 5 DOMINICAN (FROM DOMINICAN REPUBLIC)
- 6 SPANISH (FROM SPAIN)

SHOWCARD 2

- 1 WHITE
- 2 BLACK OR AFRICAN AMERICAN
- 3 AMERICAN INDIAN OR ALASKA NATIVE
(AMERICAN INDIAN INCLUDES NORTH
AMERICAN, CENTRAL AMERICAN, AND SOUTH
AMERICAN INDIANS)
- 4 NATIVE HAWAIIAN
- 5 GUAMANIAN OR CHAMORRO
- 6 SAMOAN
- 7 OTHER PACIFIC ISLANDER
- 8 ASIAN (INCLUDING: ASIAN INDIAN, CHINESE,
FILIPINO, JAPANESE, KOREAN, AND
VIETNAMESE)

SHOWCARD 3

1 ASIAN INDIAN

2 CHINESE

3 FILIPINO

4 JAPANESE

5 KOREAN

6 VIETNAMESE

SHOWCARD 4

- 1 SEPTEMBER 2001 OR LATER
- 2 AUGUST 1990 TO AUGUST 2001 (INCLUDING PERSIAN GULF WAR)
- 3 MAY 1975 TO JULY 1990
- 4 VIETNAM ERA (MARCH 1961 TO APRIL 1975)
- 5 FEBRUARY 1955 TO FEBRUARY 1961
- 6 KOREAN WAR (JULY 1950 TO JANUARY 1955)
- 7 JANUARY 1947 TO JUNE 1950
- 8 WORLD WAR II (DECEMBER 1941 TO DECEMBER 1946)
- 9 NOVEMBER 1941 OR EARLIER

SHOWCARD 5

0 NEVER ATTENDED SCHOOL

PRIMARY AND SECONDARY GRADES:

- 1 1ST GRADE COMPLETED
- 2 2ND GRADE COMPLETED
- 3 3RD GRADE COMPLETED
- 4 4TH GRADE COMPLETED
- 5 5TH GRADE COMPLETED
- 6 6TH GRADE COMPLETED
- 7 7TH GRADE COMPLETED
- 8 8TH GRADE COMPLETED
- 9 9TH GRADE COMPLETED
- 10 10TH GRADE COMPLETED
- 11 11TH GRADE COMPLETED
- 12 12TH GRADE COMPLETED

COLLEGE OR UNIVERSITY:

- 13 1ST YEAR COMPLETED
- 14 2ND YEAR COMPLETED
- 15 3RD YEAR COMPLETED
- 16 4TH YEAR COMPLETED
- 17 5TH OR HIGHER YEAR COMPLETED

CARD A

Pain Relievers

1

Darvocet-N®

Darvon®

Tylenol® with Codeine

2

Percocet®

Percodan®

Tylox®

3

Vicodin®

Lortab®

Lorcet®/Lorcet Plus®

4

Codeine

5

Demerol®

6

Dilaudid®

7

Fioricet®

8

Fiorinal®

9

Hydrocodone

10

Methadone

11

Morphine

12

OxyContin®

13

Phenaphen® with Codeine

14

Propoxyphene

15

SK-65®

16

Stadol®

17

Talacen®

18

Talwin®

19

Talwin® NX

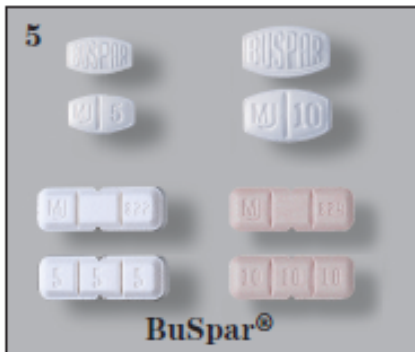
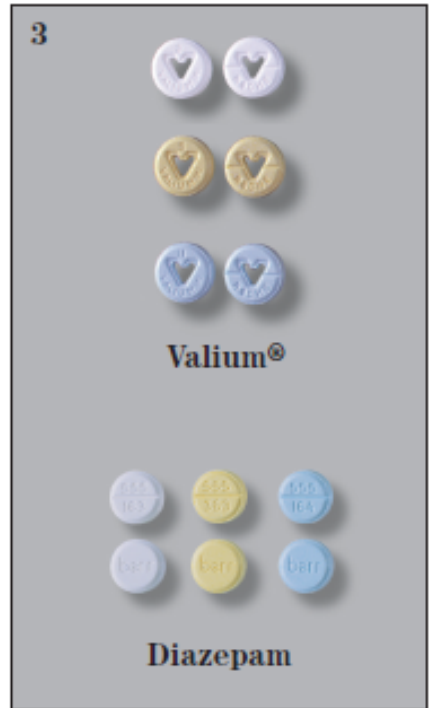
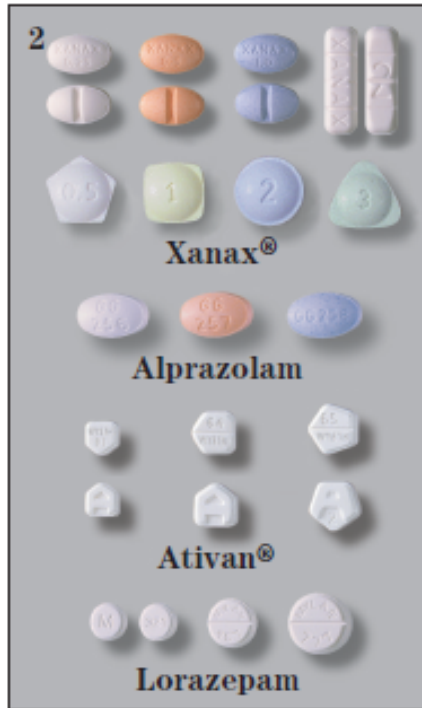
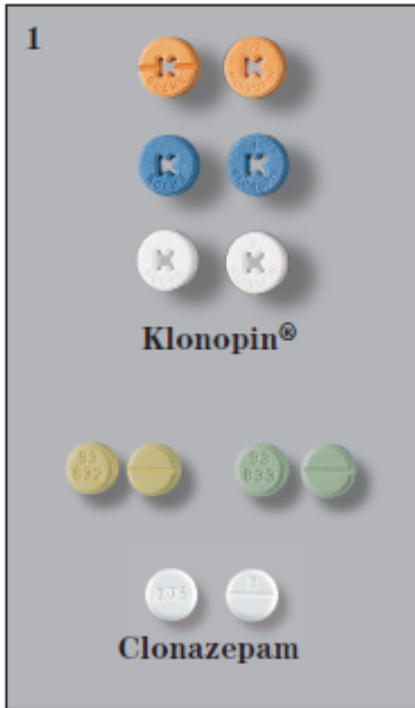
20

Tramadol

21

Ultram®


CARD B Tranquilizers



CARD C Stimulants

1

(picture not available)
Methamphetamine
("speed" or "ice" or
"crank")




Desoxyn®


(picture not available)
Methedrine

2


Amphetamines




Benzedrine®



Biphentamine®



Fastin®



Phentermine

3



Ritalin®



Methylphenidate

4



Cylert®

7



Didrex®

12



Plegine®

5



Dexedrine®

8




Eskatrol®

13



Preludin®

9




Ionamin®

14



Sanorex®

6



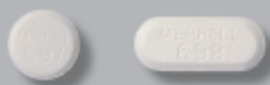
Dextroamphetamine

10



Mazanor®

15



Tenuate®

CARD D Sedatives

1

(picture not available)
Methaqualone
(includes Sopor®,
Quaalude®)

2



Nembutal® Sodium

(picture not available)
Pentobarbital



Seconal®

(picture not available)
Secobarbital

(picture not available)
Butalbital

3



Restoril®



Temazepam

4



Amytal®

7



Dalmane®

8



Halcion®

10



Placidyl®

5



Butisol®

11



Tuinal®

6

Chloral Hydrate

9



Phenobarbital

SHOWCARD 6

PRIMARY AND SECONDARY GRADES:

- 1 1ST GRADE
- 2 2ND GRADE
- 3 3RD GRADE
- 4 4TH GRADE
- 5 5TH GRADE
- 6 6TH GRADE
- 7 7TH GRADE
- 8 8TH GRADE
- 9 9TH GRADE
- 10 10TH GRADE
- 11 11TH GRADE
- 12 12TH GRADE

COLLEGE OR UNIVERSITY:

- 13 1ST YEAR
- 14 2ND YEAR
- 15 3RD YEAR
- 16 4TH YEAR
- 17 5TH YEAR OR HIGHER

SHOWCARD 7

- 1 SCHOOL WAS BORING OR I DIDN'T WANT TO BE THERE
- 2 I GOT PREGNANT / I GOT SOMEONE PREGNANT
- 3 I GOT IN TROUBLE OR EXPELLED FOR SELLING DRUGS
- 4 I GOT IN TROUBLE OR EXPELLED FOR USING DRUGS
- 5 I GOT IN TROUBLE OR EXPELLED FOR SOME OTHER REASON
- 6 I OFTEN GOT INTO TROUBLE
- 7 I HAD TO GET A JOB (OR WORK MORE HOURS)
- 8 I WAS GETTING BAD GRADES
- 9 I WASN'T LEARNING ANYTHING
- 10 I GOT MARRIED OR MOVED IN WITH MY BOY/GIRLFRIEND
- 11 I MOVED HERE FROM ANOTHER COUNTRY AND DIDN'T ENROLL IN SCHOOL (OR DROPPED OUT OF SCHOOL) BECAUSE OF LANGUAGE OR OTHER PROBLEMS
- 12 I WAS TREATED BADLY AT SCHOOL
- 13 I BECAME ILL OR INJURED
- 14 I WENT TO JAIL / PRISON
- 15 I HAD RESPONSIBILITIES AT HOME OR PERSONAL PROBLEMS

SHOWCARD 8

- 1 MANUFACTURING
- 2 WHOLESALE TRADE
- 3 RETAIL TRADE
- 4 AGRICULTURE
- 5 CONSTRUCTION
- 6 SERVICE
- 7 GOVERNMENT

SHOWCARD 9

- 1 PRIVATE FOR-PROFIT COMPANY OR BUSINESS
- 2 PRIVATE NOT-FOR-PROFIT COMPANY OR BUSINESS
- 3 LOCAL GOVERNMENT (CITY, COUNTY, ETC.)
- 4 STATE GOVERNMENT
- 5 FEDERAL GOVERNMENT
- 6 INTERNATIONAL OR FOREIGN GOVERNMENT
- 7 SELF-EMPLOYED IN AN INCORPORATED BUSINESS
- 8 SELF-EMPLOYED IN AN UNINCORPORATED BUSINESS
- 9 WORKING WITHOUT PAY IN A FAMILY BUSINESS OR FARM

SHOWCARD 10

- 1 ON VACATION, SICK, FURLOUGH, STRIKE, OR OTHER TEMPORARY ABSENCE
- 2 ON LAYOFF AND NOT LOOKING FOR WORK
- 3 ON LAYOFF AND LOOKING FOR WORK
- 4 WAITING TO REPORT TO A NEW JOB
- 5 SELF-EMPLOYED AND DID NOT HAVE ANY BUSINESS LAST WEEK
- 6 GOING TO SCHOOL OR TRAINING

SHOWCARD 11

- 1 LOOKING FOR WORK
- 2 ON LAYOFF AND NOT LOOKING FOR WORK
- 3 KEEPING HOUSE OR CARING FOR CHILDREN
 FULL-TIME
- 4 GOING TO SCHOOL OR TRAINING
- 5 RETIRED
- 6 DISABLED FOR WORK
- 7 DIDN'T WANT A JOB

SHOWCARD 12

- 1 LESS THAN 10 PEOPLE
- 2 10-24 PEOPLE
- 3 25-99 PEOPLE
- 4 100-499 PEOPLE
- 5 500 PEOPLE OR MORE

SHOWCARD 13

- 1 HANDLED ON AN INDIVIDUAL BASIS/POLICY DOES NOT SPECIFY WHAT HAPPENS
- 2 EMPLOYEE IS FIRED
- 3 EMPLOYEE IS REFERRED FOR TREATMENT OR COUNSELING
- 4 NOTHING HAPPENS
- 5 SOMETHING ELSE HAPPENS

SHOWCARD 14

- 1 SELF
- 2 FATHER (INCLUDES STEP, FOSTER, ADOPTIVE)
- 3 SON (INCLUDES STEP, FOSTER, ADOPTIVE)
- 4 BROTHER (INCLUDES HALF, STEP, FOSTER, ADOPTIVE)
- 5 HUSBAND
- 6 UNMARRIED PARTNER
- 7 HOUSEMATE OR ROOMMATE
- 8 SON-IN-LAW
- 9 GRANDSON
- 10 FATHER-IN-LAW
- 11 GRANDFATHER
- 12 BOARDER OR ROOMER
- 13 OTHER RELATIVE
- 14 OTHER NON-RELATIVE

SHOWCARD 15

- 1 SELF
- 2 MOTHER (INCLUDES STEP, FOSTER, ADOPTIVE)
- 3 DAUGHTER (INCLUDES STEP, FOSTER, ADOPTIVE)
- 4 SISTER (INCLUDES HALF, STEP, FOSTER, ADOPTIVE)
- 5 WIFE
- 6 UNMARRIED PARTNER
- 7 HOUSEMATE OR ROOMMATE
- 8 DAUGHTER-IN-LAW
- 9 GRANDDAUGHTER
- 10 MOTHER-IN-LAW
- 11 GRANDMOTHER
- 12 BOARDER OR ROOMER
- 13 OTHER RELATIVE
- 14 OTHER NON-RELATIVE

SHOWCARD 16

- 1 PERSON IN FAMILY WITH HEALTH INSURANCE LOST JOB OR CHANGED EMPLOYERS
- 2 LOST MEDICAID OR MEDICAL ASSISTANCE COVERAGE BECAUSE OF NEW JOB OR INCREASE IN INCOME
- 3 LOST MEDICAID OR MEDICAL ASSISTANCE COVERAGE FOR SOME OTHER REASON
- 4 COST IS TOO HIGH / CAN'T AFFORD PREMIUMS
- 5 BECAME INELIGIBLE BECAUSE OF AGE OR LEAVING SCHOOL
- 6 EMPLOYER DOES NOT OFFER COVERAGE, OR NOT ELIGIBLE FOR COVERAGE
- 7 GOT DIVORCED OR SEPARATED FROM PERSON WITH INSURANCE
- 8 DEATH OF SPOUSE OR PARENT
- 9 INSURANCE COMPANY REFUSED COVERAGE
- 10 DON'T NEED IT
- 11 RECEIVED MEDICAID OR MEDICAL INSURANCE ONLY WHILE PREGNANT

SHOWCARD 17

- 1 COST IS TOO HIGH / CAN'T AFFORD PREMIUMS
- 2 EMPLOYER DOES NOT OFFER COVERAGE, OR
NOT ELIGIBLE FOR COVERAGE
- 3 INSURANCE COMPANY REFUSED COVERAGE
- 4 DON'T NEED IT

SHOWCARD 17a

- 1 VETERAN'S ADMINISTRATION PAYMENTS
- 2 OTHER DISABILITY, RETIREMENT OR SURVIVOR
PENSION
- 3 UNEMPLOYMENT OR WORKER'S COMPENSATION
- 4 INTEREST INCOME
- 5 DIVIDENDS FROM STOCKS OR MUTUAL FUNDS
- 6 INCOME FROM RENTAL PROPERTIES, ROYALTIES,
ESTATES OR TRUSTS
- 7 ALIMONY
- 8 CHILD SUPPORT

SHOWCARD 18

- 1 LESS THAN \$1,000 (INCLUDING LOSS)
- 2 \$1,000 - \$1,999
- 3 \$2,000 - \$2,999
- 4 \$3,000 - \$3,999
- 5 \$4,000 - \$4,999
- 6 \$5,000 - \$5,999
- 7 \$6,000 - \$6,999
- 8 \$7,000 - \$7,999
- 9 \$8,000 - \$8,999
- 10 \$9,000 - \$9,999
- 11 \$10,000 - \$10,999
- 12 \$11,000 - \$11,999
- 13 \$12,000 - \$12,999
- 14 \$13,000 - \$13,999
- 15 \$14,000 - \$14,999
- 16 \$15,000 - \$15,999
- 17 \$16,000 - \$16,999
- 18 \$17,000 - \$17,999
- 19 \$18,000 - \$18,999
- 20 \$19,000 - \$19,999

SHOWCARD 19

- 21 \$20,000 - \$24,999
- 22 \$25,000 - \$29,999
- 23 \$30,000 - \$34,999
- 24 \$35,000 - \$39,999
- 25 \$40,000 - \$44,999
- 26 \$45,000 - \$49,999
- 27 \$50,000 - \$74,999
- 28 \$75,000 - \$99,999
- 29 \$100,000 OR MORE

2014 National Survey on Drug Use and Health

Summary of the Questionnaire

You have asked to know more about the *National Survey on Drug Use and Health* and the types of questions the interviewer will ask. Below is a summary of each section of the questionnaire for you to examine. Keep in mind that not everyone will see every question—the questions depend on the participant's own experiences. Furthermore, participants can always refuse to answer any questions during the interview.

Demographics

This section, administered by the interviewer, consists of questions about the participant such as his/her date of birth, race, educational background, and health status.

Sample Questions:

- ▶ What is the highest grade or year of school you have **completed**?
- ▶ Would you say your health in general is excellent, very good, good, fair, or poor?

Computer Practice Session

In this section, the interviewer shows the participant how to use the laptop computer and lets him/her practice using a short practice session.

Cigarettes, Alcohol and Illicit Drugs

For most of the rest of the interview, the participant answers questions by listening to the questions over the headphones and/or reading the questions on the computer screen, and then entering responses using the computer's keyboard. The participant answers these questions in private, although the interviewer is available to help with any problems using the computer. During this part of the interview, only the participant can hear and see the questions and see his/her responses.

Tobacco Products and Alcohol

These sections include questions about whether and how often participants have used cigarettes, chewing tobacco, snuff, cigars, pipe tobacco, and alcoholic beverages such as beer, wine, or liquor.

Sample Questions:

- ▶ Have you **ever** smoked part or all of a cigarette?
- ▶ How old were you the **first time** you used chewing tobacco?
- ▶ What is your **best estimate** of the number of days you drank alcohol during the past 30 days?

Illicit Drugs

The next sections ask about the participant's use or non-use of marijuana, heroin, cocaine, hallucinogens, and inhalants; and prescription pain killers, tranquilizers, stimulants, and sedatives when taken only for their effect. Questions about drug dependence and drug treatment are also included in these sections.

Sample Questions:

- ▶ Have you **ever**, even once, used marijuana or hashish?
- ▶ How much do people risk harming themselves physically and in other ways when they use **cocaine once a month**?

Adult Social Environment and Mental Health

Participants aged 18 and older receive questions about their social experiences such as: how many times they have moved, their opinions about drug use, and in some cases, their experiences as a parent. Mental health questions cover such topics as depression and treatment for mental health problems.

Sample Questions:

- ▶ How do you feel about **adults** trying marijuana or hashish once or twice?
- ▶ During the past 12 months, was there any time when you **needed** mental health treatment or counseling for yourself but **didn't get it**?
- ▶ Have you ever in your life had a period of time lasting several days or longer when **most of the day** you felt **sad, empty, or depressed**?

Youth Experiences and Mental Health

Youth aged 12-17 participating in the survey are also asked questions about their social experiences such as: perceptions about the risks of using certain drugs; whether getting drugs is difficult or easy; feelings about school and peers; and involvement in clubs, sports, and other extracurricular activities. The mental health questions cover such topics as depression and treatment for mental health problems.

Sample Questions:

- ▶ **During the past 12 months**, in how many different kinds of school-based activities, such as team sports, cheerleading, choir, band, student government, or clubs, have you participated?
- ▶ Have you ever in your life had a period of time lasting several days or longer when **most of the day** you felt **sad, empty, or depressed**?
- ▶ During the past 12 months, did you receive treatment or counseling from a **private therapist, psychologist, psychiatrist, social worker, or counselor** for emotional or behavioral problems that were **not** caused by alcohol or drugs?

Health Care and Demographic Information

In this section, the laptop is handed back to the interviewer, who asks questions about education, health insurance, and family income information to help in analyzing the data. If necessary, a knowledgeable adult in the household may be asked to help participants answer some of these questions.

The answers to these questions increase the government's knowledge about health care, especially as it may relate to drug use or treatment. This information helps in planning health care services and finding ways to lower the costs of care.

Sample Questions:

- ▶ How many hours did you work **last week** at all jobs or businesses?
- ▶ **Before taxes and other deductions**, was the total **combined family** income during 2013 more or less than 20,000 dollars?
- ▶ Are you currently covered by private health insurance?

Please feel free to ask the interviewer if you have any other questions about the questionnaire.

Thank you for your cooperation and help!

Enumeration Rules

PERSONS WHO ARE NOT TO BE INCLUDED ON ROSTER:

- Persons under the age of 12 at the time of screening (do count them in the total SDU Members number)
- Persons who are institutionalized at the time of screening
- Persons who will not live at the SDU for most of the time during the quarter

PERSONS WHO ARE TO BE INCLUDED ON ROSTER:

- Persons who will live at the SDU for most of the time during the quarter (provided they are 12 or older and not institutionalized at the time of screening)

PERSONS ON ACTIVE DUTY IN THE UNITED STATES' MILITARY/ARMED FORCES:

- Active duty personnel who live at the SDU for half or more of the quarter will be rostered, but then will be made ineligible by the iPAQ prior to selection

KNOWN CITIZENS OF FOREIGN COUNTRIES:

- **DO NOT INCLUDE:** — citizens of foreign countries living on the premises of an embassy, ministry, legation, chancellery, or consulate
— citizens of foreign countries who consider themselves to be just visiting or traveling in the United States (regardless of the length of time they will be staying at the SDU)
- **DO INCLUDE** citizens of foreign countries who are not living on the premises of an embassy, ministry, etc., but who are living/studying/working in the United States and who will be living at the SDU for most of the time during the quarter.

Steps to Maximize Data Quality

This summary is not a replacement for information contained in your FI Manual, but is a listing of some of the most crucial protocols that must be followed.

Note the FI Manual pages referenced with each key point. Keep in mind these protocols are not the only steps necessary to follow. Use your FI Manual, Field Supervisor, and project e-mails for information on additional steps to maximize data quality.

BE SURE YOU FOLLOW EACH OF THESE PROTOCOLS AT ALL TIMES.

SCREENING

- **Use your segment maps**, and not just the address, to locate your selected DUs. [FI Manual p. 3-21]
- **Display your ID badge** when knocking on every door in your segment. [FI Manual pgs. 4-15 and 5-1]
- **Complete screenings in-person** with a resident who is 18 or older. The only exception is in the case of emancipated minors. [FI Manual p. 4-16]
- **Give a Study Description to each SR.** [FI Manual p. 4-17]
- Obtain complete and accurate screening information, **reading the screening questions verbatim to the SR** and immediately entering responses into the iPAQ. The only missing screening data should be a result of the respondent's refusal or inability to provide the information. [FI Manual p. 6-15]

INTERVIEW

- **Read the CAI Introduction and Informed Consent from the Showcard Booklet** to the R (choosing the appropriate version based on the respondent's age) before beginning the interview. Before speaking with a selected minor, you must obtain verbal parental permission. **If the R was not the SR, give him/her a Study Description.** [FI Manual pgs. 7-22 and 7-23]
- Make it apparent you are **completing the interview in a completely confidential and unbiased manner.** [FI Manual pgs. 2-6, 2-7 and 8-1]
- To the extent possible, **choose an interview location that gives the respondent privacy.** [FI Manual pgs. 7-26 and 7-27]

INTERVIEW, CONT.

- **Do not rush the respondent.** Do not tell the respondent how to make the interview go faster. [FI Manual pgs. 8-2 and 8-3]
- Use the **Reference Date Calendar and read the explanation provided on the CAI screens verbatim to the R.** As appropriate, remind the respondent to use the calendar as a visual aid throughout the interview. [FI Manual p. 8-14]
- Familiarize the R with the laptop and function keys by reading the provided script in the CAI Interview and **allow the R to successfully complete the Computer Practice on his or her own.** You must always explain, offer, AND plug in the headphones with each R. [FI Manual pgs. 8-17 through 8-20]
- **Read the interview questions exactly as they appear on the screen.** It is never acceptable to use your own words or 'wing it'. Do not assume you know answers from a previous conversation, question, or interview. [FI Manual pgs. 8-2 and 8-3]
- **Hand the appropriate Showcard to the respondent** when instructed on the CAI screen. [FI Manual p. 8-13]
- Allow your respondents to complete the ACASI portion of the interview on their own. **Never read the questions in the ACASI portion out loud to the respondent.** In cases of extreme physical impairment, it may be necessary to enter the answers into the computer for the ACASI questions, but always allow the ACASI recording to 'read' the questions and answer categories via the headphones. [FI Manual p. 8-24]
- **Have the respondent fill out the top portion of the Quality Control Form** and allow him or her to insert the form into the envelope and seal it. Mail the form within 24 hours of the interview. [FI Manual pgs. 8-26 through 8-27]
- Always protect the confidentiality of your respondents. **Never reveal a respondent's answers to anyone,** including the respondent's family members. Resist the temptation to reveal even positive information gleaned from an interview to parents or other household members. [FI Manual pgs. 2-6 through 2-8]

Sampling Process Explanation

Sample: A representative part of a population that is studied to gain information about the whole population.

NSDUH target population: Civilian, non-institutional population aged 12 years or older residing within the 50 United States and the District of Columbia.

THE PROCESS:

RTI statisticians draw a smaller sample of the target population designed to represent the population as a whole using probability sampling.

Step 1:

Break each state up into geographic areas, called **State Sampling Regions (SSRs)** using estimates of population and housing unit counts from the Census Bureau.

- Number of SSRs is dependent on the population of the state, as shown in the table below:
- Each SSR within a state is expected to yield the same number of interviews. This means the more densely populated the area, the smaller the region.

State	SSRs	Approx. Int. per Segment	Total Segments
California	36	16	288
Texas, New York, and Florida	30	14	240
Illinois, Pennsylvania, Ohio, and Michigan	24	13	192
Georgia, North Carolina, New Jersey, and Virginia	15	13	120
Remaining 38 States and the District of Columbia	12	10	96

Step 2:

Break each SSR up into **segments**.

- Scientifically selected to ensure the sample accurately represents the United States' population.
- Each area is assigned a "probability," or "chance," of being selected based on the Census population count.
- 8 segments selected within each SSR, 2 per quarter of data collection.

Step 3:

Dwelling Units within the segments are counted and listed, and recorded on the List of Dwelling Units or Group Quarters Listing Form.

Step 4:

From the listed dwelling units, specific HUs and GQUs are randomly selected.

- Selected units are called sample dwelling units, or **SDUs** which you contact for screening and possible interviewing.
- Approximately 165,000 SDUs randomly selected each year

Step 5:

Either 0, 1, or 2 persons (**respondents**) are selected for interview using the roster information entered into the iPAQ during screening. Approximately 70,000 respondents are selected and complete the interview each year.

- Eligibility for interview is based only on the AGE of the SDU members
- All screening data is used by the RTI statisticians

Analysis:

"Sample Weighting" is used to determine how many people in the population each respondent represents.

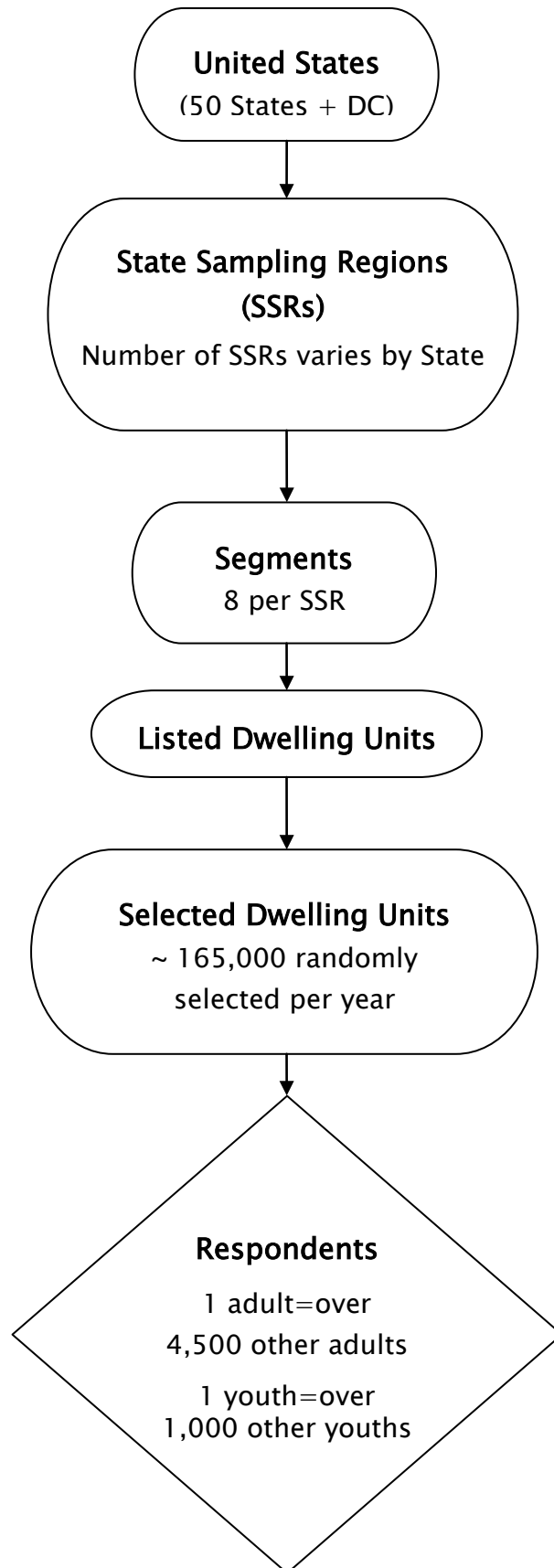
- 1 adult - represents over 4,500 other adults
- 1 youth - represents over 1,000 other youths

FIELD INTERVIEWER'S ROLE

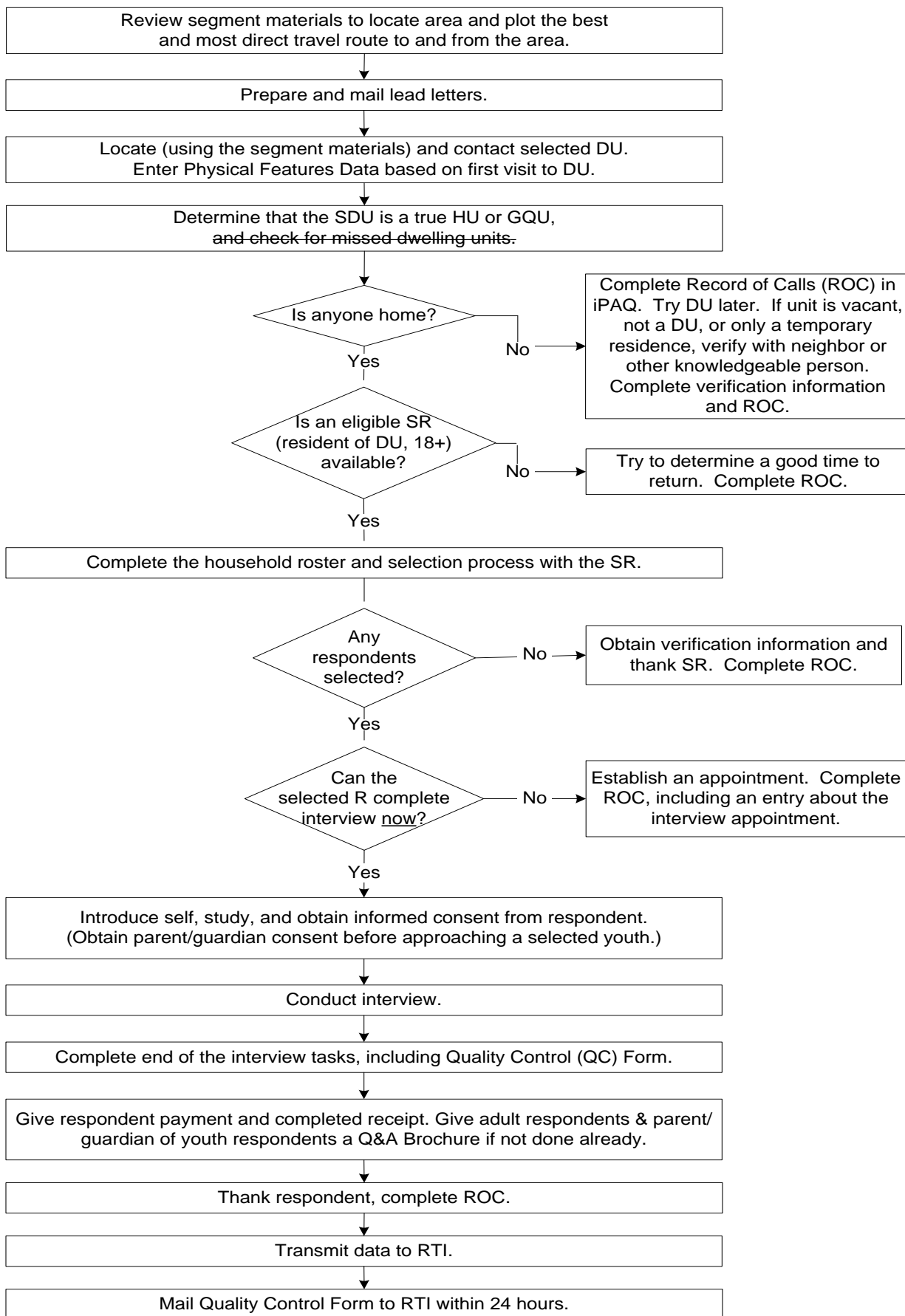
Maintain the integrity of the sample by:

- Using segment materials properly
- Following project procedures, including editing address and adding missed DU protocols
- Investigating discrepancies between the materials and what you actually see in the field
- Paying close attention to details

Sampling Process Explanation *(continued)*



Overview of the Screening and Interview Process



Screening and Interview Tasks

When you work in the field, you will encounter a variety of situations:

Can't screen (i.e. no one home, vacant units, SR not available, etc.)

- choose case from Select Case, tap Actions, Screen DU
- approach unit and discover you can't screen
- obtain verification information for codes 10, 13 and 18
- complete ROC to document situation

Screen only (codes 22, 26, 30)

- choose case from Select Case, tap Actions, Screen DU
- approach unit and obtain participation of eligible SR
- complete screening
- obtain verification information
- complete ROC

Screen, then interview (31, 32 and then 70)

- choose case from Select Case, tap Actions, Screen DU
- approach unit and obtain participation of eligible SR
- complete screening
- complete ROC for screening
- obtain participation/informed consent of selected respondent(s)
- prepare laptop and enter QuestID from iPAQ
- conduct interview(s) with available selected respondent(s)
- enter QC ID from Quality Control Form in CAI program in laptop
- complete ROC(s) in iPAQ for completed interview(s)
- mail completed Quality Control Form(s) to RTI within 24 hours

Screen, make appointment for interview (codes 31, 32 and then 50)

- choose case from Select Case, tap Actions, Screen DU
- approach unit and obtain participation of eligible SR
- complete screening
- complete ROC for screening
- complete ROC to document appointment for each selected respondent
- prepare appointment card and give to each respondent

Interview only at appointment time or other follow-up contact

- choose case from Select Case, review selections and roster
- obtain participation/informed consent of selected respondent(s)
- prepare laptop and enter QuestID from iPAQ
- conduct interview(s) with selected respondent(s)
- enter QC ID from Quality Control Form in CAI program in laptop
- complete ROC(s) in iPAQ
- mail completed Quality Control Form to RTI within 24 hours

Always enter Physical Features Data based on your first visit to a DU.

Physical Features Data Reference Sheet

There are two key elements for entering accurate Physical Features Data into the iPAQ:

1. The SDU characteristic and controlled access type should be based on **what you encounter** during your **first visit** to the SDU. Details on what transpires during subsequent contact attempts are documented in the Record of Calls (ROC). If the situation changes during future visits, that information will be reported in the ROCs.
2. Reference the **definitions for SDU characteristic and controlled access type**. The categories are abbreviated in the iPAQ program, so reference, as necessary, the additional information provided in parentheses below or the additional text provided in the iPAQ information screen.

Physical Features Data provides a “picture” associated with the SDU. These data are used in conjunction with ROCs to provide more complete information about issues impacting field interviewers and household surveys.

SDU Characteristic:

Select the description of the characteristics of the SDU from the list on the SDU Characteristic screen.

IMPORTANT NOTE: Some SDUs may fall into several characteristic categories—if so, check all characteristics that apply to the SDU. For example, if the SDU is a high-rise apartment complex (more than 50 units) on a military base, use codes 4 and 5.

1. **House/Single Unit** (single family home, trailer, or cottage)
2. **Multi-unit, 2-9 units** (multi-unit structure with 2-9 units)
3. **Multi-unit, 10-49 units** (multi-unit structure with 10-49 units)
4. **Multi-unit, 50+ units** (multi-unit structure with 50 or more units)
5. **Military Base**
6. **Student Housing** (includes dormitory, fraternity/sorority housing, or college-owned apartment)
7. **Native American Tribal Land** (Reservation)
8. **Senior Housing/Assisted Living** (includes houses, apartments, or condos)
9. **Other GQU** (group quarters units OTHER than those listed in the above options, such as shelters)
10. **Empty Lot** (empty home site or mobile home site)

Controlled Access Type:

"Controlled access" is defined as any situation where an FI approaches an SDU and encounters some barrier that prevents the FI from gaining access to the door of the SDU.

Select the type of physical barrier(s), if any, that prevents you from gaining access to the door of the SDU during your initial visit from the list on the Controlled Access Type screen. If you encounter a controlled access barrier during your initial visit to a multi-unit building or complex that prevents you from gaining access to any SDUs, you should enter the barrier type for all SDUs in that building or complex.

IMPORTANT NOTE: Some SDUs may include multiple types—if so, check all types that apply to the SDU. For example, if you encounter a guard station and locked gate with no intercom when trying to approach an SDU in a community and the guard does not grant you access to the community, you would enter 2 and 3.

1. **None** (The vast majority of SDUs possess *none* of the types of access barriers listed below, so "None" will be a common entry. Remember, if you encounter any of the access barriers below, but gain access to the door of the SDU during your initial visit, the barrier would be coded as "None" per the Controlled Access definition.)
2. **Guard/Door Person/Staff/Manager** (door person at front door who has to call the unit, door person that must give access to building, guard at gate of community, on-site or off-site manager who controls access)
3. **Locked main entrance/gate, no intercom/buzzer** (locked doors, locked gate, controlled gate, or other locked entry)
4. **Locked main entrance/gate with intercom/buzzer, no unit address labels** (may contain other labels such as names, but does not provide address label)
5. **Locked main entrance/gate with intercom/buzzer, with unit address labels**

Example Scenarios	CHAR	TYPE
One story brick home in a gated neighborhood. The gate was open upon your arrival & you entered and accessed the SDU successfully.	1	1
The manager of a college dorm will not grant you access to the locked building (with no intercom/buzzer). There are 8 SDUs within the 16 unit dorm.	3 and 6	2 and 3
The SDU is in a high rise apartment building with over 100 units. There is a locked elevator and intercoms with only names listed in the lobby. You are unable to gain access to any SDUs on your first attempt.	4	4
The rural SDU on a reservation is located down a long driveway that is dangerous to traverse due to severe ice from a recent storm.	1 and 7	1
The SDU is located in a senior housing apartment building with 18 units. After being granted access to the building from a guard in the lobby, you buzz residents from an intercom with room numbers. The residents can unlock the main door from their apartment. You are granted access by the resident of the first SDU contacted.	3 and 8	1
After screening 5 SDUs in the senior housing example above, you return a week later to initially visit the remaining 7 SDUs, but the manager has told the guard not to grant you access to the building. How do you code the physical features data for the remaining cases?	3 and 8	2 and 5
You try to contact 4 SDUs in an 8 unit apartment complex on a military base, but the guard at the controlled entrance gate will not grant you access to the base on your first attempt. How do you code the physical features data for these 4 SDUs?	2 and 5	2 and 3

If you have questions about entering Physical Features Data, contact your FS.

Editing Address Protocol

When to Edit an Address

Editing SDU addresses should not be a common task. An address should only be edited if the physical address is missing or incorrect, such as when only a description of the SDU is provided.

Before editing an address, first confirm you are at the correct selected dwelling unit. To do this, use a combination of project resources, including the handwritten List of DUs, block listing maps, and the address or description in your iPAQ. If you are confident you are at the correct DU but the address is incorrect, you should consult the *Editing Address Protocol* chart. It will guide you on the steps to follow.

When you edit an address, there are two additional steps you must take to complete the process. First, you must enter a note in the Record of Calls explaining the reason for the edit. Second, you should notify your FS of the edit. Your FS must update their copy of the segment materials with the edit, and in many cases notify RTI's Sampling Department to update the project sampling frame.

Never make edits to an address which creates a duplicate of an address already listed on the original List of DUs. Enter a note in the Record of Calls describing the situation and address discrepancy, and then obtain permission from your FS and Sampling before making the edit. Carefully checking the original List of DUs before making an edit will ensure no duplication occurs.

After reviewing the *Editing Address Protocol* chart, if you are unsure whether an address should be edited or the appropriate procedures to follow, enter detailed notes about the situation in the ROCs and contact your FS promptly for assistance.

When NOT to Edit an Address

In order to maintain the integrity of the sample, there are specific situations when you should not edit an address. These situations are listed as "Improper" in the third column of the *Editing Address Protocol* chart.

For example, addresses must never be edited due to screening on the incorrect line or at the wrong dwelling unit. Always double-check the address at the top of the iPAQ screen and consult your segment materials to prevent this type of error.

Also, do not change an address or description to a Post Office Box, but instead enter any PO Box information in the Record of Calls.

Lastly, do not edit addresses to change abbreviations to full spellings, such as "Dr." to "Drive," or from full spellings to abbreviations, such as "Boulevard" to "Blvd."

Reminder:

Always refer to the chart:

- when deciding whether or not to edit an address, and
- to be certain all appropriate procedures have been completed when editing an address.

EDITING ADDRESS PROTOCOL

REMINDER: Always review your segment maps, original list of dwelling units, and iPAQ information before editing SDU addresses.

Scenario	Description of Situation	Proper or Improper to Edit	Appropriate FI Action	Appropriate FS Action
A	Description edited to a street address	Proper	Check handwritten list of DUs, if address is not on list, delete description; enter street address in iPAQ; proceed with screening; enter notes in ROCs; notify FS	Make correction in segment materials
B	Street name spelling corrected or drive/avenue/street/etc. corrected	Proper	Edit address in iPAQ; proceed with screening; enter notes in ROCs; notify FS	Make correction in segment materials
C	Correction of one SDU address due to 911/U.S. Postal Service/ local government address revisions	Proper	Edit address in iPAQ; proceed with screening; enter notes in ROCs; notify FS	Make correction in segment materials
D	Correction of listing error for one SDU (includes edits to street/apt. number)	Proper	Check handwritten list of DUs, if address is not on list, edit address in iPAQ; proceed with screening; enter notes in ROCs; notify FS	Make correction in segment materials
E	Adding apt. numbers to differentiate between added units in a SDU or on SDU property	Proper	Check handwritten list of DUs, if address is not on list, edit address in iPAQ; proceed with screening; enter notes in ROCs; notify FS	Make correction in segment materials
F	City, state, or zip code corrected	Proper	Edit address in iPAQ; proceed with screening; enter notes in ROCs; notify FS	Make correction in segment materials
G	Within controlled access buildings/complexes, edits to addresses for multiple units originally gained through "blind" listing or listing by buzzer/mailbox	Proper (with prior approval from FS)	Notify FS; if approved by FS, edit address in iPAQ; proceed with screening; enter notes in ROCs	Make correction in segment materials; instruct FI to make edit and proceed with screening; notify Sampling
H	Complete street name change	Proper (with prior approval from FS and Sampling)	Notify FS; if approved by FS and Sampling, edit address in iPAQ; proceed with screening; enter notes in ROCs	Seek Sampling approval; if approved, make correction in segment materials and instruct FI to make edit in iPAQ and proceed with screening
I	Removing the apt. number from SDU address	Proper (with prior approval from FS and Sampling)	Notify FS; if approved by FS and Sampling, edit address in iPAQ; proceed with screening; enter notes in ROCs	Seek Sampling approval; if approved, make correction in segment materials and instruct FI to make edit in iPAQ and proceed with screening
J	Correction of address for multiple units due to 911/U.S. Postal Service/local government address revisions	Proper (with prior approval from FS and Sampling)	Notify FS; if approved by FS and Sampling, edit address in iPAQ; proceed with screening; enter notes in ROCs	Seek Sampling approval; if approved, make correction in segment materials and instruct FI to make edit in iPAQ and proceed with screening
K	Correction of listing error for multiple units (includes edits to street and/or apt. number) *See Scenario G for additional information	Proper (with prior approval from FS and Sampling)	Notify FS; if approved by FS and Sampling, edit address in iPAQ; proceed with screening; enter notes in ROCs	Seek Sampling approval; if approved, make correction in segment materials and instruct FI to make edit in iPAQ and proceed with screening
L	Adding apt. numbers to single dwelling units *See Scenario E for additional information	Proper (with prior approval from FS and Sampling)	Notify FS; if approved by FS and Sampling, edit address in iPAQ; proceed with screening; enter notes in ROCs	Seek Sampling approval; if approved, make correction in segment materials and instruct FI to make edit in iPAQ and proceed with screening
M	Description or street address edited to a Post Office Box address	Improper	Place Post Office Box address in ROCs	Retrain FI
N	Edit due to screening on the wrong line or at the wrong dwelling unit	Improper	Request status code change or reopen code from FS; complete screening on correct line	Give status code change code or reopen code or instruct FI to final code, as appropriate; retrain FI
O	Edit due to merged or condemned unit, or unit does not exist	Improper	Notify FS; code case as instructed by FS and Sampling	Seek Sampling input; instruct FI to code case as instructed by Sampling

Missed DUs

You are not required to check the entire segment for missed dwelling units. Instead, you will ask the screening respondent about possible missed DUs as part of the screening process at every selected DU. (However do not ignore significant changes, such as a new development or new apartment building—call your FS.)

At a selected housing unit:

- For regular housing units (houses, townhouses, trailers, cottages, duplexes), during each screening you ask the SR if there are any other units within the structure or on the property, such as a separate apartment with a separate entrance. If so, simply enter the address of the other unit(s) and proceed with screening.
- For housing units in apartment and condo buildings, do not ask the Missed DU question. However, if the SR reports a missed DU such as the rare but possible 'unit within a unit,' confirm with the SR and add the unit from the Select Case Screen by tapping "Actions/Add Missed DU."

For group quarters structures listed by persons or beds:

- Compare the original list with the current situation. If there are more units now, call your FS who will contact RTI's Sampling Department about which missed GQUs to add.

Limits on missed DUs:

- Up to 5 units at one SDU
- Up to 10 units per segment
- iPAQ stores space for 5 added DUs per segment. If more are required, contact your FS to have 5 more lines transferred to your iPAQ.

For more information on missed DUs, refer to pages 3-31 through 3-38 and 3-44 through 3-46 in your FI Manual.

Reconciling Missed DUs

Recording the addresses of missed DUs in the iPAQ does not automatically add them to your assignment. When ready to reconcile these missed DUs to see if they should be added, be sure that you have the handwritten List of Dwelling Units and the block listing maps.

You can Reconcile at three different spots in the iPAQ:

- At the end of screening if you have entered a missed DU address(es). If you don't have time or your segment materials, simply tap "No" and reconcile later.
- If you entered a missed DU address using "Actions/Add Missed DUs," you will be asked if you want to reconcile.
- From the option "Admin/Reconcile Missed DUs."

To Reconcile Missed DUs:

- Follow the instructions on the iPAQ screen carefully, making certain you refer to your segment materials as you reconcile the unit.
- Determine if the missed unit is already on the handwritten List of DUs.
- If the missed unit is not on the list, it will be added to your assignment.
- Complete the List of Added Dwelling Units to document the unit.
- Remember to mark the location of the missed DU on the correct Block Listing Map.

If you have any questions, exit the program and contact your FS.

In the following situations, check with your FS who will check with RTI's Sampling Department:

- more than five missed DUs are found at a specific SDU
- more than 10 missed DUs are found in a segment
- a missed HU (other than a 'unit within a unit') is discovered in an apartment or condo building
- a missed GQU is discovered within a group quarters structure
- a missed group quarters structure is discovered
- a significant listing problem is discovered.

For more information on reconciling missed DUs, refer to pages 3-40 through 3-46 in your FI Manual.

Guidelines for Speaking with Neighbors

When speaking with neighbors, it's important only to ask for and obtain certain information. Always be very general and concise, and do not offer more information than is necessary.

If the neighbor is suspicious and won't provide any information unless you tell them why you are interested in a particular address, simply state the household has been selected to participate in a national study. Do not name or describe the survey.

You CAN speak to a neighbor to:

1. Verify whether someone actually lives at the selected DU(s)
2. Find out a good time to find the residents at home
3. Obtain verification data if the SDU is vacant

When speaking with neighbors, you CANNOT:

1. Explain that the household has been selected to participate in the NSDUH
2. Obtain screening information for the selected DU(s)

Suggested wording to use when speaking with neighbors:

"Hello, my name is [INSERT NAME] with Research Triangle Institute. I am working on a nationwide study sponsored by the U. S. Public Health Service and need to speak with your neighbor. Do you know when would be a good time to find them at home?"

OR

"Hello, my name is [INSERT NAME] with Research Triangle Institute. Your neighbor has been selected to participate in a national study and I'm having trouble catching them at home. Do you know when a good time would be for me to find them at home?"

Suggested wording for vacancy verification:

"Hello, my name is [INSERT NAME] with Research Triangle Institute. Your neighbor has been selected to participate in a national study, but it looks like the house may be vacant. Can you tell me if someone lives there?"

ROC Comments

ROC comments should be appropriate, non-judgmental, and:

- **Informative** – Record appointment times, best times to return, who you talked to, or if no adult was home, record which cars were in the driveway.
- **Helpful** – Note relevant information for you to use in preparing to return or when discussing the case with your supervisor. If a case gets transferred to another FI, the notes are very important to the new FI to understand what has happened.
- **Concise** – Explain your comments directly, leaving out unnecessary words or information. Your comments must be easily understood by you, your FS, other FIs, and project managers.

Examples of good ROCs:

- CB after 7:00 pm
- 2:30 Sat appt
- W M 15ish said parents home after 8:00
- HISP F 60s send SPAN letter

PROJECT ABBREVIATIONS

R	respondent (for the interview)
SR	screening respondent
FI	field interviewer
Q&A	Q&A Brochure
DU	dwelling unit






STANDARD ABBREVIATIONS

days of the week	(with 3 letters)
F	female
M	male
B	black
W	white
HISP	Hispanic
SPAN	Spanish
INFO	information
REF	refused

SUGGESTED HELPFUL ABBREVIATIONS

CB	call back (or come back)
APPT	appointment
AM	morning
AFTRN	afternoon
PM	evening
NGHBR	neighbor
GTKPR	gatekeeper
WKND	weekend

Counting and Listing Abbreviations

<u>COLORS</u>	<u>ADDRESSES</u>	<u>OTHER/GENERAL</u>
BG Beige BK Black BL Blue BR Brown DK Dark GR Grey GN Green LT Light MED Medium OR Orange PK Pink RD Red TN Tan WH White YL Yellow	ADD Address ALY Alley APT Apartment AVE Avenue BLK Block BLVD Boulevard BLDG Building CIR Circle CT Court DRWR Drawer DR Drive HWY Highway JCT Junction LN Lane PKWY Parkway PL Place PT Point PO Post Office (Box) RD Road RTE Route ST Street TER Terrace	ATT Attached BSMT Basement BUS Business CPT Carport CG Cattleguard CHNLNK Chainlink CHMY Chimney CHUR Church COL Column COR Corner CO County DB Doorbell DRMR Dormer DBL Double DRWY Driveway ELCMTR Electric Motor ENT Entrance EXT Exit EXTR Exterior FEN Fence FLR Floor FDN Foundation FRM Frame FR From GAR Garage GRD Guard GRV Gravel GRND Ground HSE House LG Large MBX Mailbox MID Middle MI Mile PKT Picket PCH Porch PVT Private RR Railroad RSTR Restaurant RM Room SCRNL Screen/Screened SHK Shake SHUT Shutters SD Side Door STR Store STY Story TR Trim UC Under Construction VAC Vacant VER Veranda VEST Vestibule WIN Window WD Wood
<u>DIRECTION/ORIENTATION</u>	<u>STRUCTURE/MATERIALS</u>	
ABV Above ACR Across ADJ Adjacent BCK Back BEH Behind BTWN Between BTM Bottom E East FRT Front L Left N North NE Northeast NW Northwest RE Rear R Right S South SE Southeast SW Southwest W West	ALUM Aluminum BRK Brick BRNSTN Brownstone CDR Cedar CBLK Cement Block CEM Cement LOG Log RCK Rock SDG Siding STN Stone STU Stucco VNY Vinyl	
<u>ARCHITECTURE/BUILDING STYLE</u>	<u>TYPES OF ROOFS</u>	
APT Apartment CPCD Cape Cod CLNL Colonial CONDO Condominium CNTP Contemporary DBLWID Doublewide DPX Duplex RCH Ranch RF Roof SPL Split Level TRAD Traditional TRLR Trailer TRANS Transitional	FLT Flat  GBL Gable  GMBR Gambrel  HIP Hip  MNSD Mansard  SHGL Shingle SPNTL Spanish Tile TIN Tin	

Refusal Reasons

Use these descriptions to help you classify refusals in the iPAQ.

1. Too busy/no time/did too many surveys already

The number one reason for refusals is lack of time.

2. Surveys/Govt. invasive/teen exposure

These people feel that the government invades their privacy too much with surveys. There may be philosophical, political, or religious reasons for not participating in surveys. Parents may be concerned about exposing their teen to the sensitive subject matter in the survey.

3. Clarify confidentiality, legitimacy, or selection

Be sure to listen carefully to what respondents are telling you—questions about the legitimacy of the survey or how the survey guarantees confidentiality can often be explained by you on the doorstep, if you understand their concern.

4. “Nothing in it for me”/uncooperative

Although rare, sometimes people will either not give a reason for their refusal or they’ll tell you that there’s no reason for them to participate.

5. Gatekeeper/Parent/HH member disallow

Sometimes you encounter a refusal situation controlled by another person besides the person selected for the interview. A spouse, parent, guardian, or another influential person in the household may refuse for the selected individual, or deny you the ability to talk directly to the selected person. Even if you are able to talk with the selected person, he or she may refuse because of the other person’s opinions.

6. Welfare or INS concern

Persons involved with various government programs may fear that you are a welfare worker or an immigration officer checking on their status.

7. Too ill/house messy/not dressed

These refusals are situational and will not generate a refusal letter. They refused because you caught them at an awkward time.

8. Need to discuss with FS

In some cases, a respondent’s refusal won’t fit any of the above categories, but you are able to gather a sense of what is preventing them from participating. With this option write a very specific note in the refusal comment section to alert your FS. Then you can talk with him/her about how best to handle the refusal.

The Interview Process

Informed Consent Procedures

- READ THE INFORMED CONSENT FOUND AT THE FRONT OF THIS BOOKLET TO RESPONDENT
- If the respondent is 12 - 17 years old, obtain parental consent first

Choose the Best Interview Location

- Consider the following issues:
 - Privacy and ethics
 - Comfort and safety
 - Battery power and/or the availability of an electrical outlet
- Be flexible in choosing a location, but never compromise NSDUH protocols

Setting up the Computer

- Unpack the computer and plug it in using the extension cord if needed
- Press the ON button and WAIT for the computer to boot up
- While waiting, make sure you have the QuestID displayed on the iPAQ, a Reference Date Calendar, your Showcard Booklet, a Quality Control Form and envelope, a Q&A Brochure (if not given earlier), \$30 and an Interview Incentive Receipt
- Place clean headphone covers on the ear pieces of the headphones and plug the headphones into the computer
- Enter the passwords, then enter the QuestID from the iPAQ to begin the interview

Conducting the Interview

- Obtain informed consent (if not done earlier)
- If respondent is under the age of 12 or is active in the military, the computer will automatically complete this case (If this occurs, remember to enter a Code 79 in the iPAQ and explain the situation)
- Complete the Reference Date Calendar, following the script on the computer screen
 - Write the 12-month and 30-day dates given to you on the computer screen in the appropriate boxes
 - Circle the 12-month reference date
 - Circle the 30-day reference date, then underline the 30 days between the circled day and the current date
 - Record the Case ID at the top of the calendar
- Use the Showcards as instructed
- During the ACASI, be available to assist the respondent without being intrusive
 - Prepare the Quality Control Form:
 - Record the **date** and approximate interview completion **time**
 - Print your **name** and **FI ID #** legibly
 - Record the **Case ID**, including the **A** or **B**
 - Indicate which **parent** (or guardian) gave permission if respondent is a minor
 - Prepare the Interview Incentive Receipt:
 - Record the **date** and **Case ID**, including the **A** or **B**
 - Do not sign or check the box for cash acceptance until prompted by the computer

The Interview Process *(continued)*

- Other possible tasks include: review your iPAQ ROCs and plan work for the day, re-read portions of the FI Computer Manual or FI Manual (remove a chapter or two at a time from the binder) complete your Data Quality Knowledge Notebook entries, re-read the Job Aids section in the Showcard Booklet, and review materials for information to use when obtaining cooperation
- Enter the QC ID and the Case ID when prompted and follow Quality Control Form procedures
 - For a youth, the Quality Control Form should be completed by a parent or guardian (If no parent is available, it is acceptable for the youth to complete the form)
 - The R/parent should place the Quality Control Form into the envelope and seal it (If R/parent refuses to complete the Quality Control Form, ask him/her to write “REFUSED” across the top)
- Give R the \$30 cash, sign your name and mark the appropriate box on the Interview Incentive Receipt and give the respondent the top copy
- Give adult interview respondents and parent/guardian of youth respondents a Q&A Brochure (if not done earlier)
- Answer the observation questions

When Finished with the Interview

- Pack up your equipment:
 - Unplug the power cord from the computer first, unplug from the wall, then wrap them up and place in carrying case
 - Close the screen display until you hear a click, place the laptop in the case and zip closed
 - Remember your iPAQ, Showcard Booklet, Reference Date Calendar, and other papers
- **THANK YOUR RESPONDENT!**
- Enter a Code 70 in your iPAQ.
- Mail Quality Control Form to RTI within 24 hours of completion of the interview
- Mail Reference Date Calendar and Interview Incentive Receipt (FS copy) to your FS each week

Possible Respondent Difficulties

- Is the respondent physically or emotionally capable of participating?
 - Slow the pace of the questions to see if comprehension improves
 - Allow adequate time to answer
 - If respondent does not seem to understand, politely discontinue the interview and speak with your FS
- Is the respondent intoxicated or under the influence of other drugs?
 - Attempt to schedule another time to return
- Is the respondent blind or paralyzed?
 - Take the time to figure out if respondent can complete interview—each interview is precious!
 - Only in these situations are you allowed to enter the responses during the ACASI portion for the respondent (Make note of this in the FI Observation questions)
- Does the respondent exhibit behaviors that suggest he or she may have difficulty reading?
 - Remember that the respondent can listen to all the questions through the headphones and answer most questions with a number

Helpful Hints for Gathering Good I&O Data

What you record in the Industry and Occupation questions is used to classify the respondent's work by assigning two separate codes. To assign these codes, the coding staff needs **descriptive, yet concise information**. **For all of the industry and occupation questions, it is important to probe for further details.** Use adjectives in your probes—for example, find out what type of doctor or salesperson, what kind of engineer or programmer, supervisor of what?

Also, keep in mind the following:

- **List the most important information first**, as each answer field has a character limit.
- Consider abbreviating when possible. Use typical abbreviations that coding staff will understand, such as **dr** for doctor and **mgr** for manager. **Don't use abbreviations that are not standard**—deciphering abbreviations takes a lot of time and the end result may not be what you originally intended.

The chart below lists the open-ended I&O questions, plus hints and character limits for each.

Name	Question	Character Limit	Hints
INOC01	In what kind of business or industry do you work? That is, what product is made or what kind of service is offered?	100	<ul style="list-style-type: none"> • Don't enter just the name of a company as the Industry—include a description of the type of company. There could be multiple industries with the same name (e.g., Lowe's Foods or Lowe's Home Improvement Store).
INOC02M	What do they make?	35	<ul style="list-style-type: none"> • Probe for the <u>specific</u> product the respondent's employer makes (for example, car timing belts, small aircraft propellers). • One word answers are usually too general and not descriptive enough.
INOC02T	What do they sell?	35	<ul style="list-style-type: none"> • Probe for the <u>specific</u> product the respondent's employer sells. • If the respondent has difficulty specifying what is sold, it could be the response to the previous question should not have been "wholesale or retail trade." Probe for accuracy.
INOC03	PLEASE SPECIFY THE TYPE OF INDUSTRY	35	<ul style="list-style-type: none"> • Probe for the specific business or industry in which the respondent works. Company name and/or job title are not sufficient descriptions.
INOC04	What kind of work do you do? That is, what is your occupation?	50	<ul style="list-style-type: none"> • Try to use <u>detailed</u> terms that describe the Occupation (for example, "Electrical Engineer" rather than "Engineer"). • Don't list a generic job title as the Occupation (for example, manager). Try to get a specific title for the occupation. • Be sure to list only one occupation.
INOC05	What are your most important activities or duties in that job?	100	<ul style="list-style-type: none"> • Describe the work the R spends <u>most</u> of his/her time doing for that business or occupation.

The following are examples of probes and the types of details required for certain jobs in order to correctly assign the industry and occupation codes.

<u>Industry/Occupation</u>	<u>Questions to Ask</u>
<p>Service [Businesses and occupations that work with the public]</p>	<p>What <u>type</u> of service? <i>(housekeeping, customer service, waiter)</i></p> <p>What <u>type</u> of location? <i>(restaurant, hotel, private home)</i></p> <p>For <u>whom</u> is the service done? <i>(airline industry, the government, bank customers)</i></p>
<p>Medical Field</p>	<p>What <u>type</u> of medical field or office? <i>(doctor, dentist, pediatrician, orthopedic surgeon)</i></p> <p>What is their <u>full</u> title? <i>(Write out the word—orthodontist, orthopedist, podiatrist—do not use abbreviations such as "ortho")</i></p> <p>What <u>type</u> of location? <i>(hospital, private doctor's office, Planned Parenthood)</i></p>
<p>Education</p>	<p>What <u>grade level</u> do they teach? <i>(K-5, 6-9, 10-12, college)</i></p> <p>What <u>subject</u> do they teach? <i>(English, Biology, French)</i></p> <p>What <u>type</u> of position? <i>(Dean, Professor, Principal, Teacher, Teacher's aide, School Board member, Janitor, Cafeteria Worker)</i></p> <p>What <u>type</u> of location? <i>(the YMCA, a recreation center, a school)</i></p> <p>Is the school <u>public</u> or <u>private</u>?</p>
<p>Childcare [Babysitter, Nanny, Daycare Center, etc.]</p>	<p><u>Where</u> is the service given? <i>(private home, someone else's home such as a neighbor, daycare center)</i></p> <p>What is their <u>employment status</u>? <i>(self-employed, employee in a business)</i></p> <p>What <u>type</u> of position? <i>(teacher, care provider, cleaner)</i></p>
<p>Supervisors/ Managers</p>	<p><u>Who</u> or what <u>type</u> of activity do you supervise or manage? <i>(sales clerks, laborers, accountants)</i></p> <p>What <u>type</u> of manager are you? <i>(hotel, office, property, bakery)</i></p>
<p>Government Contractors</p>	<p>Is the company run by the <u>government</u> or is it a <u>private company</u>? <i>(for example, RTI is a contractor for the federal government—RTI is not a government agency)</i></p>
<p>Call Centers</p>	<p>What <u>type</u> of call center is it? <i>(retail, credit card, delinquent debt, market research, non-market research—do not only give the company name)</i></p> <p>What is the <u>primary purpose</u> of the call center? <i>(repair service center, catalog ordering center, merchandising)</i></p>
<p>Manufacturing</p>	<p>What <u>specific product</u> do they make? <i>(for example, does the company develop the software for a program or manufacture the products holding the software (e.g., discs, CD-ROMs))?</i></p> <p>What <u>type</u> of machine do they operate? <i>(Riveter, lathe operator, punch press operator)</i></p>

Additional examples and information on Industry and Occupation Questions can be found in your FI Manual, pages 8-21 through 8-23.

Result Codes

Pending Screening Codes		Requires FS Approval	Verification Info Required	iPAQ Auto Codes
01	No One at DU			
02	Screening Respondent Unavailable			
03	Neighbor Indicates Occupancy			
04	Incapable			
05	Language Barrier (Spanish)			
06	Language Barrier (Other)			
07	Refusal to Screening Questions			
08	Unable to Locate SDU			
09	Other			

Final Screening Codes		Requires FS Approval	Verification Info Required	iPAQ Auto Codes
Ineligible SDUs				
10	Vacant		✓	
13	Not a Primary Residence		✓	
18	Not a Dwelling Unit		✓	
19	GQU Listed as HU			
20	HU Listed as GQU			
22	DU Contains Only Military Personnel		✓	✓
25	No Eligible SDU Members		✓	✓
26	In DU less than ½ of the Quarter		✓	✓
29	Listing Error	✓		
Screening Not Obtained				
11	No One at DU after Repeated Visits	✓		
12	SR Unavailable after Repeated Visits	✓		
14	Incapable	✓		
15	Language Barrier (Spanish)	✓		
16	Language Barrier (Other)	✓		
17	Refusal	✓		
21	Denied Access to Building/Complex	✓		
23	Other	✓		
Screening Completed				
30	No One Selected for Interview		✓	✓
31	One Selected for Interview			✓
32	Two Selected for Interview			✓

Result Codes (continued)

Pending Interview Codes		Requires FS Approval	Verification Info Required	iPAQ Auto Codes
50	Appointment for Interview			
51	No One at DU			
52	Respondent Unavailable			
53	Breakoff (Partial Interview)			
54	Incapable			
55	Language Barrier (Spanish)			
56	Language Barrier (Other)			
57	Refusal (By Respondent)			
58	Parental Refusal for 12-17 Year Old			
59	Other			

Final Interview Codes		Requires FS Approval	Verification Info Required	iPAQ Auto Codes
70	Interview Complete		✓	
71	No One at Home after Repeated Visits	✓		
72	Respondent Unavailable	✓		
73	Breakoff (Partial Interview)	✓		
74	Incapable	✓		
75	Language Barrier (Spanish)	✓		
76	Language Barrier (Other)	✓		
77	Final Refusal by Respondent	✓		
78	Parental Refusal for 12-17 Year Old	✓		
79	Other	✓		

Instructions for Using the Certificate of Participation

At the end of the interview, you can give a Certificate of Participation that authenticates the respondent's participation in NSDUH. Youth and other interested respondents may use the completed certificate to verify with teachers or group leaders that they participated in NSDUH, and may then receive credit for participating in the study. Possibilities include:

- extra credit for school
- incorporating the NSDUH experience into a school project
- credit towards community service hours.

It is the respondents' responsibility to arrange to receive any possible credit. Respondents and parents must understand that:

- they are responsible for making arrangements for any credit
- their school or group may or may not give credit; credit is not guaranteed
- no advance arrangements have been made with any schools or community groups.

The certificate is worded to allow for use with respondents other than middle or high school students, such as a young adult required to perform community service or for classes beyond high school. However, the certificate should be used primarily with youth respondents. Adult respondents should not receive a certificate unless they ask for acknowledgement that he/she completed the survey or seem very interested in receiving one.

Upon completion of the interview, prepare the certificate by:

- filling in the date the interview was completed
- and your FI name and ID number.

To preserve confidentiality, the respondent adds his or her name at a later time.

Also provide a Question and Answer Brochure along with the certificate, as it contains additional details and includes contact information and Website addresses where interested persons can obtain additional information.

Procedures After an Automobile Accident

Immediately After an Accident...

- Check for injuries. Life and health are more important than damage to vehicles.
- Make note of specific damages to all vehicles involved.
- Write down the names, addresses and license numbers of persons involved in the accident. Also, write a description of the other vehicles.
- Call the police, even if the accident is minor.
- Jot down names and addresses of anyone who may have witnessed the accident. This can prevent disagreement concerning how the accident actually happened.

DOs and DON'Ts

- **DO** jot down details about the accident and circumstances such as weather conditions and visibility.
- **DO** notify your FS, Headway, and your insurance agent about the accident immediately. If you are working as a traveling interviewer in a rental car, notify the car rental agency as well.
- **DO NOT** sign any document unless it is for the police or your insurance agent.

Headway Accident/Injury Reporting Procedures

- In the event of an accident, the employee must contact his/her FS immediately. The employee must also contact a Headway Representative directly to report the accident within 24 hours of the injury. If you're calling after hours, leave a message.
- Employees are expected to seek treatment at an Emergency Room, Urgent Care Facility, or General Practitioner. If the employee seeks treatment elsewhere, the employee may be responsible for payment depending on the applicable state workers' compensation laws.
- Whenever possible, the employee will notify a Headway representative before seeking medical treatment.
- The employee will provide a signed written statement to Headway detailing the nature and extent of all injuries sustained at work.
- The employee is required to submit the results of all evaluations to a Headway representative, as well as any doctor's notes that prevent the employee from working, within 24 hours of any doctor's visit related to injury.
- Headway will investigate all on-the-job injuries thoroughly to determine causes and contributing factors. The employee will cooperate with the investigation of any accident he/she is involved in or witness to. Workers' Compensation fraud is a felony offense and Headway will prosecute anyone proven to be committing fraud.
- If physical therapy or surgery (in the event of a non-threatening injury) is recommended, pre-authorization must be obtained from the worker's compensation insurance carrier in order to guarantee payment of services. The physician should contact the Human Resources Department of Headway at (800) 948-9379 for approval.

Failure to comply with these policies and procedures may jeopardize your workers' compensation benefits. Please also be reminded that workers' compensation laws vary from state to state. There may be additional requirements that you must meet in compliance with your state's laws.

EQUIPMENT MAINTENANCE CHECKLIST

Before Leaving Home to Screen/Interview:

- ___ Ensure iPAQ is in the canvas case and fully charged
- ___ Ensure you have all accessories needed [car charger and mini-USB cable]
- ___ Check iPAQ date & time, and transmit to correct if necessary

While Screening/Interviewing:

- ___ Reset from Today Screen or Admin menu every 30 minutes *
- ___ Turn off iPAQ between screenings
- ___ Be careful not to drop iPAQ
- ___ Be extremely careful to select the correct case when screening
- ___ Keep an eye on the battery level and charge as needed
- ___ Before leaving the field, exit screener program to the Today Screen **

Upon Returning Home from Screening/Interviewing:

- ___ Exit to the Today Screen if not done earlier **
- ___ Transmit
- ___ Plug in iPAQ to charge when not in use, noticing an orange light to ensure you have a good connection

When Transmitting/Charging:

- ___ Reset iPAQ from Today Screen or Admin Menu
- ___ Follow steps in computer manual for transmission
- ___ If problems occur, refer to computer manual

Never remove the battery from the iPAQ unless instructed to do so while on the phone with Tech Support. Data loss can occur!

* Resetting enhances the function of your iPAQ by cleaning up memory leaks

** Exiting screening program saves all data to the storage card—if the iPAQ battery runs down before you have exited the screening program, you will lose data

Lead Letter

Lead Letter
English
Spanish

Study Description
English
Spanish

**Introduction and Informed Consent for
Interview Respondents age 18 +**
English
Spanish

**Introduction and Informed Consent for
Interview Respondents ages 12-17**
English
Spanish

Pillcards A-D

Showcards 5-19

Summary of the NSDUH Questionnaire

English

Spanish

Questionnaire
Summaries

Interviewer Job Aids

Page

Informed Consent FAQ.....	Back of Job Aids Tab
Enumeration Rules.....	1
Steps to Maximize Data Quality.....	2, 3
Sampling Process Explanation.....	4, 5
Overview of the Screening and Interview Process.....	6
Screening and Interviewing Tasks.....	7
Physical Features Data Reference Sheet.....	8, 9
Editing Address Protocol.....	10, 11
Missed DUs.....	12
Reconciling Missed DUs.....	13
Guidelines for Speaking With Neighbors.....	14
ROC Comments.....	15
Counting and Listing Abbreviations.....	16
Refusal Reasons.....	17
The Interview Process.....	18, 19
Helpful Hints for Gathering Good I&O Data.....	20, 21
Result Codes.....	22, 23
Instructions for Using the Certificate of Participation.....	24
Procedures After an Automobile Accident.....	25
Equipment Maintenance Checklist.....	26
Quick Reference Guide.....	Inside
	Back Cover

**Interviewer
Job Aids**

Informed Consent Reference Guide

This reference guide is not a replacement for information contained in your FI Manual, but is a listing of crucial protocols that must be followed when obtaining informed consent. Refer to pages 7-22 and 7-23 in your FI Manual for more information on informed consent procedures.

YOUTH INFORMED CONSENT PROCEDURES:

Parental Permission:

- Must obtain parental permission to interview youth **BEFORE** speaking with youth
 - Introduce yourself to parent/guardian
 - Read the top box of the Intro to CAI 12-17 to parent/guardian and obtain their permission
 - Consent **MUST** be given **IN PERSON**
- Parent/guardian should be present during interview (not in interview room)
 - **Exceptions:** Explicit permission was given to conduct interview without parent/guardian present
 - In this case, you must read the top box of the Intro to CAI 12-17 to parent/guardian in person to obtain permission and give parent/guardian a copy of the Q&A Brochure
 - **OR** the youth is 17 years old and living independently without a parent or guardian residing in the home (such as a college student)
 - In this case, proceed with youth Informed Consent procedures without parental permission, using the Intro to CAI 12-17 script
- If you obtain permission from one parent/guardian who is not home when you return to do the interview, you may only proceed if the other parent/guardian is available and grants permission for the interview
- If the parent/guardian cannot communicate well enough in English to understand the Intro to CAI script:
 - If parent speaks Spanish, have the parent read the Spanish translation of the Intro to CAI themselves (if you are not a RTI-Certified bilingual FI who could read it to them)
 - If parent cannot read, the youth or another translator may read script to the parent, along with reading the Spanish Study Description
 - If language is other than Spanish, the youth or another translator may use the script and Study Description and translate the information for the parent
 - Use the youth or translator to answer any questions the parent may have

After Obtaining Parental Permission:

- Read the main box of the Intro to CAI 12-17 to the youth
 - When instructed, give the youth a Study Description to **read** and **keep**
- ### **ADULT INFORMED CONSENT PROCEDURES:**
- Read the Intro to CAI 18+ to R
 - When instructed, give the R a Study Description to **read** and **keep** (if not done earlier)
 - If R cannot read the Study Description themselves, you must read it to them

Quick Reference Guide

In the CAI Manager, if you want to:

CLICK ON

<u>S</u> tart an interview	<u>S</u> tart CAI
<u>C</u> ancel the start of an interview	<u>C</u> ancel
<u>R</u> esume (re- <u>s</u> tart) an interview	<u>S</u> tart CAI
<u>T</u> ransmit data to RTI	<u>T</u> ransmit to RTI, <u>Y</u> es
<u>V</u> iew e-mail messages	<u>V</u> iew Email Messages
<u>S</u> tart the e <u>P</u> TE Program	<u>P</u> TE Entry
List the cases by <u>D</u> escending Order (based on date)	<u>D</u> escending
List the cases in <u>A</u> scending Order (based on date)	<u>A</u> scending
<u>H</u> ide previous quarters' interviews	<u>H</u> ide
<u>E</u> xit CAI Manager	<u>E</u> xit

To begin a CAI Interview:

Enter QuestID from iPAQ for selected sample member. Double check!

In the Interview, if you need to:

<u>B</u> reak off an interview	[Alt] [f], [x]
<u>E</u> nter Don't Know	[F3]
<u>E</u> nter Refused	[F4]
<u>R</u> eturn to the first screen	[F5]
<u>R</u> eturn to the first unanswered question	[F6]
<u>T</u> oggle audio on/off	[F7]
<u>E</u> nter a comment	[F8]
<u>S</u> ave a comment	[Alt] [s]
<u>B</u> ack up one screen	[F9]
<u>R</u> eplay audio	[F10]
<u>E</u> dit a lengthy text field	[Ins]
<u>R</u> eturn the focus to the CAI window so the top bar is blue	[Alt] [Tab]

To adjust the main laptop volume*:

<u>I</u> ncrease volume	[Fn], [Page Up]
<u>D</u> ecrease volume	[Fn], [Page Down]
<u>M</u> ute volume	[Fn], [Home]

*Keep the main laptop volume turned all the way UP at all times. Respondents will only adjust the volume on the headphone cord.

To suppress a Hard Error in the interview, involving two questions:

- **Read the message box carefully.**
 - If the first question listed is the one to be changed, press [Enter].
 - If the second question listed is the one to be changed, press the down arrow key to highlight the second question, then press [Enter].
 - In the rare but possible event that neither question needs to be changed and the data entered are correct, press [Tab] until the Suppress box is highlighted and then press [Enter].

To edit a lengthy response:

- With the cursor blinking in the answer field, press the Insert key [Ins]. You can then use the arrow keys to move to the precise place within the answer field and add additional text or edit existing text.

This agreement is intended for review and signature by employees of RTI International and all its subcontractors who have access to information designated as confidential on a research study sponsored by SAMHSA/CBHSQ covered under CIPSEA. This agreement must be renewed each year as part of mandated CIPSEA training to maintain access to confidential project information.

Assurances of Confidentiality under CIPSEA

For any research study sponsored by the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Behavioral Health Statistics and Quality (CBHSQ) that is covered under the **Confidential Information Protection and Statistical Efficiency Act (CIPSEA) of 2002*** and Section 501(n) of the Public Health Service Act, all data and associated materials collected and/or utilized on that study are subject to protection by CIPSEA. CIPSEA ensures the confidentiality of all information provided is protected by Federal Law and stipulates that all information collected shall be used exclusively for statistical purposes. All research subjects contacted on SAMHSA/CBHSQ's behalf by RTI International are notified of these protections prior to study participation.

You have been identified as a person who has access to confidential information on a SAMHSA/CBHSQ-sponsored study covered under CIPSEA (NSDUH and/or DAWN**) and therefore have been designated as an **Agent under CIPSEA**. This confidential information includes (but is not limited to) all electronic and hard copy documents containing respondent information and data, as well as non-data related records containing information that could identify a location or respondent associated with a particular study.

Protection Agreement under CIPSEA

Per CIPSEA regulations, you agree that any materials that would permit the identification of research subjects are to be treated as confidential, and that you will never share or use that confidential information with anyone else or in a manner other than those authorized by CBHSQ. This includes never disclosing confidential information with law enforcement officials, officers of the court or your supervisor (if not also authorized as an Agent).

To ensure the protection of all confidential information in both physical and electronic form, as an Agent, you also agree to:

- 1) keep all confidential information in a space where access is limited only to authorized personnel, whether on a computer or in hard copy form;
- 2) keep all confidential information within computer memory controlled by password protection;
- 3) maintain a secure location (such as file cabinet or locked drawer) for printed materials, diskettes, and data on hard disks of personal computers when not in use;
- 4) never remove confidential information from your approved worksite without prior approval from CBHSQ and/or RTI International;
- 5) never permit any unauthorized removal of any confidential project information from the limited access space protected under the provisions of this agreement without first notifying and obtaining written approval from RTI;
- 6) notify RTI when you no longer have access to electronic or hard copy files or printed materials containing confidential project information;

* Public Law 107-347, Title V; for more info: http://www.whitehouse.gov/omb/fedreg/2007/061507_cipsea_guidance.pdf

** National Survey on Drug Use and Health (NSDUH); Drug Abuse Warning Network (DAWN)

- 7) when appropriate, return all confidential project information to RTI;
- 8) complete annual training on restrictions associated with the use of confidential information;
- 9) agree that representatives of CBHSQ have the right to make unannounced and unscheduled inspections of the facilities where you work to evaluate compliance with this agreement;
- 10) notify RTI International immediately upon receipt of any legal, investigatory, or other demand for disclosure of confidential project information;
- 11) notify RTI International immediately upon discovering any breach or suspected breach of security or any disclosure of confidential project information to unauthorized parties or agencies.
- 12) and agree that obligations under this agreement will survive the termination of any assignment with SAMHSA/CBHSQ and/or RTI International.

Penalties under CIPSEA

Any violation of the terms and conditions of this agreement may subject you, the Agent, to immediate termination of access to confidential information by RTI International or CBHSQ, and will require the immediate return of all electronic and hard copy files and materials in your possession.

Any violation of this agreement may also be a violation of Federal criminal law under Title V, subtitle A of the E-Government Act of 2002 (P.L. 107-347); and/or Section 501(n) of the Public Health Services Act. Alleged violations under the Title V, subtitle A of the E-Government Act of 2002 are subject to prosecution by the United States Attorney. The penalty for violation of subtitle A of the E-Government Act of 2002 is a **fine of not more than \$250,000 and imprisonment for a period of not more than 5 years**. In addition to the above, all relevant statutory and regulatory penalties apply.

Your signature (whether in electronic or written form) below affirms your understanding and acknowledgement of all the regulations, requirements and penalties associated with CIPSEA as part of your work on this SAMHSA/CBHSQ project for RTI International.

Name

ID Number (if applicable, RTI employees only)

Signature

Company Name

Date

Job Title



DATA COLLECTION AGREEMENT

Project Name: National Survey on Drug

Use and Health

Project No.: 0213757

I, _____, an employee of Headway, agree to provide field data collection services for the benefit of RTI in connection with the RTI Project shown above ("the Project"). Further, I

- 1) am aware that the research being conducted by RTI is being performed under contractual arrangement with the **Substance Abuse and Mental Health Services Administration (SAMHSA)**;
- 2) hereby accept all duties and responsibilities of performing specified data collection tasks and will do so **personally**, in accordance with the training and guidelines provided to me. At no time will I engage the services of another person to perform any data collection tasks for me without the prior written approval of both my employer (Headway) and RTI;
- 3) agree to treat as **confidential** all information secured during interviews or obtained in any Project-related way during the period I am working on the Project, as required by the Confidential Information Protection and Statistical Efficiency Act of 2002 (CIPSEA), and understand, under Section 513 of this Act, I am subject to criminal felony penalties of imprisonment for not more than five years, or fines of not more than \$250,000, or both, for voluntary disclosure of confidential information. Any breach of confidentiality must be reported immediately to the National Field Director. This information will be shared with the SAMHSA Project Officer and Headway. I have also completed and fully understand the CIPSEA training provided to me;
- 4) agree to treat as **confidential and proprietary** to RTI/SAMHSA any and all information provided by the public, whether collected or accessed in electronic or printed form during the course of my service on this Project, including but not limited to all data collection computer software and respondent data, and will protect such items from unauthorized use or disclosure;
- 5) am aware that the survey instruments completed form the basis from which all analyses will be drawn, and therefore, agree that all work for which I submit invoices will be legitimate, of high quality and performed in compliance with all Project specifications to ensure the scientific integrity of the data;
- 6) understand that I am fully and legally responsible for taking all reasonable and appropriate steps to ensure that any computer equipment issued to me for use on this Project is safeguarded against damage, loss, or theft. I also understand that I have a legal obligation to immediately return all equipment at the conclusion of my assignment or at the request of my supervisor;
- 7) fully agree to conduct myself at all times in a manner that will obtain the respect and confidence of all individuals that I encounter as a representative of the Project and I will not betray this confidence by divulging information obtained to anyone other than authorized Project representatives of RTI;
- 8) understand that evidence of **falsification, fabrication or distortion of any data** collected for this Project will be reported to RTI's Scientific Integrity Committee, and such acts are grounds for immediately removing me from the Project and can result in my suspension from any government-funded research. Also, if falsification of data is substantiated, I understand a **formal fraud complaint** will be submitted to the U.S. Department of Health and Human Services' **Office of Inspector General (OIG)** and I could be subject to **criminal and/or civil prosecution** and thereby face imprisonment, financial penalties or both;
- 9) understand my obligations under this agreement supersede any prior or existing agreements on the same subject matter and will survive the termination of any assignment with RTI and/or my employment by Headway.

Employee Signature

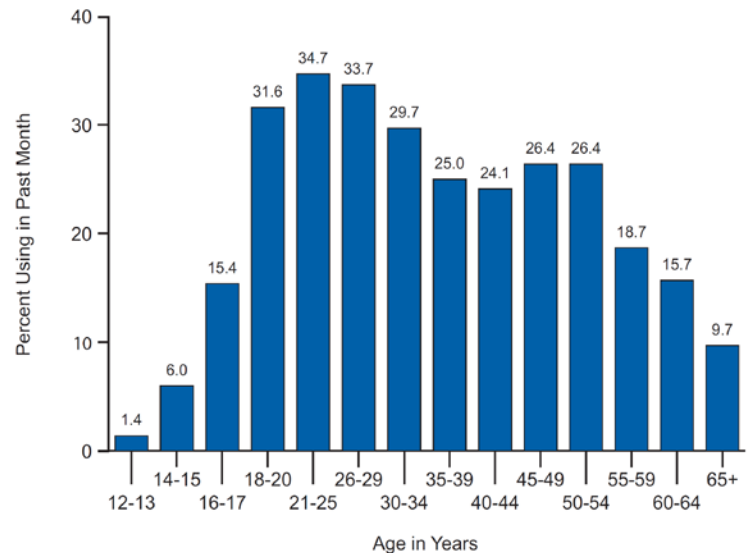
Date

SELECTED HIGHLIGHTS from the ***2011 National Survey on Drug Use and Health***

Past Month Cigarette Use among Persons Aged 12 or Older, by Age: 2011

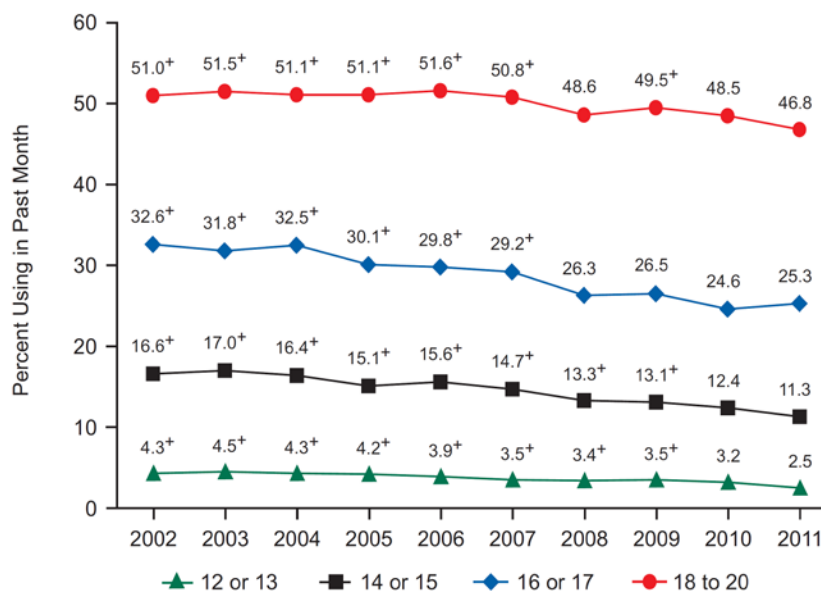
Tobacco Use

- An estimated 68.2 million Americans reported current use (during the past month) of a tobacco product in 2011, which is 26.5 percent of the population aged 12 and older. About 56.8 million (22.1 percent) smoked cigarettes.
- The graph to the right illustrates past month cigarette use among persons age 12 or older.



Alcohol Use

Current Alcohol Use among Persons Aged 12-20, by Age: 2002-2011



⁺ Difference between this estimate and the 2011 estimate is statistically significant at the .05 level.

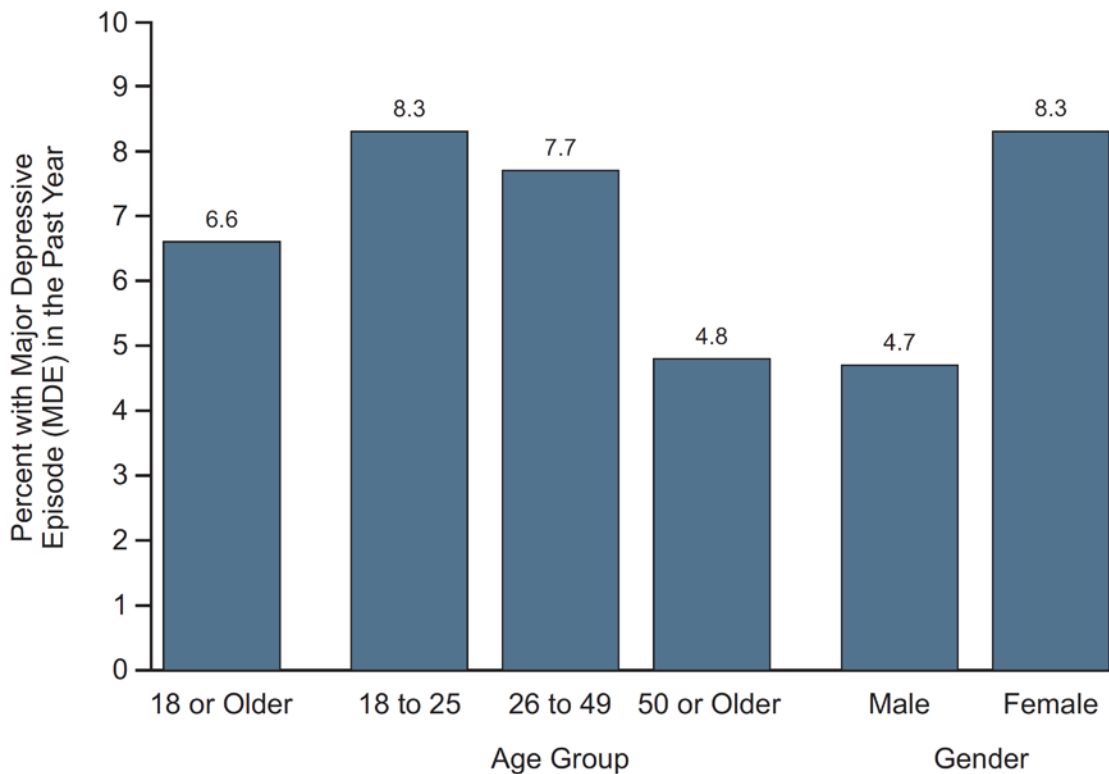
- Slightly more than half of all Americans age 12 or older, 51.8 percent or an estimated 133.4 million persons, were current drinkers in the 2011 survey, which is similar to the 131.3 million persons (51.8 percent) reported in 2010.
- Although consumption of alcoholic beverages is illegal for those under 21 years of age, 25.1 percent of this age group (9.7 million) were current drinkers in 2011. The graph on the left displays the current use of alcohol for 12–20 year olds from 2002 through 2011.

Illicit Drug Use

- An estimated 22.5 million Americans were current users of illicit drugs in 2011, meaning they used an illicit drug at least once during the 30 days prior to the interview. This estimate represents 8.7 percent of the population 12 years old or older.
- Marijuana is the most commonly used illicit drug, with an estimated 18.1 million current users, or 7.0 percent of the population 12 years old or older, similar to the 2010 rate of 6.9 percent. Similar to 2010, an estimated 1.4 million persons were current users of cocaine. In 2011, an estimated 6.1 million (2.4 percent) used prescription-type psychotherapeutic drugs nonmedically in the past month which is lower than the 2010 estimate of 2.7 percent.

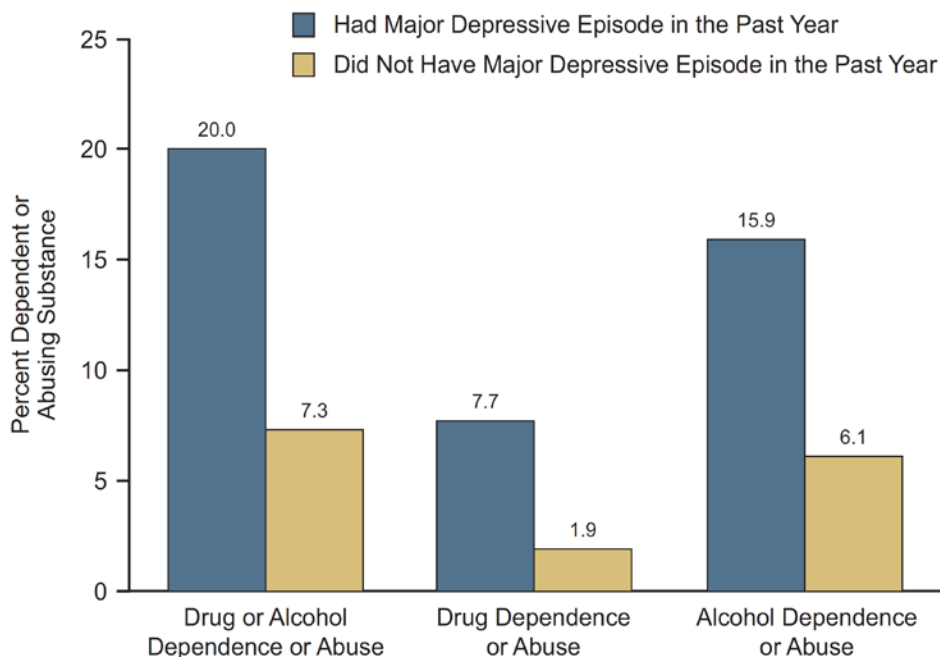
Mental Health

- In 2011, an estimated 15.2 million adults, or 6.6 percent of the population aged 18 or older, had at least one major depressive episode (MDE) in the past 12 months. Among adults, the percentage having MDE in the past year varied by age and gender, as shown in the graph below. Major Depressive Episode in the Past Year among Adults Aged 18 or Older, by Age and Gender: 2011



Substance Dependence or Abuse among Adults Aged 18 or Older, by Major Depressive Episode in the Past Year: 2011

- Persons with past year MDE were more likely than those without MDE to have used an illicit drug in the past year (28.5 vs. 13.4 percent).
- Similarly, substance dependence or abuse was more prevalent among persons with MDE than among those without MDE (20.0 vs. 7.3 percent), as shown in the graph to the right.



Recent newspaper article about the National Survey on Drug Use and Health

As seen in September 25, 2012 print edition of USA TODAY

Painkiller abuse declines in 2011

Young-adult usage is lowest in a decade

Donna Leinwand Leger
USA TODAY

Prescription-drug abuse in the USA declined last year to the lowest rate since 2002 amid federal and state crackdowns on drug-seeking patients and over-prescribing doctors.

Young adults drove the drop. The number of people 18 to 25 who regularly abuse prescription drugs fell 14% to 1.7 million, the National Survey on Drug Use and Health reported Monday. In 2011, 3.6% of young adults abused pain relievers, the lowest rate in a decade.

The survey, sponsored by the Substance Abuse and Mental Health Services Administration, collects data from interviews with 67,500 people age 12 and older.

Administrator Pamela Hyde said the decrease in abuse indicates that public health and law enforcement efforts to curb abuse of prescription drugs, such as the painkillers oxycodone and hydrocodone, work.

In 2011, 6.1 million people abused narcotic pain pills, tranquilizers, stimulants and sedatives, down from 7 million in 2010, the survey found. Pain pill abuse dropped from 2.1% of the population in 2009 to 1.7% in 2011.

Still, the number of people addicted to pain relievers grew from 936,000 in 2002 to 1.4 million in 2011. About a third of the addicts are 18 to 25, the survey found.

Despite progress, teens "are getting a bad message" on pot.

Gil Kerlikowske, director of the White House Office of Drug Control Policy

ALCOHOL AND DRUG USE

Interviews with 67,500 people 12 and older found:



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Most states operate prescription-drug monitoring programs, which can identify doctors who prescribe excessive doses of the drugs and patients who seek multiple prescriptions from different doctors, said Gil Kerlikowske, director of the White House Office of Drug Control Policy.

In 2011, 22.5 million Americans 12 or older, nearly 9% of the population, said they regularly used illicit drugs such as marijuana, cocaine, heroin, hallucinogens and inhalants or abused prescription drugs, including pain relievers, tranquilizers, stimulants and sedatives.

While cocaine abuse has dropped from 2.4 million regular users in 2006 to 1.4 million last year, heroin abuse is rising, the survey found. The number of people who reported regular heroin use grew from 161,000 in 2007 to 281,000 in 2011, the survey found.

Marijuana remains the most commonly abused drug at all ages.

Among youth, drinking and smoking declined, but marijuana use grew steadily since 2008, the survey found. Another study, "Monitoring the Future," which surveys kids in eighth and 10th grades, also noted increasing marijuana use. That study found 12.4% of eighth- and 10th-graders had used marijuana in the previous month, the highest rate since 2003.

"Marijuana is still bad news," Kerlikowske said.

Just 44.8% of teens think smoking marijuana is risky, down from 54.6% in 2007, he said. Voter initiatives to legalize marijuana send a message that marijuana is medicine, he said.

"They are getting a bad message on marijuana," he said. "I think that the message that it's medicine and should be legalized is a bad message."

Ethan Nadelmann, executive director of the Drug Policy Alliance, which advocates legalizing marijuana and treatment over incarceration, says the U.S. should focus on public health initiatives to curb drug use, reduce overdoses and halt the spread of HIV and hepatitis.

"It's good to see problematic use of alcohol and tobacco among young people continuing to decline — and worth noting that this good news has little to nothing to do with arrests, incarceration or mandatory drug testing," Nadelmann said.

51.8%
Percentage of Americans use alcohol

21.4%
of young adults 18 to 25 use illicit drugs

8.7%
of all Americans use illicit drugs

7%
of Americans use marijuana, up from 6.2% in 2002



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1.7%
use painkillers for non-medical reasons, a 10-year low

Source: 2011 National Survey on Drug Use and Health

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Article also available online at: <http://www.usatoday.com/story/news/nation/2012/09/25/national-survey-on-drug-use-health-2012/1590529/>

Certificate of Participation

The United States Public Health Service and Research Triangle Institute would like to thank

[Participant's Signature]

for participating in the **National Survey on Drug Use and Health**

on

[Date of Interview]

Field Interviewer

FI ID #

Ilona S. Johnson

Ilona S. Johnson,
National Field Director
Research Triangle Institute
3040 Cornwallis Road
Research Triangle Park, NC 27709



This document certifies that the above named individual participated in NSDUH, a voluntary survey for the United States Public Health Service. Across the country, some participants approach their school teachers or other group leaders to ask about possible special community service credit as they completed this important national survey. The time commitment for participation in this survey is between 1 and 2 hours. A copy of the NSDUH brochure, which explains the study in more detail, should accompany this certificate. If you need further information, contact the National Field Director, Ilona Johnson, at (800) 848-4079.



NATIONAL SURVEY ON DRUG USE AND HEALTH

Nonresponse among Respondents Aged 50 and Older Potential Respondents Focus Group Report

Contract No. 283-03-9028
RTI Project No. 08726

Authors:

Joe Murphy
Michael Schwerin
Donna Hewitt
Adam Safir

Project Director:

Tom Virag

Prepared for:
Substance Abuse and Mental Health Services Administration
Rockville, Maryland 20857

Prepared by:
RTI
Research Triangle Park, North Carolina 27709

May 19, 2005

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Table of Contents

TABLE OF CONTENTS	I
LIST OF TABLES.....	II
LIST OF EXHIBITS	II
1. EXECUTIVE SUMMARY	1
TOPIC UNDERSTANDING AND INTEREST.....	1
COURTESY AND FLEXIBILITY	1
THE SELECTION PROCESS	2
DESCRIPTIVE MATERIALS	2
SAFETY, TRUST, AND CONFIDENTIALITY	2
FI ISSUES AND TRAINING	3
INCENTIVES.....	3
2. BACKGROUND.....	4
2.1. IMPETUS FOR STUDY	4
2.2. RESEARCH QUESTIONS.....	5
3. FOCUS GROUP DESIGN.....	7
3.1 FOCUS GROUP COMPOSITION	7
3.2 SELECTION OF PARTICIPANTS	9
3.3 DATA COLLECTION	10
4. FOCUS GROUP RESULTS.....	11
4.1 TOPIC UNDERSTANDING AND SALIENCY	11
4.2 COURTESY AND FLEXIBILITY	12
4.3 THE SELECTION PROCESS	14
4.4 MATERIALS.....	16
LEAD LETTER.....	16
Q & A BROCHURE.....	18
NEWSPAPER ARTICLES.....	18
REFUSAL LETTER.....	18
OTHER	19
4.5 SAFETY, TRUST, AND CONFIDENTIALITY	20
4.5.1 Safety	20
4.5.2 Trust.....	21
4.5.3 Confidentiality	23
4.6 FI ISSUES AND TRAINING	24
4.7 INCENTIVES.....	26
5. LIMITATIONS	28
6. SPECIFIC RECOMMENDATIONS.....	30
FACILITATING TRUST.	30
COSTS AND BENEFITS.	32
7. REFERENCES	33

List of Tables

TABLE 1. CHARACTERISTICS OF FOCUS GROUP PARTICIPANTS.....10

List of Exhibits

FIGURE 1. WEIGHTED NONRESPONSE RATES: 20027
FIGURE 2. REFUSAL REASON BY AGE FOR THE 2002 50+ SAMPLE8

1. Executive Summary

Response rates in the National Survey on Drug Use and Health (NSDUH) are lower for those 50 and older (50+) than for any other age category. This difference is significant for both weighted and unweighted response rates. As part of the NSDUH Methodological Improvement Protocol (MIP) for increasing response rates among 50+ sample members, input was sought from potential respondents in this age group to provide a basis for viable methods to test and implement. Twelve focus groups were conducted to explore the issue of nonresponse among those 50 and older and ways of addressing it. This report summarizes the ideas and themes resulting from these focus groups. Highlights are presented below and more detailed results can be found in the body of this report.

Topic Understanding and Interest

After hearing only the brief FI (Field Interviewer) introduction and name of the survey, most participants did not have a clear understanding of the survey topics. After reading the lead letter, most participants still did not understand the topic of the survey and believed the study objective described in the letter was vague. Many focus group participants described their initial impression of the NSDUH survey as a study of prescription drug benefits, prescription drugs, and health insurance. There were no discernable differences by geographic location, household size, or participant age in perceptions or misperceptions of the survey topic. Once the topic of the survey was fully explained to the focus group participants, almost all expressed the opinion that drug use and health is an important topic to research. All participants believed that interest in the topic would make them more likely to participate, but it was obvious that this would not be the sole deciding factor. Nearly all groups recommended that the Q&A brochure, or similar summary of the survey, be included in an advance mailing with the lead letter so potential survey respondents would have advance knowledge of what the study is all about and what will be expected of them.

Courtesy and Flexibility

Across age groups, household size groups, and focus group sites, a number of participants felt that the interviewing process showed a lack of courtesy to the respondent. Many also felt that the survey recruitment process might benefit from a more flexible and accommodating approach. Focus group participants said almost uniformly that it was inappropriate for a stranger to make a personal visit to solicit time from a respondent without scheduling the visit in advance, whether by calling on the telephone, or through some other form of prior notification. A number of participants stated that they would be more likely to participate if an appointment was scheduled before the first in-person visit. Participants felt that it was impolite for an FI to appear at a respondent's doorstep unannounced, and inconsiderate to expect the respondent to make time for the interview. In addition, many participants considered the repetitiveness of the screening interview questions to be a misuse of the respondent's time, particularly since the possibility existed that the respondent may not even be selected to participate in the survey. To address this, we could experiment with lead letter verbiage to provide respondents with a

more precise range of time that an FI will be in their area. FI trainings could address the specific concerns of participants regarding the presumption of availability and the repetitiveness of the screener questions.

The Selection Process

Participants from each focus group expressed confusion over the language used to describe the selection process or “qualification process,” as some called it. There were many questions about the meaning of “random” selection of households. Respondents and participants wanted more information about this process to feel more comfortable with the study objectives and protocol. Most participants believed RTI or the federal government also had access to their names and phone numbers. All participants in both age groups wanted the screening script and questions to get directly to the point. The repetition of the questions was a major issue, specifically for those in households of 2 or 3 where roster questions are asked for all household members. For some group members, the possibility of having another person in their household selected for the interview would make a difference. For others, it would not have made a difference to their participation. One recommendation would be to include a better explanation of the selection process in advance materials and the FI introduction and possibly add some text that explains that eligibility is based on who lives at that residence during a specific time period. Also, it should be made clear, as needed, that RTI and SAMHSA/US Public Health Service/the federal government do not have participants’ names or phone numbers on file.

Descriptive Materials

Remarks about the project materials provided to the focus group participants mirrored the overall focus group feedback of desiring additional detailed information about the purpose and benefits of the research and information that would facilitate trust and legitimacy to the research organization and FI. The lead letter was seen as a good tool and the information in the Q&A brochure addressed the issues being raised by the group. The newspaper articles received a mixed review. The refusal letter appeared to address many participants’ concerns, but some said it would not have changed their minds. Several experiments may prove beneficial from the focus group feedback on materials. Researching a better way to address the recipient of the lead letter to be used in place of ‘Resident,’ and mailing the letters using a first class postage stamp in a higher-quality envelope with a pre-printed Research Triangle Institute return address with a logo may help get more people to open and read the letter.

Safety, Trust, and Confidentiality

Concerns were raised about the survey approach and physical safety, security of the household, and fear of “scams” or other uses of information for reasons other than what was specified by the FI or in the survey materials. Concerns about physical safety were most prevalent in the groups of participants living alone, especially among those aged 65 and older, and in the Oakbrook location. Suspicion was raised concerning some of the screening questions. Some participants were confused as to why the FI asked about separate residences on the property, convinced she was asking about separate entrances to the

residence. More than physical or household safety, concern was raised over safety from scams and mistrust of the FI's intentions.

The importance of trusting the FI, the research organization, and the study purpose were expressed throughout all of the focus groups. The importance of the FI establishing rapport and creating a level of trust with the respondent was communicated by many participants. Trust in the research organization and legitimacy of the survey were special concerns of the 65+ age group.

Overall, confidentiality was not a major concern voiced by the participants. However, participants expressed major concerns about the questions being intrusive, invasive, and too personal. Experiments in streamlining the screening questions and adding purpose statements with specific questions, such as the Missed DU question, would alleviate some respondent concerns. Experiments with advance materials focused on maximizing the extent to which household members read and retain the information may shed light on improving methods for gaining trust, eliminating fear, and gaining the participation of respondents in this age group. Similarly, additional FI training focused on increasing respondent trust and familiarity with the purpose of the survey and questions, especially among respondents in this age group, could prove beneficial. Finally, research into or experimentation with alternative FI identification (ID cards rather than just badges or larger badges) could lead to increased trust and participation among this age group.

FI Issues and Training

On the whole, focus group participants said they would be more likely to respond to an FI who was prepared and polished, without being "slick." They expect FIs to perform their task in a professional manner, which includes being polite and positive, while displaying knowledge of the survey questions. Participants also expressed they would not respond well to an FI who was timid or who presented a weak approach. An approach issue that should be included in training is FIs need to be aware that they are "guests" to the respondent's property and understand how the respondent feels about someone unknown coming to their door. Training interviews to be sensitive to these matters may improve their ability to build rapport with the respondent.

Incentives

In general, the offer of a \$30 incentive was not seen as persuasive by the focus group participants. Very few mentioned they would be convinced to do the interview for that amount. In some cases, participants felt that being offered money by the government to complete the survey was inappropriate. Still others were suspicious of the \$30 offer, thinking it was a trick, part of a sales pitch, or that something other than completing the survey would be expected in return. Most participants agreed that money, while potentially a persuasive tool, would not be a sufficient enough incentive on its own to gain their participation. Although no solid suggestions for non-cash incentives were offered, these participants felt that the most important factors in deciding whether to participate was trust in the motives of the FI and survey, and an understanding and appreciation for the topic and value of the data.

2. Background

2.1. Impetus for Study

Low response rates may lead to bias in survey estimates. If sample members who do not respond are systematically different on the intended measures of the survey than those who do respond, estimates will be biased. In the NSDUH, low response rates could result in biased drug use prevalence estimates if those who respond are more or less likely to use drugs than those who do not respond. Potential bias increases with a decrease in response rate. Often, response rates are lower among certain sample subgroups than among others. Respondent characteristics such as gender, ethnicity, and education may be associated with propensity to respond. A respondent characteristic associated with response in the NSDUH is age.

Response rates in the NSDUH are lower for the 50+ age group than for any other sampled age group. Lower response rates for this age group represent a potential threat to the reliability of both age-specific and overall prevalence rates. Statistical analyses have shown that lower response rates for the 50+ age group are due to higher refusal rates across the group. One reason for the lower response rates and higher refusal rates might be the effect of response burden compounded by increasingly higher rates of physical or mental incapability beginning at age 60 (Murphy & Eyerman, 2003). Analyses presented in Murphy and Eyerman (2003) also show that respondents aged 50 and older in households with 1 or 2 members are significantly more likely to refuse than those in households with 5+ members.

In an effort to identify some of the possible underlying dynamics for nonresponse in the 50+ age group, focus group interviews were conducted with NSDUH Field FIs (FIs). Interview refusal data collected by FIs show that among all age groups refusal codes representing the reasons “*nothing in it for me,*” “*no time,*” and “*government/surveys too invasive*” are the most common reasons for refusal. The FIs focus groups suggest that in most cases these categories capture the true reasons for refusal. However, there may be additional information that is not captured in these general categories or additional reasons for nonparticipation that 50+ respondents do not overtly state (Murphy & Schwerin, 2003). FIs in these focus group interviews reported that many 50+ respondents refuse due to fears of being victimized and a perceived lack of trust in the NSDUH survey process. FIs stated that in order to gain the cooperation of 50+ sample members, a great deal of patience and friendly professionalism is needed. While FIs reported that the \$30 incentive is helpful in gaining the cooperation of most respondents, certain subsets of the 50+ population may not be as receptive.

In order to develop strategies that reduce refusal rates among the 50+ age group without affecting trend data, focus groups were completed with members of the general population aged 50 and older concerning reasons for nonresponse and strategies for reducing nonresponse. The results of these focus groups can be used to inform changes in field protocols that could be tested and potentially implemented for the full survey.

2.2 Research Questions

The ultimate goal of this research is to recommend methodological enhancements to improve response among the 50+. To help achieve this, we developed a focus group moderator's guide (included in Appendix A) to address several research questions:

- What are the reasons sample members ages 50 and older may not wish to participate in the NSDUH?
 - Do the refusal reasons captured by the FIs reflect the true reasons?
 - Is the population ages 50 and older likely to refuse to participate in a household survey like the NSDUH because of fears associated with crime, scams, and use of a laptop computer?
 - Is this segment of the population likely to misunderstand the purpose of the survey and the intentions of the FI?
 - Is disdain for the government's motives a common reason for refusal among respondents?
 - Are sensitivity to the survey topic and fear of divulging private information to unknown individuals driving factors?
 - Do these sample members perceive that they have nothing to offer the study?
 - What would lend legitimacy?
- What is the role of household composition in the decision to participate?
 - Does the number of people in the household affect the decision process?
 - Is the presence of younger people a factor?
 - Do they make older sample members feel safer?
 - Do they make the topic more salient?
- Within the 50+ group, how does the decision process differ by age?
- Gaining the trust of the respondent is an important first step that needs to be taken before attempting to complete a screener or interview. How can we gain the trust of respondents ages 50 and older?
 - How would they prefer to be approached by FIs?
 - Is public awareness an important factor?
 - Ad campaigns?
 - Press?
 - Publicized support of federal, state, and local agencies?
 - What media do they respond to?
- Is the current incentive appropriate?
 - Would a higher incentive result in higher response rates?
 - Would non-monetary incentives be effective? Would anything work better than cash? If so, what?
 - Does the offer of cash raise suspicions of fraud or scams?

- Does the topic of the survey matter to sample members aged 50 and older?
 - How can the lead letter best express the importance of the study?
 - What concepts are salient to the older population?
 - Civic duty?
 - The problems of drug-related crime?
 - Helping the younger generation (i.e., grandchildren)?
 - How is the survey name perceived among older respondents?

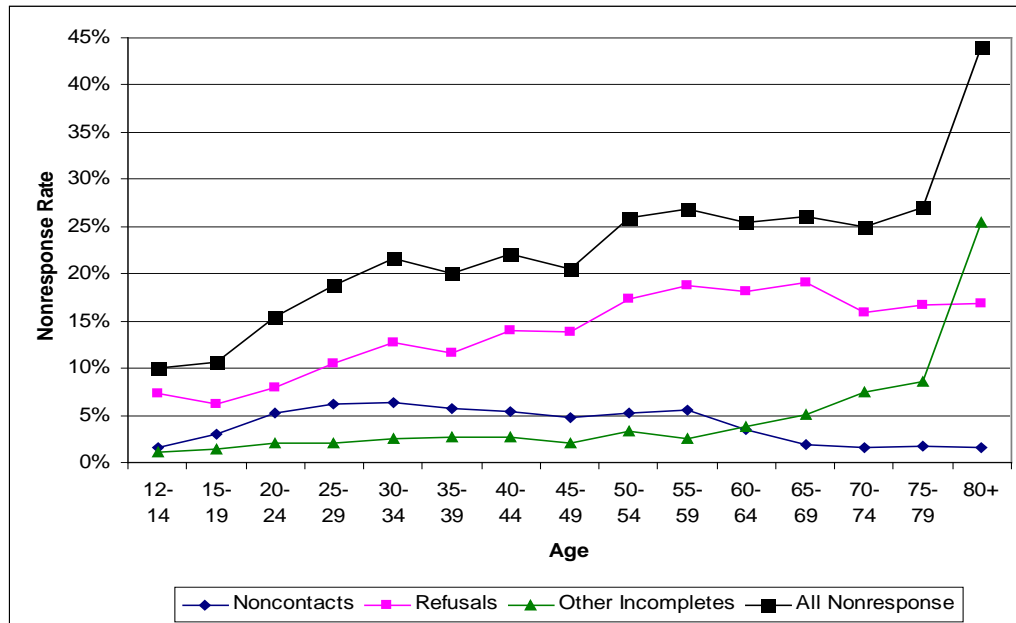
3. Focus Group Design

3.1 Focus Group Composition

The composition of the focus groups was based on the quantitative findings in the NSDUH data. Statistical analysis uncovered some important characteristics of 50+ sample members.

As shown in *Figure 1*, refusal rates in 2002 were above 15% for all age groups 50 and older and under 15% for all age groups under 60. Rates of physical or mental incapability in 2002 reached 5% for the 65 to 69 age group and reached their highest age-specific rate of 25% for the 80+ group.

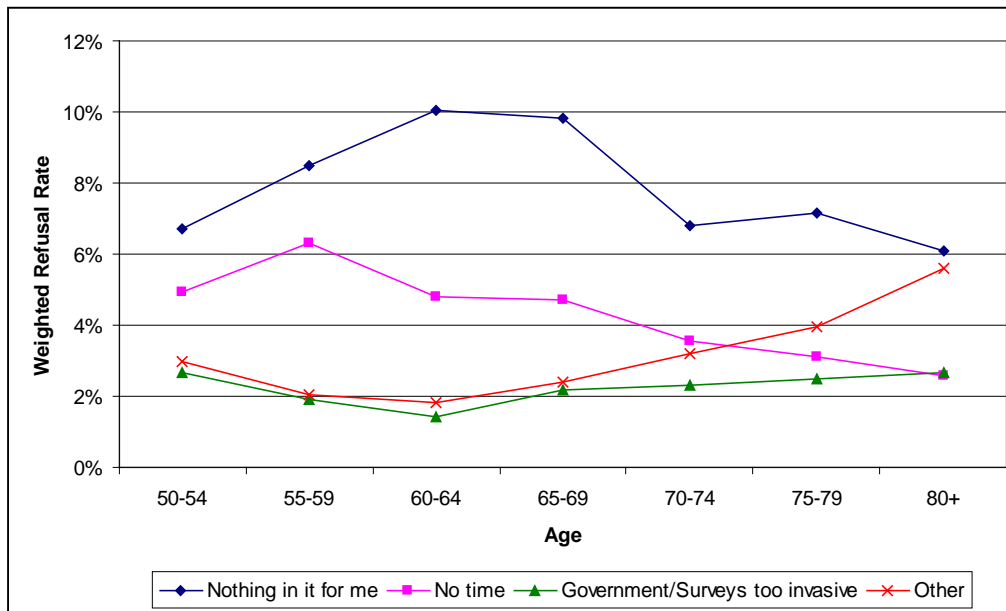
Figure 1. Weighted Nonresponse Rates: 2002



While refusal propensity did not differ significantly by age within the 50+ group when controlling for other factors, reasons for nonresponse among the 50+ differed by age. As shown in *Figure 2*, refusal for other reasons¹ is much more common among the oldest respondents than among the younger portion of the 50+, and the reasons “nothing in it for me” and “no time” are less common. Because of this difference and that of nonresponse components shown in *Figure 1*, focus groups were split between those aged 50 to 64 and 65+. Each of these groups represents approximately half of the weighted 50+ main study sample.

¹ predominantly: house too messy/too ill, confidentiality or survey legitimacy concerns, and gatekeeper/household member won't allow participation

Figure 2. Refusal Reason by Age for the 2002 50+ Sample



Propensity to refuse among the 50+ is significantly higher inside MSAs with a population of 1 million or more than outside those areas. The weighted rate of refusals for the 50+ in 2002 was 22.8% inside MSAs with a population of 1 million or more and 18.5% outside. The magnitude of this difference warranted limiting the focus groups to MSAs with populations of 1 million or more. About 75% of the weighted 50+ main study sample live in MSAs with populations of 1 million or more.

Refusal propensity is significantly higher among the 50+ in 1 and 2 person households, and higher and marginally significant among those in 3+ households (compared to 5+ households). The weighted refusal rates for 50+ sample members in 1, 2, and 3 person households in 2002 were 19.8%, 22.1% and 19.3%, respectively. By comparison, 50+ sample members in households of 4 and 5+ members had refusal rates of 16.7% and 13.2%, respectively. For this reason, the focus groups can were limited to respondents in households of 3 persons or fewer. Because the situations of those in 1 person households likely differ from those in 2 and 3 person households, we conducted separate groups for these respondents (half of the groups with those in 1 person households and the other half with those in 2-3 person households). The rationale for splitting the focus groups into people from 1 person and 2-3 person households was based on our hypotheses after reviewing the qualitative and quantitative analyses:

- We think that living alone is a unique arrangement that might trigger a different response process than is common in 2 and 3 person households. Older persons living alone may feel particularly vulnerable and may be less likely to trust an unknown person coming to the door. Warnings about scams targeting seniors who live alone may exacerbate their fears.

- Households with 2 or 3 members are eligible for pair selection (two respondents selected in the household). The data analysis shows that 50+ sample members are more likely to refuse when two respondents are selected instead of one. This issue does not apply to the 1 person households, since they are not eligible for pair selection. Because of these differences, we drafted different subsets of questions for 1 and 2-3 person household focus groups to investigate these topics more fully with the appropriate types of respondents.

So that the groups represented perspectives from more than one locale, they were conducted in three sites: Raleigh, NC, Washington, DC, and Oakbrook, IL (suburban Chicago). Four groups were conducted in each site. Following recommendations for focus group size and duration (Krueger, 1994), each group lasted 2 hours and aimed to include 7 to 9 participants. A \$75 incentive was given to each focus group participant.

3.2 Selection of Participants

Past experience in recruiting older participants for focus groups and cognitive interviews suggested that recruitment among the 50 and older age group would be difficult. Therefore, to keep costs at a minimum and expedite recruitment, we used the services of three reliable and experienced focus group vendors. The vendors recruited the participants, provided meeting space and audio and video recording services, and handled the logistics of reminder phone calls and payment of a \$75 incentive to participants. The vendors were E&L Research in Raleigh, NC, Olchak Market Research in Washington, DC, and Delve, Inc. in Oakbrook, IL.

Vendors used the screener in Appendix B to recruit participants, contacting members of their respective databases and inviting eligible participants to the appropriate session for their age and household size group. The vendors were asked to strive for the greatest possible variation in age, gender, and other demographic characteristics, to ensure a heterogeneous set of viewpoints in each group. Vendors were also asked to avoid, as much as possible, recruiting “professional focus group participants.” The goal was to recruit ten to twelve participants for each group to ensure that seven to nine would attend the focus group session. When more than nine participants showed, it was left to the moderator and note taker’s discretion as to whether a tenth participant would be included. All participants who were asked to leave because the session quota had been filled were given their \$75 incentive before departing.

Recruitment began on March 18, 2005 and concluded before the first focus group was conducted on April 11, 2005. The vendors provided RTI with regular updates on the recruitment status and the characteristics of each group, using the recruitment grid form in Appendix C. Table 1 presents the final composition of the twelve focus groups.

Table 1. Characteristics of Focus Group Participants

Location and Group	Date	Time	Sample Size	Gender		Age	
				Male	Female	Range	Median
Total			111	48	63	50-90	64
Raleigh, NC							
HH Size 1, 50-64	April 11, 2005	6:00 PM	10	4	6	50-61	53
HH Size 1, 65+	April 11, 2005	3:00 PM	8	2	6	65-70	67
HH Size 2-3, 50-64	April 13, 2005	6:00 PM	10	4	6	50-64	56
HH Size 2-3, 65+	April 13, 2005	3:00 PM	10	5	5	65-76	68
Washington, DC							
HH Size 1, 50-64	April 18, 2005	4:00 PM	9	4	5	52-64	56
HH Size 1, 65+	April 15, 2005	10:30 AM	9	4	5	67-78	70
HH Size 2-3, 50-64	April 18, 2005	6:30 PM	10	5	5	52-64	58
HH Size 2-3, 65+	April 15, 2005	1:00 PM	9	4	5	65-90	69
Oakbrook, IL							
HH Size 1, 50-64	April 11, 2005	6:00 PM	9	4	5	50-64	60
HH Size 1, 65+	April 11, 2005	3:00 PM	9	3	6	65-81	73
HH Size 2-3, 50-64	April 12, 2005	6:00 PM	9	5	4	51-64	60
HH Size 2-3, 65+	April 12, 2005	3:00 PM	9	4	5	66-79	71

3.3 Data Collection

Twelve two-hour focus group sessions were conducted in the three locations, with four groups in each location. Each participant attended only one session. All participants signed an informed consent form (Appendix D) prior to participation, as well as a payment receipt form (Appendix E) upon receipt of the \$75 incentive.

The moderator began each session by welcoming the participants and asking them to introduce themselves to the group using first names only. The moderator explained the purpose of the focus groups, and the ground rules. The moderator then asked questions of and presented video and hard copy materials (Appendix F) to the participants as specified in the Moderators Guide (Appendix A).

Each session was audio- and video-taped so the note taker could review the content of the sessions when finalizing the session notes. A note taking shell was created for each session to make the task of taking notes uniform across sessions. All notes were taken on a laptop computer as each question was read from the script. The shell followed the script closely, leaving blanks to insert responses after each question. As the participants provided their comments and opinions on each question, the note taker recorded them as close to verbatim as possible. The name of the participant making the comment was also recorded when possible. An average of seven pages of notes was recorded for each group. The edited focus group notes are presented in Appendix G: Focus Group Session Notes. After the sessions, the moderator and note taker debriefed and reviewed major themes discussed during the interview.

4. Focus Group Results

Qualitative results from the focus groups are presented in this section, sorted by major theme. Each subsection contains several quotations from the participants. Rather than fully stating the age, location, and household size associated with participant quotations, abbreviated superscripts are appended. For instance, the superscript ^{66R1} indicates the participant was 66 years old, in the Raleigh location, from a household size of one. The superscript ^{54O2} indicates the participant was 54 years old, in the Oakbrook location, from a household size of two or three. The full set of focus group quotations and notes are included in Appendix G.

4.1 Topic Understanding and Saliency

Focus group participants were asked to describe the topic of the survey in their own words and provide their thoughts on the survey topic. They were asked to provide these thoughts after only seeing the FI's introduction at the door, after hearing the screening questions, and again after reading the lead letter and other survey materials. One recurring theme was the misperception of the objective of the NSDUH. After hearing only the brief FI introduction and name of the survey, most participants did not have a clear understanding of the survey topics. The screening added little information; the lead letter and study description helped clarify the topic, but perhaps not enough and not soon enough to make a positive impression on the participants. Many focus group participants described their initial impression of the NSDUH as a survey about prescription drug benefits, prescription drugs, and health insurance. A few participants mentioned illegal drugs, tobacco, and alcohol as potential topics. There were no discernable differences by geographic location, household size, or participant age in their perceptions or misperceptions of the survey topic.

Once the topic of the survey was fully explained to the focus group participants, almost all expressed the opinion that drug use and health is an important topic to research. They believed the topic was important for all age groups, especially children. One woman said the topic was important for "everyone 8 to 80."^{79O2} A male participant mentioned, "It's important to educate children on these issues. Drugs seem to be a bigger subject today than it was years ago."^{65R1} Participants thought issues of prescription drug availability and cost and health insurance were equally important. One participant expressed her opinion that these topics were more important: "I'm not as interested in the illegal drug issue. It should be handled by conversations between children and their parents. It would be a waste of the government's time because the legitimate prescription drug issue is so much more important."^{50O1} All participants believed that interest in the topic would make them more likely to participate, but it was obvious that this would not be the sole deciding factor.

When focus group participants were asked about the study materials and had an opportunity to review the lead letter and Q&A brochure, many reported that they would not have discarded the letter without even opening the envelope. Others noted that the Health and Human Services envelope captured their attention but a letter addressed to "Resident" would quickly lose value. One woman said, "Andy Rooney [from the television news program '60 Minutes'] says you shouldn't read anything that says

Resident.^{75O1}” After reading the lead letter, most participants still did not understand the topic of the survey and believed the study objective described in the letter was vague. One man said, “When the letter says, ‘health-related issues’... this means nothing to me and I would throw it away. If they went further and explained what these issues were and how they would affect me, then I might be interested.^{51R2}”

Participants were asked to read through the NSDUH Q&A brochure to determine whether the level of detail reflected captured their interest and addressed their questions about the topic and purpose of the survey. All participants found this brochure very enlightening. One woman said, “This makes a big difference.^{64O1}” A man added, “The Q&A brochure should be mailed out with the lead letter.^{56O1}” The importance of getting this information before the FI comes to the door, regardless of whether the lead letter was read, was brought up in all the groups. One woman said, “You’re not going to be able to read these materials while the FI is at your front door.^{52D1}” Another woman added, “We need to get the additional material *before* the interview and before the FI comes to the door.^{64D1}” Nearly all groups recommended that the Q&A brochure, or similar summary of the survey, be included in an advance mailing with the lead letter so potential survey respondents would have advance knowledge of what the study is about and what will be expected of them.

Focus group participants, regardless of age, household size, and location, did not understand the topic of the survey from the lead letter. Much of the research in survey methodology cites the importance of topic salience in facilitating survey participation (Groves et al., 2004). Intertwined in the decision about how much information to include in the advance mailing is the impact that the amount of advance information has on substance use disclosure and data quality. This is an empirical question that could be a topic of a methodological experiment in future administrations of the NSDUH survey for this as well as other age groups.

4.2 Courtesy and Flexibility

The importance of courtesy and flexibility were recurring themes throughout all focus group sessions. Across age groups, household size groups, and focus group sites, a vocal number of participants felt that the interviewing process showed a lack of courtesy to the respondent. Many also felt that the survey recruitment process might benefit from a more flexible and accommodating approach. In their responses, the participants addressed the subjects of courtesy and flexibility at both the survey- and FI-level.

Focus group participants said almost uniformly that it was inappropriate for a stranger to make a personal visit to solicit time from a respondent without scheduling the visit in advance, whether by calling on the telephone, or through some other form of prior notification. One participant said that “I dislike people coming to my door,^{58R1}” while another stipulated that “I would have preferred she set an appointment.^{63D1}” However, the nature of a survey that samples by household unit rather than telephone number makes advance notification by telephone a difficult proposition. Even more problematic, many participants did not consider the lead letter to be sufficient notice, for two reasons: 1) a letter addressed to “Resident” would likely go unopened, and 2) the letter does not adequately specify an approximate time frame for the pending visit. One participant questioned “How was the letter addressed? It matters if it

says ‘Occupant’ or ‘Resident’,^{68D1}”; another said that he would “throw ‘Occupant’ letters in the trash.”^{76D1} A number of participants stated that they would be more likely to participate if an appointment was scheduled before the first in-person visit.

Participants expressed surprise that the interview presumed the respondent had time available, asking the respondent in the video to complete an hour-long survey without prior notification or some other demonstration of concern for the respondent’s time. One participant said “It is bad form for someone to come to your door and ask you questions without warning.”^{64O1} Participants felt that it was impolite for an FI to appear at a respondent’s doorstep unannounced, and inconsiderate to expect the respondent to make time for the interview. One participant said, in response to a question about the reason they wouldn’t talk to the FI, “I would say that I’m busy; if you just show up at my house, I think that’s rude.”^{66D1} Some respondents noted that just because they are retired, it doesn’t mean that they are not busy. For example, one participant remarked “A phone call would [be] better... Today, people are busy all the time, even the retired,”^{75O2} and another said “[I] feel like [the FI] was wasting my time. My time is valuable.”^{63O1}

In addition, many participants considered the repetitiveness of the screening interview questions to be a misuse of the respondent’s time, particularly since the possibility existed that the respondent may not even be selected to participate in the survey. To address this, participants suggested that the administration of the survey exhibit greater flexibility, and allow respondents to provide screening interview information over the telephone or through a mail questionnaire. Participants also said that they would be more likely to complete the survey if the screening and interview process was more flexible (i.e., allowed FIs to initiate contact over the telephone first, conducted the screening interview via the telephone, and only then schedule the main interview). However, empirical evidence, such as response rate comparisons between in-person and telephone interviewing, suggests otherwise (Aquilino, 1992; Brogan, et al, 2001).

Concerns about courtesy and flexibility on the part of the FI also existed. After watching the video, participants stressed the importance of FI courtesy when interacting with respondents. One participant said “She really didn’t introduce herself,”^{69R1} while a second said “She was not professional... she interrupted the woman [respondent],”^{65R1} and a third said “I was concerned with her greeting: ‘Hi There’ – there’s something wrong with that.”^{78D1} Many participants noted that the FI’s aggressive attempts to gain cooperation might be interpreted as rude, and that steps should be taken by all FIs to avoid the appearance of a lack of consideration for the respondent. One participant said, “[The FI] was too pushy. She pushed until she got [the respondent] to agree to start, in spite of [the respondent] having company.”^{52D1} Other participants were divided on the FI’s approach. While some participants felt that the FI needed to soften up their introduction, and emphasize a more conversational tack, other participants thought that the FI’s speech was too circumspect, and that they should come to the point of the interview more quickly. For example, one participant said “I think you need to soften it up a little..., and keep it conversational,”^{60D2} and another agreed, “I think the language could be softer and more persuasive,”^{75D2} while others took a different, although not necessarily conflicting, perspective: “The FI should come to the point right away.”^{62O2}

While many of the issues addressed by the participants are artifacts of the survey design (e.g., sampling from a frame of household units rather than telephone numbers makes the advance acquisition of respondent telephone numbers difficult) and would be arduous to change without a major procedural overhaul, there are areas where the process can be improved. We might experiment with lead letter verbiage to provide respondents with a more precise range of time that an FI will be in their area. Other tests can be conducted, such as investigating the feasibility of using addressee references other than “Resident” or reducing the repetitiveness of the screener questions. Finally, FI trainings may address the specific concerns of participants regarding the presumption of availability. Again, although some components of the screening process are part-and-parcel of established procedures, trainings can specifically address likely respondent concerns, such as why FIs need to verify certain responses.

For example, FIs may emphasize at the outset of the interview that although not all screened respondents are selected, it is still important to do the screening. FIs may also take special care to acknowledge the time the respondent is making available to complete the screening. However, it should be noted that the example in the video does not display the typical flexibility allowed for completing the interview, and the majority of FIs do go to great lengths to address all respondent concerns. This includes scheduling interviews at the convenience of the respondent, especially if a respondent indicates that “now is not a good time, but maybe later.”

4.3 The Selection Process

Participants from each focus group expressed confusion over the language used to describe the selection process or “qualification process,” as some called it. There were many questions about the meaning of “random” selection of households and respondents and participants wanted more information about this process to feel more comfortable with the study objectives and protocol. One woman wanted to know why “only certain addresses were picked.”⁶²⁰² Another woman asked, “It says random on the letter. Then why is it so important they talk to me?”⁶⁵⁰¹ There was general confusion about how the sample is designed and why the screening data are needed. Most participants believed RTI or the federal government also had access to their names and phone numbers.

There was also confusion concerning the selection criteria. One man felt it didn’t make sense that, “The lead letter is addressed to resident but it says that no one can take my place if I decline participation.”^{66R2} Questioning the selection criteria, a woman asked, “It says some people may be chosen, or no one, or other people can be chosen, but I can’t be replaced?”^{76D1} Another woman questioned “what it would take to qualify me for the interview. It seemed like everyone could be eligible.”^{50R2} Expressing her confusion about who is eligible, a woman said, “I don’t think they need to ask all of the questions on the selection process. I don’t understand why it has to be a specific person [who does the survey].”⁶⁵⁰¹ One man expressed concern about the time required for the screening when no one is selected, “If no one was selected it would be a waste of 10 minutes.”⁵¹⁰²

All participants in both age groups wanted the screening script and questions to get directly to the point. The repetition of the questions was a major issue, specifically for those in households of 2 or 3 where roster questions are asked for all household members. One woman said, “She’s got more patience

than I do! The repetition is aggravating! Let me fill out the information in a form.^{64D1} Many asked about the possibility of completing screening on a form, by telephone or via the web. One man suggested, “Another option would be to do the survey online. I think it would be best to do it on the web because it would be faster and I could complete it at a time that I choose.^{58R2}” The repetitiveness of the questions also makes them think it will take a long time, so it was suggested that the FI tell the respondent upfront how long the screening will take. One man wondered, “If that is just the pre-qualifying, you have in the back of your mind that the full interview must be longer than an hour.^{53D1}”

Participants also felt a short explanation for some of the screening questions would be helpful. One man said, “I need a more verbal explanation. I’d need to know where we are going with this.^{56O1}” A woman felt, “I would want her to explain the reasons for these questions.^{65R1}” Several groups wondered about the months of October, November, and December as part of the screening questions. One man voiced his curiosity, “I would have answered her questions, but I would have also wanted to know what was so special about those months.^{67D1}”

For some group members, the possibility of having another person in their household selected for the interview would make a difference. For others, it would not have made a difference to their participation. One woman for whom it would make a difference said, “I know my husband wouldn’t do it.^{70O2}” One man said, “It would matter to me. What about different answers from a husband and wife about a child smoking?^{66D2}”

Several limitations should be mentioned concerning the screening process feedback from the focus groups. First of all, the FI in the video was an example of a mediocre FI. Her performance on the video, while not unrealistic, may have been influenced by the presence of the video camera and need to read from a script. Many focus group participant responses were directed explicitly towards her performance, as opposed to the process. Additionally, participants did not see the lead letter, study description or brochure in the normal sequence of the screening process. Although some respondents do not see the lead letter until the FI contacts them, the letters were distributed later in the focus groups; therefore some of their questions or remarks may be atypical of a screening respondent as a result of not yet viewing the letter. Finally, in the video for participants living alone, the FI emphasized “YOU are selected” when the respondent was selected as opposed to ‘You ARE SELECTED!’ This caused some focus group participants to question the scientific nature of the selection process, commenting that “It sounded like she was selecting the person right there, which doesn’t make any sense to me.^{63O1}”

One recommendation would be to include a better explanation of the selection process in advance materials and the FI introduction and possibly add some text that explains that eligibility is based on who lives at that residence during a specific time period. Also, it should be made clear, as needed, that RTI and SAMHSA/US Public Health Service/the federal government do not have participants’ names or phone numbers on file.

4.4 Materials

Feedback on project materials shown during the focus group interview was consistent across all age groups and household size groups. Focus group interview participants expressed a desire for additional detailed information about the purpose and benefits of the research, and information that would impart trust of or legitimacy to the research organization and FI. Interestingly, focus group feedback on the use of the materials (detailed below) was very close to the objective of the materials and the manner in which the materials are used on the project.

First, the lead letter was seen as a good tool. Operationally, the lead letter is provided by mailing one to each valid mailing address; next the letter is referenced during the initial household contact, with a copy available for each screening respondent. Second, the information in the brochure tapped exactly into the issues being raised by the group, and brochures are handed out generously on the project. Third, the newspaper articles received a mixed review. These are distributed intermittently on the project, as needed, to address specific and unique respondent concerns. Finally, the general refusal letter appeared to address many participants' concerns, but some said it would not have changed their minds. The project utilizes multiple refusal letters to address specific concerns and this sample letter was successful in addressing a percentage of the group's concerns.

Lead Letter

The overall perception of the lead letter was positive, as stated by one man, "I think it's a good letter, and if I do open it, and I think I would, it would sensitize me to the fact that someone is coming."^{66D2} Many agreed the purpose of the letter was basically to let you know someone is coming. One woman said, "I was glad they sent a letter ahead of time. Otherwise I probably would not be very receptive."^{70R2} Another woman said, "I would have thought it was a scam. If I didn't receive a letter, I would have automatically thought it would be a scam."^{53O2} The government letterhead was helpful in getting the person to read the letter as well as provides legitimacy to the project. One man said, "Anything with a government letterhead on it, I would probably read."^{56D1} A woman also spoke to this issue, "The letterhead of DHHS shows credibility. I might do it for nothing if I saw this."^{54R1} Some participants expressed interest in making inquiries about the legitimacy of the survey. One woman said, "I like that we can see who the project officer is and we can look him up."^{77D1} Some participants expressed that the photo ID was helpful. "I like the identification card shown on the letter."^{65R2}

Many expressed concern that the lead letter was a bit too vague. "The letter should be more specific in terms of what 'health-related issues' are included in the survey."^{R65+2} One consistent theme with participants from both age groups and household size compositions was a request for more details about the study. The participants wanted the materials and FI to concisely provide details about the survey's purpose and outcomes and project the social/civic benefit for their participation—providing them with the basis for a reason to participate. One man offered, "If someone were to call upon my civic duty, I'll do it, but this FI didn't present the survey that way."^{57D2} One man said, "When the letter says, 'Health-related issues' ...this means nothing to me and I would throw it away. If they went further and

explained what these issues were and how they would affect me, then I might be interested.^{71R2,} Another man said, “I can’t argue that there is value to the survey, but the subject (or breadth of the subject) is too remote; it needs to be more direct and specific.^{73D2,}” Others felt the letter provided sufficient introductory information. One woman said, “I think the letter would be enough to get me interested in the study,^{76R2,} where one man said, “That’s why the letter needs to say how this study is going to help me, my neighborhood, my world, to rouse my interest.^{60D2,}”

One major problem with the letter is getting the respondent to open it and read it. “In this time of junk mail, I may have not read the letter.^{68D2,}” Having it addressed to ‘Resident’ was seen as a major drawback. “Anything addressed to ‘Resident’ would not get opened. I have a PO Box, so I don’t open anything that comes to my house. But the letter is good.^{64D1,}” One woman pointed out that, “Andy Rooney says you shouldn’t read anything that says ‘Resident.’^{75O1,}” A DC focus group participant mentioned that the U.S. Postal Service changed from using ‘Resident’ to a more descriptive term and the group brainstormed ways to anonymously address the envelope. One suggestion was ‘Health Care Recipient,’ stating that we are all, in some way or another, health care recipients. The letter, if the respondent reads it, attempts to explain the use of ‘resident’ but the explanation was not clear for everyone. Text from letter: “This letter is addressed to ‘Resident’ because you were selected by your address, and we do not know your name. Feel free to ask the FI any questions you have about the study.” Yet, another participant, having no problem with this text, suggested putting this paragraph first in the letter for more visibility.

Participants believed that the envelope should appear important and that the project should use 1st class postage stamps so that the letters can be distinguished from junk mail. One woman said, “Use a colored envelope when sending out the lead letter.^{55R2,}” They felt the letter should also include a time frame for an appointment. One woman said the letter should say, “We’ll be in your neighborhood on this day.^{58O1,}” The majority of participants would prefer the lead letter be followed up with a phone call to set up an appointment. The main reason they want an appointment was because they strongly dislike someone coming unannounced to their door. But, a woman expressed another important reason for this, “I still think an appointment time would be helpful. It’s hard to get into large apartment buildings, it’s a waste of time to go to an apartment building and not be able to get in.^{68D1,}” Many would like to have the letter followed up by a phone call. When reminded we do not have names or phone numbers, the participants felt that in today’s high tech world, we had access to their phone number and even knew their names. One woman added, “I don’t believe they don’t know our names.^{70O2,}”

Some enhancements to the letter text were suggested. Putting ‘health-related issues’ in bold was mentioned as well as including how long the interview will take. Some felt the incentive text should be more explicit. One man said, “The letter doesn’t make it clear that the \$30 is not provided for answering the screening questions. I would think if the FI came to the door and asked me those questions than they should provide the incentive.^{71R2,}” Anecdotally, this sentiment is supported by several hundred requests per year from individuals that complete the screening questions and claim that they are due \$30 for their time and energy (D. Cunningham, personal communication, May 18, 2005)

Q & A Brochure

The vast majority of participants from all groups wanted the Q&A Brochure included with the lead letter. “I think the letter and brochure are sufficient, but they should be sent together, at the same time. That enhances the understanding of the study.^{68D1}” Although issues with including the brochure in the lead letter were also expressed. One woman offered, “If I was a drug user, I would probably not participate if I received the brochure in the mail beforehand.^{75D2}”

Overall, the participants thought the brochure was well-designed and that the information provided met their needs. One man said, “The brochure is the most important tool...the \$30 should be highlighted.^{52R1}” The major criticism was the color of the brochure. One man said, “[The brochure] should be on more appealing paper, the gray is forbidding.^{73D2}” The inclusion of contact information, such as the internet addresses on the back of the brochure, and the phone number, was well-received and key for many participants who expressed an interest in checking the legitimacy of the organization, project, and FI, and for those who wanted additional information.

Newspaper Articles

Although the newspaper articles provided some details, specifically results, which the participants were interested in seeing, use of the articles was not seen as overly beneficial. One woman expressed, “Use the brochure as the newspaper articles are too much information. Most accurate news stories are not necessarily from newspapers. It doesn’t matter about newspaper, just that it is received by mass media. It’s not like they would read the information [at the door].^{65R1}”

Refusal Letter

Some participants said the refusal letter would cause them to reconsider participating while others said it would not. Participants voluntarily compared the lead letter and refusal letter and many wanted to combine some of the points of the refusal letter into the lead letter. One man suggested, “It’s plaintive, but the only new data is in the third paragraph. Why not just include that in the first letter.^{64D1}” [Text referenced from letter: Without adequate levels of participation, these health-related decisions might not be as informed, and money for programs that might be needed in your state or community could be directed elsewhere.] The Raleigh 50 to 64 year old age group suggested adding the second paragraph of the refusal letter to the lead letter. [Text referenced from letter: The results of this study help state and national policymakers learn about health issues—including information on alcohol, tobacco, and drug use, non-use, and opinions—so that informed decisions about policies and programs can be made. By participating in this study, you will make a direct impact on important health-related decisions.] One woman said, “It’s important to know up front that I cannot be replaced by another person, if I refused to participate in the study.^{57R2}”

The refusal letter was effective for some to reconsider participation, but not for others. Once again, this is consistent with the purpose of the refusal letter protocol, because the project utilizes multiple refusal letter versions that address different concerns.

Participants also expressed the importance of the letter's sincerity. Although meant to be persuasive, the language and tone should be genuine. One woman said, "The letter doesn't really ring true, or with sincerity, like the research can't go on with out me."^{52D1} One man said, "And I don't like the big deal made out about how I was randomly selected, like I won some award or contest. It doesn't ring true."^{64D1} Additionally, concerning their selection, one woman added, "You should personalize it a little more, if it's only a few people selected in DC, you should say something about DC in the letter."^{54D1} Addressing the tone of the letter, one man said, "At least the letter says thank you."^{67D1}

Other

Some issues became themes that the screening scripts or materials could better address. There were many questions about the screening process and selection/eligibility. Designing text to address these concerns could prove beneficial. Additionally, the 50+ age group would like a more direct explanation of the study. One woman said, "I'd like to know what the information is going to be used for."^{82D2} One man said, "I need to know what it means to me to do this study. Aside from the \$30, are there real benefits to me or to others?"^{68D2} Another expressed wanting to know more about local community benefits, "If it focused in more on how it would help your community, make it more personal instead of how it would help the whole country."^{55D2}

Clarification about exactly what is expected of the respondent and the amount of time it will take was expressed by many participants. "I'd be worried about false advertising, that there would be more needed after doing the survey, and so I'd be concerned about that, and wouldn't do the survey."^{63D1}

Several participants felt that the organization name, 'Research Triangle Institute' should be used instead of RTI. They felt additional information about RTI would also be helpful in gaining the respondent's trust and interest. One man said, "They should explain who RTI is a little more."^{65O1} Another man said, "There should be more on RTI and its track record on these kind of things."^{90D2}

The vast majority of participants saw no benefit to providing an iPAQ video clip of a spokesperson providing information about the survey. This quote from one woman sums up the general consensus on identifying and utilizing a spokesperson, "A spokesperson wouldn't make me believe anything because they'd be getting paid and be getting exposure [for doing it]."^{70O2}

The participants, as a whole, were suspicious of someone coming to the door and many expressed concerns about the FI coming into their home to complete the interview. Perhaps it would be beneficial if the refusal letter explained the option of completing the interview at another location, such as an office or library.

Several experiments may prove beneficial from the focus group feedback on materials. Researching a better way to address the lead letter, to be used in place of 'Resident,' and mailing the letters using a 1st class postage stamp in a higher-quality envelope with a pre-printed Research Triangle Institute return address with logo may help get more people to open and read the letter. Because including the brochure in the lead letter may have far reaching consequences, consider developing a special letter to be used after FIs are unable to complete screenings or interviews at households that they

identify as possibly being in the 50+ age group. The special letter mailing would include the brochure and the letter would contain more details about the purpose of the study while appealing to the person's civic duty to participate. Also consider a state or regional letter where the language could more specifically address the respondent area. Finally, enhance the explanation of "random selection" in all materials to include what it means based on scientific research objectives.

One might see the distribution of materials after viewing the video as a limitation, but this can also be viewed as a strength. It caused the participants to think about the type of information they needed in order to make a decision about participating and then they were able to compare those needs with the materials we provided them.

4.5 Safety, Trust, and Confidentiality

4.5.1 Safety

Concerns about safety fell into two categories. The first included concerns with physical safety and the security of the household. The second included fear of "scams" or other uses of information for reasons other than what was specified by the FI or in the survey materials.

Concerns about physical safety were most prevalent in the groups of participants living alone, especially among those aged 65 and older, and in the Oakbrook location. There was some suspicion about whether the woman at the door in the video was truly an FI or an impostor looking to commit a crime. Many participants living alone mentioned they would not even answer the door if an unknown person knocked on their door. One woman noted that the FI would have to call first to get in to the building. She said, "I wouldn't let her in if I hadn't seen the letter."^{77D1} Another woman said, "I don't open the door if I don't know who's coming."^{68D1} A male participant added, "I wouldn't have even opened my door, and in my apartment building you have to buzz in anyway."^{66D2} Even among those who would open the door, many suggested they might not be willing to interact with the FI. One woman said, "If I don't recognize the person, I'll ask what they want, and I will tell them I'm not interested."^{75D2}

One man "thought [the FI] was gathering information for a thief with questions like 'Is there a back entrance?' and 'Do you live here by yourself?'"^{64O1} Others shared this suspicion with comments such as "She asked a lot of personal questions like 'Do you live alone?' 'How old are you?' 'How long have you lived here?' What about safety?"^{64O1} Another man added, "I wasn't sure if she was going to break in or anything. I might have thought differently if I had seen the letter in advance."^{61O1} Yet another added, "A stranger could have a gun or break in, you don't know."^{74O1} Several participants said that the gender of the FI would make a difference to them, specifically a woman may be more apprehensive to open the door to a male FI.

Suspicion was raised concerning some of the screening questions. Some participants were confused as to why the FI asked about separate residences on the property, convinced she was asking about separate entrances to the residence. Some thought the questions about who lives in the household during the months of October, November, and December could have been tricks to get the householder to

tell the FI when the residence would be vacant. The FI, according to these participants, could use that information to plan a robbery.

More than physical or household safety, concern was raised over safety from scams and mistrust of the FI's intentions. This was especially true for the 50 to 64 year old participants. One male participant first thought the FI in the video was "selling something."^{61O1} A woman in another group said, "I would have thought it was a scam. If I didn't receive a letter, I would have automatically thought it would be a scam."^{53O2} One man related the study to the Census: "Compared to the Census where there is a lot of PR, notice in advance, and very valid looking credentials that they present beforehand to go out of their way to make you believe who they are... this didn't have any of that."^{61O1}

Suspicion was raised when the FI asked several questions that sounded similar, especially in the groups with 2 to 3 persons in the household. One woman said, "She asked same question over and over. Then when she said, 'Well it selected you!' It was like... entrapment."^{58O1} One woman was suspicious because she didn't understand how the screening questions related to the survey topic: "What in the world do these questions have to do with the topic of health care? They're totally unrelated as far as I'm concerned. I'd be very suspicious if those questions were asked up front before any questions on the topic were asked."^{50O1} For some, the selection process was suspicious. One woman noted, "It sounded like she was selecting the person right there, which doesn't make any sense to me."^{63O1} Another woman added, "I would have questioned what it would take to qualify me for the interview. It seemed like everyone could be eligible."^{50R2} Another man was wary of giving out personal information to a stranger and noted, "She just slid right into getting this information. I would have put the brakes on right away. That woman [the respondent] just volunteered, which she shouldn't have, especially living alone."^{60O1}

The overarching theme concerning safety was that familiarity with the intentions of the study and FI are very important to gaining trust and eliminating safety fears. By eliminating these fears, the likelihood that respondents in this age group will at least entertain the idea of participating would increase.

4.5.2 Trust

The importance of trusting the FI, the research organization, and the study purpose was expressed throughout all of the focus groups. If a participant felt a level of trust with the FI, he or she would be inclined to participate, or at a minimum, continue listening to the FI. One woman said, "She looked fairly amiable to me. I think I would've responded."^{68D1} The importance of the FI establishing rapport and creating a level of trust with the respondent was communicated by many participants. One woman expressed concerns about the FI in the video, "I just felt that the FI was unprofessional and did not establish very good rapport with the homeowner."^{76R2} Many participants were reassured by the FI wearing an identification badge. In fact, one woman felt the FI should have emphasized the badge more, "She had an ID around her neck. She should have showed it more."^{62O2} The possibility of the badge not being legitimate was also expressed. One man said, "She had a badge but who knows if that was legitimate"^{61O1} and one woman expressed, "But anyone could make a phony ID."^{63O1} Several participants would have verified the legitimacy of the FI, "I would have called the police or the company to check

them out.^{76D1}” The participants were pleased there was an 800 number to call RTI to verify that the FI worked on the study for RTI.

Trust in the research organization and legitimacy of the survey were special concerns of the 65+ age group. One woman felt that it helped to have previously heard of the organization: “I would want to know how the data are being used and that the organization is credible. I felt uncomfortable when OMR [focus group facility] called and asked my name, but I’d heard of OMR so there was some trust.^{67D1}” Another woman expressed her concerns as, “I would want to make sure it was a reliable organization. I think a survey is [legitimate] when you know the company and you are familiar with it.^{79O1} Several people expressed a preference for using “Research Triangle Institute” as opposed to “RTI.” One man said, “Research Triangle Institute means more than RTI,^{90D2}” and a woman commented, “She gave initials, but I wouldn’t know what RTI is.^{64D2}”

Participants felt the FI’s presentation and the project materials needed to establish trust in the purpose of the study. One woman stated, “She would have to tell me a little more; I really didn’t know the purpose of why she was there.^{78D1}” One woman stated full distrust, “Nothing she said would have convinced me that she or the company was legitimate.^{52D1}” while another woman felt, “Yes, I thought it was legitimate, because she had a letter that come first, and a computer, and [an] ID [card].^{55D2}” Establishing trust also defrays fears of a possible scam. One man commented, “There are so many scams you have to be really cautious.^{74O1}” More information on the study and its purpose was expected from the groups aged 50 to 64. One woman said, and the rest of the group agreed, “There should be more of a preface on the background of the study. All of a sudden there were all these questions about entrances to the house and how many people live there. How the study would help people [and] the money wasn’t even [explained].^{63D1}”

Another way to enhance trust among this age group would be with targeted media outreach or through a well-known spokesperson. Participants in these groups reported that they received their news from the television, radio, and newspapers. For the most part, they believed they would react favorably to an endorsement of the survey by a well-known politician or celebrity. Specific names mentioned by focus group participants were recommended as spokespersons for the NSDUH because they are perceived as honest and straightforward. Public figures identified by name include political figures (i.e., Rudolph Giuliani, Hilary Clinton, Barack Obama, Bob Dole, Richard Durbin), news media figures (i.e., Katie Couric, Barbara Walters, Ed Bradley, Hugh Downs), those in the entertainment industry (i.e., Danny Glover, Oprah Winfrey, James Garner, Bill Cosby), and other trusted public figures (i.e., Betty Ford, Billy Graham). This view was not unanimous, however, as several participants would react negatively to such an endorsement. As one woman said, “I get tired of celebrities... their endorsements turn me off.^{50R1}”

An article or advertisement in the AARP Magazine endorsing the study was mentioned in the majority of groups as a particularly positive method of increasing trust and raising awareness of the NSDUH. This was mentioned in the groups before any mention of the AARP by the moderator.

4.5.3 Confidentiality

Overall, confidentiality was not a major concern voiced by the participants. There was a shared consciousness that in today's high-tech world, "how confidential is anything?" One man said, "I don't know how much people trust confidentiality statements."^{68D2} There were a few concerns expressed about "where the data would be going"; however, most of the concerns reflected trust issues and the intrusiveness of the questions being asked.

Some confidentiality issues surfaced when participants expressed concern about identity theft. One man said, "We are worried these days about people stealing their information and what they are going to do with it."^{67R2} Another man expressed his concern about the interview questions and the privacy of his answers, "I think it's too invasive, I'm concerned about privacy with respect to medications, especially if it gets in to the hands of insurance companies, so if you are taking a lot of medication, it's something you don't want anyone to know about but your doctor."^{58D2} The FI's use of the iPAQ in the video was questioned. One man said, "If someone came to the door with the computer, I would want to see what she is recording...I am concerned about identity theft."^{71R2} How the FI engages the respondent when using the iPAQ is important. One man had this concern: "One thing that would concern me is that she didn't say what was happening with the information and whether it was being sent off to someone right there."^{68D2} In general, however, use of the iPAQ was not a concern. Most participants agreed using the device was not a problem. "Technology is used so much these days that I would [have] thought it was weird [or] tacky if she was using pencil and paper,"^{73D2} said one man. But the way in which the FI in the video seemed to hide the iPAQ was suspicious to some participants. They would have liked the FI to briefly explain the device and what it would be used for. One man suggested "It would have helped to have seen the screen she was entering information into."^{53D1}

Participants expressed major concerns about the questions being intrusive, invasive, and too personal. These concerns were expressed across all age groups and household compositions. One woman said, "The questions were intrusive and redundant."^{69R1} The respondents who lived alone were especially concerned about divulging household composition information, "I never would have told her any personal information, how many people lived there, etc."^{66D1} Another man said, "The questions are very dangerous. They are asking personal things. When you're living alone, that's very dangerous."^{69O1} It was not necessarily the case that these participants were not trusting individuals, but they were very suspicious about having someone come to their home and ask these questions. One man said, "It's not that we don't trust anyone, but I don't want to tell that no one lives here during this time."^{74O1} A woman expressed, "My mom is in her eighties and we tell her do not answer the door because people prey on others who live alone."^{58O1} One man said he would answer the questions, but admitted some reservation in doing so: "I would have answered the questions, maybe it's a little uncautious of me."^{70D1}

Establishing trust is a key component to alleviate concerns with confidentiality and intrusive issues. FIs need to confidently and accurately convey the purpose of the study and use of data so respondents will be willing to provide answers to what they regard as "intrusive" questions. If the FI can create an atmosphere of trust and comprehensively respond to concerns, respondents will feel there is a reason enough to provide the needed information. FI training on ways to increase respondent trust by

better explaining the purpose of the study, why the data collected are important, and what RTI is would be beneficial. The project is already tailoring a RTI informational brochure to be reviewed and approved by SAMHSA for use during the 2006 NSDUH.

The FI should not conceal the iPAQ, but rather allow the respondent, to the extent interested, see what is being entered. Many FIs already do this with success on the project. Training other FIs on how to naturally include the respondent in the screening process with the iPAQ would prove beneficial.

Experiments in streamlining the screening questions and adding purpose statements with specific questions, such as the Missed DU question, would alleviate some respondent concerns. Experiments with advance materials focused on maximizing the extent to which household members read and retain the information may shed light on improved methods for gaining trust, eliminating fear, and gaining the participation of respondents in this age group. Similarly, additional FI training focused on increasing respondent trust and familiarity with the purpose of the survey and questions, especially among respondents in this age group, could prove beneficial. Finally, research into or experimentation with alternative FI identification (ID cards rather than just badges or larger badges) could lead to increased trust and participation among this age group.

Familiarity may be enhanced and trust may be gained through the tailored use of advance materials including those already in use, advance phone notice, increased public awareness of the study, and clarification of the study and question purposes at each stage of the FI-respondent interaction. One female participant contrasted the NSDUH approach with that of the focus group facility, citing familiarity as an important factor: “I felt uncomfortable when OMR [focus group facility] called and asked my name, but I'd heard of OMR so there was some trust.^{67D1}” As noted elsewhere in this report, the fact that all participants agreed to do a focus group in the first place may mean that viewpoints of those who would not participate in any type of research were not considered. This was an anticipated limitation of this study.

4.6 FI Issues and Training

The focus group participants provided valuable feedback concerning FI style and behavior that were important to them in their decision to participate in the survey. The feedback was consistent across age groups and focus group locations. Participants said they would be more likely to respond to an FI who was prepared and polished, without being ‘slick.’ One man said, “This lady wasn’t slick...If someone was going to con you then they would be slick. A con artist would be slick.^{50R1}” The focus group participants expect FIs to perform their task in a professional manner, which includes being polite and positive, while displaying knowledge of the survey questions. The Raleigh 50 to 64 group thought the FI’s unprofessional approach distracted from the message and that she did not seem to know her job very well. Additionally, they thought it was important for FIs to be able to succinctly explain the purpose of the study and respond, convincingly, to questions without reading or using mechanical responses. One woman said, “If I’m pressed for time I’ll just ask “what’s the point?” If she satisfies my requirements and it is OK, then I’ll do it.^{50O1}” The FI’s advance preparation is critical. One woman said, “I mainly would be suspicious of the FI because of the lack of familiarity with the questions.^{61R1}” One man thought, “She

looked unprepared so you know that the interview is going to take along time.^{64O1} Another woman added, “The FI should be more prepared. She should make better eye contact.”^{70O2}

Participants also reported that they would not respond well to an FI who was timid nor would they respond well to someone who was overly assertive or “pushy”. One man said, “I am looking at a weak approach...It would be easy to get rid of her.”^{64R2} Another man said, “She seemed like she opened herself up to the possibility of being refused.”^{58D2} “Pushiness” is partly an issue of the FI being inflexible during the screening/interview process. For example, the FI should be considerate of the prospective respondent when handing the lead letter or study description to the respondent. One participant described it as “...she shoved that disclosure sheet in the homeowner’s face.”^{66R2} Another participant commented, “She presumes that putting something in your hand obligates you to read it. She should have asked.”^{82D2}

One recommendation would be to review FI interaction styles and specific behavior during FI training to enhance FI’s performance. Role-plays could be developed using comments noted in these focus group interviews for scenarios for prospective participants in the age group of 50 and greater. Special attention could be directed to veteran FIs working on the NSDUH who may have developed “pushy” tendencies and may need reminders of how the respondent perceives the study and someone attempting to collect this information at their home.

It is also recommended that FI training reinforce two screening script protocols. First, for a one person household, the FI should not read the FI instruction message box titled, “Only Householder Member,” to the respondent. That box is designed for the FI to confirm, in the iPAQ program, that there is only one person in the household to ensure there was not a data entry error of ‘1’ to the Total SDU Members question. This instructional message is displayed in all caps, thus not something that should be read to the respondent. If the FI, in error, reads this or confirms this information aloud, it can cause suspicion and safety concerns for the respondent. “I thought she was gathering information for a thief with questions like...“Do you live here by yourself?”^{64O1}

Secondly, proper execution on the Verify Data screen text should be reviewed at training so that FIs do not confirm, unnecessarily, additional pieces of data that add to the respondent’s frustration with the screening questions being repetitive. The FI is to read only relationship and age of all listed household members, to ensure everyone is listed. They are not to confirm other data, such as race, as confirmation of that data is completed at the end of each roster section.

Some FIs may need refresher training to increase their comfort level entering data in the iPAQ. One woman commented about the FI in the video, “If she had looked like she was using it better than she was, it would have made me feel better. I’m a techie.”^{63O1} Another aspect discussed was making the iPAQ visible when entering data so the respondent does not become skeptical of what the FI is doing. One woman said, “She should have been more up front with what she was doing with the computer.”^{55D2} Inviting the prospective respondent to watch as data are entered into the iPAQ and while the selection is occurring not only alleviates reservations regarding what is occurring with the iPAQ but it shows value and respect for the respondent, facilitating greater trust in the FI.

Another perspective that could be reinforced through training is the notion that FIs need to be aware that they are ‘guests’ to the respondent’s property and understand how the respondent feels about someone unknown coming to their door. One woman said, “Your home is sacred ground.^{64O2}” Another woman said, “I think I would be afraid she would take something if I let her in.^{66R1}” Participants wanted the privacy of their home respected. One man offered this comment, “I would want them to make an appointment. I have an office in my home and I don’t want people to disturb me unannounced.^{68D2}” One woman said about her decision on participation, “It depends on how intimidating the FI appeared.^{55R2}” Subtle behaviors like how an FI scans the prospective respondents home can cause suspicion. One man felt, “You need to watch their eyes to see what they see in the home because they might be setting up a burglary.^{62O2}” Training interviews to be sensitive to these matters may improve their ability to build rapport with the respondent.

4.7 Incentives

In general, the offer of a \$30 incentive was not seen as persuasive by the focus group participants. Very few mentioned they would be convinced to do the interview for that amount. Also, very few said they would change their minds about participating if the incentive amount was higher. To most participants, money was not the factor that would keep them from participating. As one man stated, “There has to be some benefits other than the money.^{68D2}” Another woman suggested, “It’s not all about money.^{53O2}”

Some thought that \$30 was appropriate compensation for a one-hour interview, especially in the Raleigh groups. These participants either replied “Yes” to the question about the incentive amount or otherwise indicated “It’s about right.” One woman said, “If they came to my house and I needed \$30, yes I’d do it, and so would other people, depending on the situation at the time.^{52D2}” Some felt that \$30 would be convincing for some types of people but not others. One woman stated, “It depends on the person. A young person might think, ‘\$30 is half my grocery bill.’^{70O1}” A man half-jokingly suggested, “If I was on drugs, I’d let her in so I could get the \$30.^{65O1}”

About two or three participants in each group thought \$30 was not enough. When asked how much would be appropriate, most found it difficult to come up with a dollar value. Those who did tended to think \$50 would be an appropriate payment for an hour-long household survey. One woman mentioned, “The \$30 was a courtesy. For one hour, \$50 would have been more appropriate.^{65R1}” One man suggested, “\$50. She’s already spent 15 minutes with the FI, and then another hour on top of that is too much.^{56D1}” Another added, “I’d say \$50. \$30 is not going to move me, but \$50 begins to whet my appetite.^{64D1}” A man in another group said, “\$50 might start to turn my head.^{73D2}” And yet another said, “If I was offered \$30, I wouldn’t think that it was that important of a survey. An hour of someone’s time is worth more than that.^{90D2}” However, when asked if they would complete the interview for \$50, most remained unconvinced, returning to other issues and concerns with the interview environment. Again, it must be stated that all focus group participants agreed to do a two-hour focus group interview for \$75, but most participants saw the focus group task as very different in nature compared to a household interview.

One woman suggested, “Call, send a letter and not someone pushing their way in my door. It's one thing to call us up and ask us to come in here for \$75, but another to have someone come into your home.^{56O1}”

In some cases, participants felt that being offered money by the government to complete the survey was inappropriate. One man mentioned, “If it were legitimate and credentialed, we shouldn't have to be bribed. People don't have to be paid for the Census.^{61O1}” One woman expressed an anti-government sentiment by saying of the incentive, “Nothing is enough if it is government.^{63O1}”

Still others were suspicious of the \$30 offer, thinking it was a trick, part of a sales pitch, or that something other than completing the survey would be expected in return. This was especially true with the Oakbrook participants. One woman stated, “I would be suspicious if someone offered me \$30.^{61R1}” Another woman shared this sentiment: “Money makes me more suspicious.^{71O2}” One man, when asked if the \$30 made him uncomfortable said it “didn't feel right to me.^{61O1}” Another man said, “I'd be skeptical, like I was going to be ripped off.^{65O1}”

Most participants agreed that money, while potentially a persuasive tool, would not be a sufficient enough incentive on its own to gain their participation. Although no solid suggestions for non-cash incentives were offered, these participants felt that the most important factors in deciding whether to participate was trust in the motives of the FI and survey, and an understanding and appreciation for the topic and value of the data.

5. Limitations

The discussion that follows addresses general limitations that are characteristic of all focus groups, as well as limitations specific to the methods used in this study. The quality of focus group results can be limited by factors that include group composition, group size, and moderator selection/training (Bischoping and Dykema, 1999). These considerations are addressed in Section 3 of this report. Additional limitations in focus group interviewing methodology include generalizability, FI/materials bias, and selection methods.

As with other forms of qualitative research that use non-random samples, the results of this study cannot be generalized to the general population with any statistical validity. While the participants were divided by age and household size, they were not randomly selected and assigned to groups. The objective of qualitative research is not a random, representative sample but insights from a homogeneous group of people that are typical of one's study population. Additionally, several groups are facilitated for a group of participants to gather main themes while sorting out idiosyncratic differences between groups. The goal of focus group interviews for this and many other studies is not representative results but rather insights typical of one's study population.

Additionally, the small sample size of the study ($N = 111$) and geographic clustering further hinder the generalization of the results to the larger population. Geographically, the focus groups were conducted in only three locations across the country – two focus group sites in large MSAs (the Raleigh/Durham, NC, Chicago, IL, and Washington, DC MSAs). All focus group interviews were in the eastern half of the United States so the extent that participants in the western half of the United States share the views expressed by their counterparts in the East is unknown. Similarly, there was no comparison groups including potential respondents under the age of 50. It might be important to conduct such focus groups in order to determine which concerns are unique to those 50 and older, and which span across all age groups.

Focus group results are further affected by both the interaction between the participants and all study personnel involved (moderator, note takers, and vendor staff), as well as the materials presented to them. Specific to this report, content analysis of comments and the conclusions reached are based on the judgment and interpretation of the authors. The responses provided by the participants are also directly affected by the materials used in the session. In this case, the field FI who was the scenario protagonist in the video did not display the “usual” flexibility interviews use in scheduling the interview; the FI in the video example aggressively pursued the cooperation of the respondent. The characteristics of this field FI may have negatively affected participants' overall impressions of the interaction and therefore affected their responses to questions posed in the sessions. While there could be a negative impression bias from the field FI (or “pitchfork effect” – opposite of a “halo effect”), the larger finding is likely valid – the skill and ability of field FIs are invaluable in 1) establishing a trust relationship with the participant, 2) seeming credible and thus reinforcing the benefits of the study, and 3) minimizing costs or reservations that may lead the participant to doubt the integrity of the study.

Finally, although vendors were instructed to avoid recruiting “professional” focus group participants, many of the participants made reference to past focus group participation. In any data collection enterprise, evidence that responses may have been conditioned by previous survey participation or that key survey statistics may be correlated with the respondent’s decision to participate is cause for concern (Wang, et al, 2000; Groves, et al, 2004). The issue is more pronounced for this study because the decision to participate is itself a characteristic under investigation. Put more simply, we are attempting to analyze the responses of individuals who have decided to participate in a study (and who may have participated in many studies), in order to gain insight into the participation decision of others in the same population subgroup who display lower than average response rates.

This last limitation manifested itself most strongly in apparently inconsistent responses to questions about survey length, incentive amount, and demographics. In response to questions posed about the NSDUH interview, many participants stated that they consider an hour-long interview excessive, \$30 per hour insufficient as an incentive and questions about age and household size too personal to answer. However, in order to be eligible for the focus group, all participants had agreed to a two-hour interview, agreed to receive a \$75 incentive (for a 2-hour focus group interview), and had released information about age and household size. Therefore, it is important to recognize that while the participants in these focus groups may have important insights into the participation decision of others of a similar age group and household size, they themselves are not necessarily the type of respondent who may be reluctant to participate or refuse to cooperate with the NSDUH interview request.

6. Specific Recommendations

This focus group study has elicited feedback from people typical of respondents aged 50 years and older for the NSDUH survey. The summary of recurring themes and comments from focus group participants identified areas of study for future methodological studies to improve participation in the NSDUH survey. Key to all of the insights forwarded by focus group participants and the study of methodological enhancements to facilitate greater response rates without introducing response bias is the theoretical reasons for survey responding.

The social exchange theory (Blau, 1964; Dillman, 1978; Goyder, 1987; Dillman, 2000) describes the nature of the relationship between the survey organization and prospective survey respondent. A person's willingness to open a survey-related mailing or entertain an FI is contingent on 1) the belief that the benefits of responding outweighs the costs and 2) developing a level of trust that would assure the respondent that the benefits will indeed outweigh the costs. Many of the general themes described in focus groups directly or indirectly point to concerns with the social exchange. For some in the 50+ group, the benefits do not appear to outweigh the cost and there may not be enough trust to assure them that their time and energy is worth the long-term benefit of participating in the survey.

Facilitating trust.

Three aspects of trust in the social exchange relationship noted by Dillman (2000) are establishing the legitimacy of the sponsoring and research organizations, making the task seem important, and invoking other trust relationships. These concerns and other trust-related issues were especially prominent in focus group results. Specifically, results indicate that more could be done to 1) establish a personal relationship with the prospective survey respondent, 2) better communicate the survey topic and the importance of participation, 3) more clearly describe the selection process and the importance of their representation in the survey sample, 4) facilitate greater positive regard for the personal safety of participants, and 5) train field FIs to immediately reinforce the trust established through the contact materials by bridging the trust relationship so that it extends to the field FI as well as the organizations sponsoring and administering the survey.

A number of focus group participants noted that they do not open mail addressed to "Resident." While there are concerns about maintaining the confidentiality of the respondent, most stated that merely printing their name and address on the envelope and lead letter does not necessarily mean that confidentiality is lost. Focus group participants noted that much of the mail they receive is personally addressed to them but name, address, and basic demographic information is widely known and used in direct mail solicitations. Mailings addressed to "Resident" seem to indicate a lower level of effort to establish a relationship with the potential respondent. While there are challenges associated with sampling households and also personalizing lead letter mailings, consideration should be given to exploring ways of identifying a palatable alternative to addressing lead letters with the title "Resident."

To better communicate the survey topic and importance of participation it is recommended that there is an examination of how well the contact materials 1) establish the legitimacy of the sponsoring and research organizations, 2) clearly convey the survey objectives and importance of participation, and 3) describe the selection process and importance of the selected individual's participation. Many focus group participants did not know the objective of the study. Nearly all recommended increasing the font used in the lead letter and including the NSDUH Q&A Brochure with the lead letter so potential respondents could learn more about the study in advance of the field FI arriving for the household screening and interview.² While there may be some reluctance to describe the study objectives in great detail, enough information should be provided so a trust relationship can be established and so participants can weigh the benefits against the cost of participation.

A sentiment conveyed by focus group participants that may exist to a greater degree among survey participants aged 50 or older are concerns for their personal safety and fear of fraud (i.e., "being the victim of a scam"). Three specific recommendations might be considered to facilitate a greater sense of trust through concern for the respondent's personal safety and security from RTI and SAMHSA: 1) calling potential participants in advance to schedule visit appointments, 2) creating larger, more easy to comprehend identification badges that can be shown to participants, and 3) clearly describe the screening and interview process and how the information gathered in each will be used.

Most focus group participants questioned whether the household screening or appointments for the household screening could be made in advance via telephone. Survey participants in this age group are especially wary of being a victim of crime or fraud. Calling in advance to schedule appointments allows prospective participants to schedule the screening with a family member present. Advance calling has the added advantage of serving as a benefit of study participation by conveying a sense of respect and value for the prospective participant's time.

Another recommendation noted by focus group participants was the use of larger, easier to read, non-affixed identification badges for field FIs. Many of the focus group participants commented that they are not able to easily read identification badges worn around a person's neck and they feel vulnerable leaning forward to read the badge. Larger identification badges/certificates placed on a clipboard that can be passed over to the participant for their review rather than a badge affixed on a lanyard worn around a field FI's neck will likely make it easier to review a field FI's credentials.

Another major barrier to establishing a trust relationship in the social contract is transferring the prospective participant's trust in the survey sponsor/research organization to the field FI. Focus group participants reported that the field FI was very important in their decision to participate in the screening. If the field FI was less than polished, any credibility established through the advance materials (i.e., lead letter, Q&A Brochure, possible telephone call appointment, etc) was lost. The hand off in trust from the survey sponsor/research organization to the field FI could be done more effectively by training FIs to

² It must be noted that the example lead letter used for the focus groups showed smaller type than the one used on the study to accommodate the heading "Example Lead Letter." Nevertheless, it is recommended that printed materials for older populations use a font size of 13 points or more (Work Group on Consumer Health Information, 2005). The current NSDUH lead letter uses a 12-point font.

reinforce the trust established through the contact materials and building rapport by describing the screening/interview process, making the screening process transparent (e.g., showing the participant the iPAQ and letting respondents see how the selection process unfolds), and explaining any tedium associated with responding to questions that seem obvious or repetitive (e.g., “In order to ensure that all participants are asked the same questions, I have to read these questions word for word, so please bear with me if some of these questions seem obvious or repetitive.”).

Costs and benefits.

Many of the recommendations that facilitate trust also serve to minimize the costs and enhance the benefits of participation. For example, providing additional information regarding the study objectives in the lead letter and the Q&A Brochure not only facilitates trust but more clearly describes the benefits of the study both for the study participant and the long-term well-being of their family (e.g., children and grandchildren). As mentioned above, many focus group participants noted that having a field FI arrive unannounced expecting the resident to make time for them indicated a lack of consideration of the value of their time. Calling in advance and establishing an approximate timeframe for the screening would convey a sense of value for their time and the importance of their responses to the NSDUH survey. Not only would this reinforce the value of the study and credibility of the sponsor/research organization, but it may alleviate fears of being a victim of crime or fraud. While this may be impractical for the entire study population, it may be possible for participants in this age group. Conversely, there may be other, more practical alternatives to demonstrate respect for the participant’s time such as identifying specific days or times of week when field FIs will be visiting or leaving “Sorry I Missed You” cards on the initial home visit and scheduling a return visit.

Some, but not all, of these recommendations are possible to implement given the current sampling and survey methodology used in the NSDUH survey. These recommendations serve as a framework for considering alternatives to strengthen the social contract through increased trust, greater awareness of the benefits, and reduced concerns of the costs associated with participating in the NSDUH survey. These recommendations for changes to the NSDUH survey methodology should be examined in a controlled, experimental setting to ensure that there is no introduction of response bias in the NSDUH survey data.

7. References

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